CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. — Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Polls

C. P. Force — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR — Thomas C. Young

2. APPROVED: CITY SOLICITOR — Thomas N. Biddison

3. APPROVED: CITY COMPTROLLER — Hugh A. Brown

4. APPROVED: CITY TREASURER — John E. [illegible]

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS — Bernard Turnbull

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM — W. T. Hunter

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE — Carl W. Hunter

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70319 — 46 — E 70319

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital (St.) 27-53 (Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Brians

RESIDENCE No. 4511 Roland Ave. (St.) ____ (Ward.)

(If non-resident give City or Town and State)

(a) Usual place of abode

Length of residence in City or Town where death occurred 61 yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25 1869

7 AGE: Years 61 Months 11 Days 14

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: F. Wm Brians

11 BIRTHPLACE OF FATHER (city or town) (State or country): Delaware

12 MAIDEN NAME OF MOTHER: M Eliz. Salmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Hospital Records

15 Date 7/10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1931.

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to July 9, 1931, that I last saw h[illegible] alive on July 9, 1931, and that death occurred, on the date stated above, at 1-5 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) yrs. 5+ mos. ds.

CONTRIBUTORY (Secondary) ....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed: J Feghe M. D.

7/9 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 11 1931

20 UNDERTAKER: Chas O. Mitchell Haw — ADDRESS: 1900 Eutaw Place

ec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69731

CERTIFICATE OF DEATH.

E 69731

93-003

REGISTERED NO.

1 PLACE OF DEATH Good Shepherd Hospital 18 N. Wolfe ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Emmaline Seaton Brooks

(a) RESIDENCE NO. 925 W. Saratoga ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	A. Col	M

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lonie Brooks

7 DATE OF BIRTH (month, day, and year)

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59				

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (state or country) Essex Co. Virginia

PARENTS

11 NAME OF FATHER Beverly Brooks

12 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

13 MAIDEN NAME OF MOTHER Kitty Richards

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

15 Informant Lonie Brooks (Address) 925 W. Saratoga St

17 DATE JUN 16 1931 HARRY JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) 6/16/31

19 I HEREBY CERTIFY, That I attended deceased from 6/9, 19 31, to 6/16, 19 31

that I last saw h[illegible] alive on 6/16, 19 31

and that death occurred, on the date stated above, at 4.45 A. M.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis
Chr. Myocardial de-
generation

(duration) yrs. 3 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson M. D.

, 19 (Address) 632 Baker Street

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 18, 19 31
20 UNDERTAKER: Mrs. Katie R. Williams	ADDRESS 3332 Lehmore St.

4-9-19—B. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69732

CERTIFICATE OF DEATH.

97

REGISTERED NO. E 69732

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 1408 Druid ave ST. WARD

2-FULL NAME Harriet Musan

(b) RESIDENCE. NO. 1408 Druid ave ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year)

7 AGE: 75

Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Kent Co Md

PARENTS

10 NAME OF FATHER: Henry Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Southern

12 MAIDEN NAME OF MOTHER: Not Known

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Kent Co Md

14 Informant (Address): Julia Lunette 213 N Wolfe ave

15 Filed JUN 18 1931 19 HAMDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17- 1931

17 I HEREBY CERTIFY, That I attended deceased from June 13 1931 to June 17 1931.

that I last saw h alive on June 16 1931.

and that death occurred, on the date stated above, at 7.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Heart disease

(duration) Some Years

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frank Fosnaugh, M. D.

June 17, 1931 (Address) 1111 W Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Georgetown Kent Co. Md.

20 UNDERTAKER: Mrs Kate R. Williams

DATE OF BURIAL: June 19, 1931

ADDRESS 2224 Schroeder St

—1-30—M. & T.—250 Bks.

69733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. B 69733

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Lyndenhurst Hospital ST. 8-16 WARD)

2-FULL NAME Kenneth Gorman

(a) RESIDENCE NO. 1605 Llewelyn Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of /

DATE OF BIRTH (month, day, and year) Dec 14, 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	6	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Charles Gorman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rosa Leitze

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Chas G. Gorman 1605 Llewelyn Av.

15 Filed JE 16 1931 H. L. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to June 17, 1931, that I last saw him alive on June 17, 1931, and that death occurred, on the date stated above, at 3 55 p. m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) 0 yrs. 0 mos 8 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 4 ds.

18 Where was disease contracted if not at place of death? St. Agnes Hospital

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) Dr Peter Pienaske, M. D.

, 19 (Address) Lyndenhurst Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery - June - 18 - 1931

DATE OF BURIAL

ADDRESS

20 UNDERTAKER Charles J. Schwab 505 N. Monroe St.

...-2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69734

CERTIFICATE OF DEATH

X 186-001

E 69734

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No.) 1 Eden Ave Woodb ST. 1507 (WARD)

2—FULL NAME Mrs. Cora Jewell

(a) RESIDENCE NO. 2017 Edgewood ST. WARD Ja

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F Jewell

DATE OF BIRTH (month, day, and year) May 16 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER Joseph H Winston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Virginia BC Early

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Hospital Records

(Address)

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to June 18, 1931,

that I last saw h alive on June 18, 1931

and that death occurred, on the date stated above, at 8:20 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis,

(duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 1/ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Test

What test confirmed diagnosis?

(Signed) Janet A. Miller, M. D.

, 19 (Address) Maryland General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Christians burg Virginia	Jun 18 1931

20 UNDERTAKER Peter Funeral Home ADDRESS 1723 Lafayette Ave

30—M. & T.—100 B—50L

E 69735

69735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Between Dennis & Balto St. 11-14 (WARD)

2-FULL NAME Willis Lee Merkley

(a) RESIDENCE No 127 Grant St., Buffalo, N.Y. ST., _____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude C. Merkley

6 DATE OF BIRTH (month, day, and year) Feb. 20, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Morrisburg Ontario

PARENTS

10 NAME OF FATHER Isiah A. Merkley

11 BIRTHPLACE OF FATHER (city or town) Williamsburg (State or country) Ontario

12 MAIDEN NAME OF MOTHER Elsie E. Shell

13 BIRTHPLACE OF MOTHER (city or town) Williamsburg (State or country) Ontario

14 Informant Mrs Gertrude C. Merkley
(Address) 127 Grant St., Brooklyn Buffalo

15 Filed _____, 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and (autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) _____ Coroner, M. D.

6/18, 1931 (Address) 3632 Rhode Island

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Buffalo, New York — DATE OF BURIAL: June 18, 1931

20 UNDERTAKER: E. Leroy Stiffler, Inc — ADDRESS: 125 E. North

8 1931

C.—1-30—M. & T.—250 Bks

69736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

87-002 E 69736

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 707 E. Fort Ave (St.) 24-34 (WARD)

2-FULL NAME Charles F. Hairs

(a) RESIDENCE NO. 707 E. Fort Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced: (HUSBAND of or) WIFE of Lydia Link Hairs

DATE OF BIRTH (month, day, and year) Sept. 3-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: B & O R.R.

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: Martin Hairs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Lydia Hairs 707 E. Fort Ave

15 Filed JUN 18 1931, 19__ C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June. 16. 31.

17 I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to June 16, 1931, that I last saw h[illegible] alive on June 16, 1931, and that death occurred, on the date stated above, at 5, P. m.

The CAUSE OF DEATH* was as follows:

Primary- nervous breakdown

(duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) General Debility (duration) 5 yrs. 5 mos. 7 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) L. P. Strong M. D.

6-17 1931 (Address) 506 Hamilton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: June 19 1931

UNDERTAKER: Margaret S. Flynn — ADDRESS: 1427 Eutaw St.

20—M. & T.—100 B—50L

69737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

166 E 69737

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-4 WARD)

2-FULL NAME Thomas P. Martin

(a) RESIDENCE NO 114 Pearl St., New York City ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence A. Martin

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm. E. Sever

(Address) U.S. Veteran's Bureau

15 Filed 6 1931 C 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to His death on the day stated above.

The CAUSE OF DEATH* was as follows:

Respiratory Failure - Drowning

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Mackin Coroner, M. D.

6/18/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery DATE OF BURIAL June 19 1931

20 UNDERTAKER Harry K. Wortzke ADDRESS 4109 Edmondson Ave

c.—1-30—M. & T.—250 Bks

69738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 69738

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1101 Valley ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Monaghan

(a) RESIDENCE NO. 1101 Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs -- mos. -- dys. How long in U. S., if of foreign birth? 50 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

DATE OF BIRTH (month, day, and year) ---------

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	70	---	---	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Thomas Monaghan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Monaghn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ella M. Monaghan
(Address) 1101 Valley Street

Filed 6/19 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18/31

17 I HEREBY CERTIFY, That I attended deceased from March 9 1931 to June 17 1931

that I last saw her alive on June 17 1931

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) R. Saunders M.D.

6/19 1931 (Address) 219 E. Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 6/20 1931

20 UNDERTAKER Henry W. Mears & Son

ADDRESS 703 N. Calvert

69739

HEALTH DEPARTMENT—CITY OF BALTIMORE

69739

CERTIFICATE OF DEATH

94-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 847 Park Ave (ST.) 11-24 (WARD)

2. FULL NAME Emily Tegan

(a) RESIDENCE NO. 847 Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 single, Married, Widowed, or Divorced, (write the word): Single.

6 If married, widowed, or divorced HUSBAND of

7 DATE OF BIRTH (month, day, and year)

8 AGE: Years: about 77; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (state or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Tegan

11 BIRTHPLACE OF FATHER (city or town) (state or country): Ireland

12 MAIDEN NAME OF MOTHER: Cora Whelan

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Baltimore Md.

14 Informant (Address): Ezra A. Hutton Darlington Md.

15 C. HAMPSON JONES, M. D. Registrar

6 8 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 23rd, 1930, to June 17th, 1931

that I last saw her alive on June 17th, 1931

and that death occurred, on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

24 Hours

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) General condition due to old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L. Stone, M. D.

6/8, 1931 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: June 22 1931

UNDERTAKER: Henry H. Jenkins Sons Co

ADDRESS: Richmond & Collins

Spec.—6-8-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69740 ✓ E 69740

REGISTERED NO. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 320 Fishnut St.) (or) WARD 16-61

2-FULL NAME Geo. L. Carr

(a) RESIDENCE. NO. 320 Fishnut ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Mar'd

5a If married, widowed, or divorced HUSBAND of (or) WIFE of L. A. Carr

6 DATE OF BIRTH (month, day, and year) July 11 1842

7 AGE Years 88 Months 11 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Carr. Rel (Address)

Filed JUN 18 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June-17- 1931

17 I HEREBY CERTIFY, That I attended deceased from May-6, 1931, to June 17, 1931, that I last saw h alive on June 17, 1931, at 2 p. m. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows: Myocardial de-
generation, with gan-
grene of toes, and cardiac failure
Arteriosclerosis (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes Special Svs

What test confirmed diagnosis: Clinical Course

(Signed) Stirling Cole, M. D.

Address 2207 Garrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Co

DATE OF BURIAL June 20 1931

20 UNDERTAKER Josiah Pfeffer

ADDRESS 1500 W North Ave

Co. 5-0 1928

HEALTH DEPARTMENT—CITY OF BALTIMORE

69741

CERTIFICATE OF DEATH

69741

1. PLACE OF DEATH South Baltimore General Hospital Registered No. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred yrs 10 mos da. How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Viola Harriet Straw

(a) Residence: No. 1213 Light St., Ward. Cherry Tree, Pa.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 11, 1912

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	19	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital
10. Date deceased last worked at this occupation (month and year) May 28, 1931
11. Total time (years) spent in this occupation 19 12

12. BIRTHPLACE (city or town) (State or country) Pennsylvania
13. NAME Cherry Tree
14. BIRTHPLACE (city or town) (State or country) Pennsylvania
15. MAIDEN NAME Eva Curry
16. BIRTHPLACE (city or town) (State or country) Pennsylvania
17. INFORMANT Father Lewis Straw
(Address) Pennsylvania
18. BURIAL, CREMATION, OR REMOVAL Place Altoona Date 6/18 1931
19. UNDERTAKER William Cook
(Address) 1211 Park
20. FILED 1931 C. HAMPSON MYERS, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to June 18, 1931
I last saw her alive on June 18 1931 death is said to have occurred on the date stated above, at 1:20 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	6/1/31
Other contributory causes of importance: Pulmonary congestion and edema	6/18/31

Name of operation Date of
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Joseph G. Laukaitis M. D.
Address 1213 Light St

M. & T.—100 II—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

X 93004 E 69742

69742 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Brehm's Lane ST. 26 WARD 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME John Henry Wickert

(a) RESIDENCE NO. 654 Manor Road-Four Corners- Staten Island, N.Y. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? 3 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced the (HUSBAND of (or) WIFE of: Fannie nee Wucherer

6 DATE OF BIRTH (month, day, and year): Mar 10/1874

7 AGE: Years 57; Months 3; Days 8; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work: Salesman (b) General nature of industry, business, or establishment in which employed (or employer): formerly

(c) Name of employer: Brew-master

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Henry Wickert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Fannie Wickert

(Address) 654 Manor Road-Staten Island N.Y.

Filed 19 1931 C. HARVEY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry), find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Coleen Coroner, M. D.

6/18/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Four Corners Staten Island N.Y.

DATE OF BURIAL: 6/19/31

20 UNDERTAKER: Geo. B. Smith & Son

ADDRESS: 1355 Hanover

Form 8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

E 69743 — REGISTERED NO. — B 69743

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Date St. 25-76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Jones

(a) RESIDENCE NO. 3202 Date ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 6/15-31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Alexander Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mother

(Address)

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

5501

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17-31

17 I HEREBY CERTIFY, That I attended deceased from 6-16, 1931, to 6-17, 1931, that I last saw him alive on 6-16, 1931 and that death occurred, on the date stated above, at 6:40 P. m.

The CAUSE OF DEATH* was as follows:

congenital atelectasis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) M. Alexander Hovey, M. D.

19 (Address) 1516 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUN 18 1931

Bureau of Health

69744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69744

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 24-34 St.) (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Esther Garrett

(a) RESIDENCE NO. 1834 Westphal Place ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John

7 DATE OF BIRTH (month, day, and year) Aug. 10 ?

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	66	10	6	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

10 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

16 NAME OF FATHER: John Berger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Augusta ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 [illegible] JUN 19 1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-16-31

17 I HEREBY CERTIFY, That I attended deceased from 4-3-31, 19 , to 6-16-31, 19

that I last saw her alive on 6-16-31, 19

and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Nephritis, Chronic

More than (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. [illegible] mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinic Exam.

(Signed) Paul Pocut. M. D.

6-16, 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: 6/20/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Pratt St

Spec.—9-30—A. & Co.—250 Blks.

69745 HEALTH DEPARTMENT—CITY OF BALTIMORE 69745

CERTIFICATE OF DEATH

126

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (NO Fulton Ave & Edmondson Ave ST. WARD)

2 FULL NAME Lora Mary Coyne

(a) RESIDENCE NO 924 Montpelier St ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Widow

7 DATE OF BIRTH (month, day, and year) May 20th 1855

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Chas. E. Clark
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Blanche Coyne 924 Montpelier St

15 Filed 1931 19 H. A. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-13-31

17
I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 18, 1931
that I last saw h er alive on June 18, 1931 8.50 a. m.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:
Failure to recover from shock of operation for gall stones, empyema of gall bladder and umbilical hernia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Umbilical hernias (duration) 30 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Chronic gall bladder
Did an operation precede death? Yes Date of 6-16-31
Was there an autopsy? No
What test confirmed diagnosis? Pre-operative X-ray.

(Signed) Hjalmar S Anderson M. D.
6-18-31 19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery
DATE OF BURIAL 6/22/1931
20 UNDERTAKER Wm Cook
ADDRESS 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69746 — 13 V E 69746

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) # 813 Hollins ST. 18-24 (NAME)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nellie Gutajar

(a) RESIDENCE NO. # 813 Hollins ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 11 ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph T. Gutaiar Sr.

6b DATE OF BIRTH (month, day, and year) Sept 5th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER James A. Scott.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Ellen Wheeler.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs. Joseph T. Gutaiar Sr.
(Address) 813 Hollins St.

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/16/1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1930, to June 16, 1931, that I last saw h[illegible] alive on June 16, 1931, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis.

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What (est confirmed diagnosis? Chronic Bronchitis Cerebral Hemorrhage

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	6/20/1931
20 UNDERTAKER	ADDRESS
Chas. F. Cowan & Son	Govans

E 69747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69747

93-003

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) #1343 Glyndon Ave (DIST.) 24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ella. Rinke

(a) RESIDENCE No. 1343 Glyndon Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem. | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) married

6 If married, widowed or divorced (HUSBAND) of (or) WIFE of ~~the late~~ Joseph Rinke

7 DATE OF BIRTH (month, day, and year) Nov 10-1873.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer: 0

9 BIRTHPLACE (city or town) (State or country) Lithuania

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Interment (Address) Mt Joseph Cem 3d & Glendon Ave

15 Filed 6/20 1931. H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/18/1931

17 I HEREBY CERTIFY, That I attended deceased from 6/17. 1931, to 6/18/31. 1931

That I last saw h alive on 6/18/31 at 8 P.M.

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ~~1 hr~~ yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam.

(Signed) Bernard J Tenny M. D.

6/18/1931 (Address) 910 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem | DATE OF BURIAL: 6/22/1931

20 UNDERTAKER: John F Cowan & Son | ADDRESS: 90 N Gilmor St

30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69748

REGISTERED NO. 157-003 E 69748

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 W. Hamburg St. ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Graves.(C)

(a) RESIDENCE NO 207 W. Hamburg St. ST., ... WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 14, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Graves.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Phoebe Jones.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Phoebe Graves.(C) mother.

(Address) 207 W. Hamburg St.

JUN 19 1931

H. C. P. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Nitrol insufficiency.
congenital.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, Coroner, M. D.

6/18, 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct — DATE OF BURIAL 6/19/31

20 UNDERTAKER Isaac L. Brown & Son — ADDRESS 101 W. Montgomery

w.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69749

CERTIFICATE OF DEATH

121 E 69749

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 400 E. Randall St ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rev. William Spencer Skinner

(a) RESIDENCE NO. 400 E. Randall St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Adele V. Skinner

DATE OF BIRTH (month, day, and year) Aug. 5 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister of Baptist

(b) General nature of industry, business, or establishment in which employed (or employer) Church

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

10 NAME OF FATHER Mordecia Skinner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mrs. Skinner

(Address) 400 E. Randall St

[illegible] JONES, M. D.

Registrar

N 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from March 5, 1931, to June 17, 1931,

that I last saw him alive on June 17, 1931

and that death occurred, on the date stated above, at 12. N.

The CAUSE OF DEATH* was as follows:

Uremia, Arteriosclerosis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Appendicitis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 28 1931

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Strauch M. D.

6/18, 1931 (Address) 450 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Fernwood Cem Phila Pa.	6/20 1931
20 UNDERTAKER	ADDRESS
J. Few McCully	130 E. Fort

69750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 69750

REGISTERED NO. 24-34

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Riverside Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine E. Crispins

(a) RESIDENCE NO. 1505 Riverside ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Crispins

DATE OF BIRTH (month, day, and year) May 1 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER William Crispins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Mrs. Bangs

(Address) 1523 Riverside Ave

Filed ... 19... JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1931

17 I HEREBY CERTIFY, That I attended deceased (from Sept 14 1930 to June 18 1931.

that I last saw her alive on June 17 1931

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Wm. Seabury, M. D.

June 19 1931 (Address) 636 Fort Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Clivet Cemetery

DATE OF BURIAL 6/20 1931

20 UNDERTAKER J. Fus McCully

ADDRESS 130 E Fort

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69751

CERTIFICATE OF DEATH.

97 V E 69751

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 69751

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31 E Oakland ST. 23-33 WARD)

2. FULL NAME Co Louis Becker

(a) RESIDENCE NO. 31 E Oakland ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S., if of foreign birth? Life Time yrs.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced: (write the word) Widower

6 If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Becker

DATE OF BIRTH (month, day, and year): Feb 29th 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	74	3	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country): Baltimore Md

10 NAME OF FATHER: Louis Becker

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Patterson

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

PARENTAGE

14 Informant (Address): Jas E Abbott 31 E Oakland St

15 Filed JUN 9 1931 C. E. BOSLEY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1. 1930 to June 16 1931

That I last saw him alive on June 16 1931

and that death occurred, on the date stated above, at 11 P m

The CAUSE OF DEATH* was as follows:

arteriosclerosis

for history (duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J H Groshans M. D.

June 17 1931 (Address) 3100 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: June 20 1931

20 UNDERTAKER: E. Schloman Son Emmorsh

ADDRESS, 039

M A T—100 R—50L.

E 69752

HEALTH DEPARTMENT—CITY OF BALTIMORE

85 E 69752

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Balt City Hosp. ST., 76-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew K Paras

(a) RESIDENCE NO. (638) 638 S. Savage ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 9 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	6	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Monessin Pennsylvania

10 NAME OF FATHER Theodor Paris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Mary Surana

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Theodor Paras

(Address) 638 S Savage St

Filed ..... 192 C. HAMPSON JONES, M. D. Registrar

JUN 10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to Hes death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of heart from over Exertion Incited at Play

(duration) yrs. Sudden mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Play

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

19 19 31 (Address) 1012 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Russian orthodox Cem	June 22 31
20 UNDERTAKER John J Ruda	ADDRESS 2811 Hudson St

69753 HEALTH DEPARTMENT—CITY OF BALTIMORE 69753

CERTIFICATE OF DEATH

34V

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 18-76 STREET)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ralph Meekins

(a) RESIDENCE NO 228 N. Poppleton ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice

7 DATE OF BIRTH (month, day, and year) Mar. 12, 1906

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	4	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer none

10 BIRTHPLACE (city or town) (State or country) Cambridge Md.

PARENTS
11 NAME OF FATHER John
12 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
13 MAIDEN NAME OF MOTHER Hattie Collins
14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

15 Informant (Address) Records of Balto. City Hosp.

16 6-19 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-16-31

17
I HEREBY CERTIFY, That I attended deceased from 6-5-31, 19, to 6-16-31, 19
that I last saw him alive on 6-16-31, 19
and that death occurred, on the date stated above, at 8:20 A. m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocarditis, chronic (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) Paul Podgy M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 6/19/31
20 UNDERTAKER: Samuel Hemsley ADDRESS: 578 Bdle

M & T — 100 M—561.

69754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69754

REGISTERED NO. 1-1 75

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Enroute to Hopkins Hospital ST. WARD)

2-FULL NAME Marion J. Novak

(a) RESIDENCE NO 3122 Elliott St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Novak

DATE OF BIRTH (month, day, and year) Nov 5/189[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	13	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Martin Novak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Jackowiak

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Poland

Informant Rose Novak

(Address) 3122 Elliott St

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Delerium Tremens-Alcoholism

(duration) yrs. mos 15 da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

6/18/31 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross — DATE OF BURIAL June 22 1931

UNDERTAKER M. W. E. Dupplor — ADDRESS 37 Lan[illegible]

JUN 19 1931 C. HANSON JONES, M. D. Registrar

BY [illegible]

E 69755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69755

CERTIFICATE OF DEATH

REGISTERED NO. 97

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2322 W Fayette St. 70-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank F Keseling

(a) RESIDENCE NO. 2322 W Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E Keseling

6b DATE OF BIRTH (month, day, and year): Dec 29 1869

7 AGE: Years 61 Months 5 Days 19 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Frank F Keseling

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Margretta Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mary E Keseling

15 Filed 19 By Registrar

NOV 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17 31

17 I HEREBY CERTIFY, That I attended deceased from 1/4 1931 to June 17 1931

that I last saw h alive on 19

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis Hypertension

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary): Edema of Lungs

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure

(Signed) Chas A Elton M. D.

6/20 1931 (Address) 2115 N. Calvert St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 6/20 1931

20 UNDERTAKER: Geo A Kelly

ADDRESS: Fayette

c.—1-30—M. & T.—250 Blks.

E 69756 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69756

CERTIFICATE OF DEATH. 95-002

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 813 N. Wolfe ST. (or WARD) 13

2-FULL NAME Joseph D Leasure

(a) RESIDENCE NO. 813 N Wolfe ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced: HUSBAND of or) WIFE of: Minnie Leasure

DATE OF BIRTH (month, day, and year): Feb 12 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Candy Maker.

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Emery Leasure

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Kate McGinnis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Miss Anna Leasure 813 N Wolfe St

15 [illegible] [illegible] M. D. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar 18, 1931, to June 18, 1931, that I last saw h[illegible] alive on June 18, 1931, and that death occurred, on the date stated above, at 12 — m.

The CAUSE OF DEATH* was as follows:

1 Myocardial degeneration

2 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardio Renal Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No Physical Signs

What test confirmed diagnosis?

(Signed) N. L. Hoffman M. D.

(Address) 130 N Paca St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 6/22/31

20 UNDERTAKER: Geo M. Smith & Son

ADDRESS: 811 N Wolfe St

SLMF

6975.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002 69757

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 19 W Lafayette Ave Ward 7-20

2-FULL NAME Mattie Jones

(a) RESIDENCE NO. 19 W Lafayette Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Jones

7 DATE OF BIRTH (month, day, and year) 1884

AGE	Years	Months	Days	If less than 1 day hrs. or min.
	47	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) S. Carolina

(State or country) Aldenwood

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) S. Carolina

(State or country)

12 MAIDEN NAME OF MOTHER Eliza. P

13 BIRTHPLACE OF MOTHER (city or town) S Carolina

(State or country)

14 Informant Rosco Jones 1911 Harrellard

(Address)

15 Filed C. H. KERR MD. Registrar

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17/31 19

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1931. to June 1931.

that I last saw h alive on June 16th 1931.

and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio Vascular Disease (duration) yrs. 6 mos. ds.

CONTRIBUTORY (secondary) Hydrothorax & Pulmonary Edema (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Findings

What test confirmed diagnosis?

(Signed) Alex A Wainstock M. D.

6/18/ 1931 (Address) 713 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Camden Sta. Date of Burial June 19 31

UNDERTAKER Mrs. R. G. Elliott ADDRESS 1117 E Baltimore

Spec.—9-30—A. & Co.—250 Blks

V

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69758

CERTIFICATE OF DEATH.

92-001 E 69758

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 713 S Bond St. ST. 2-E WARD)

2. FULL NAME Joseph Gurlaa

(a) RESIDENCE NO. 713 S. Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Mal	Wht	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Bohemia.

PARENTS

10 NAME OF FATHER Joseph Gurlaa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Emma Hoffy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant Emma Gurlaa

(Address) 713 S. Bond St

15 Filed ..... 19 C. FRANKLIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 31

17

I HEREBY CERTIFY, That I attended deceased from March 1. 19 31 to June 18 19 31

that I last saw him alive on June 18 19 31

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Bryan M. D.

June 19 31 (Address) 811 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer

DATE OF BURIAL. June 22 19 31

20 UNDERTAKER Frank Brockhoff

ADDRESS 1106 Cathedral

...-29-28—1. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69759 ✓ E 69759

CERTIFICATE OF DEATH

82-001

E 69759

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: Walbrook Sta. 21st Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sallie Eckhemer

(a) RESIDENCE No. Walbrook Sta. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6 DATE OF BIRTH (month, day, and year): June 16 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	0	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md

10 NAME OF FATHER: Henry Eckhemer

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rebecca Statdtfeld

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

Informant: Wm M. Eckhemer

(Address) Walbrook Sta. Md

Filed ... 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 31

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to June 18, 1931, that I last saw h alive on June 18 1931 5:20 P m. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Arteio-sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): cerebral-Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lentz, M. D.

June 18 1931 (Address) Temple Garden apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edgely Mehon Friendship

DATE OF BURIAL: June 21 1931

20 UNDERTAKER: J. Ahrens & Son

ADDRESS 2432 Reisterstown Road

Ver.—9-30—A. & Co.—250 Blks

69760 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23E 69760

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) ST. 3-4 WARD)

CITY OF BALTIMORE (NO

2 FULL NAME Jesse Bugg

(a) RESIDENCE NO. 102 S. Caroline st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Apr. 22, 1901

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	24	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dishwasher

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

10 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

11 NAME OF FATHER Lilton Bugg

12 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

13 MAIDEN NAME OF MOTHER Susie ?

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

15 Informant (Address) Hospital Records

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1930, to June 16, 1931

that I last saw him alive on June 16, 1931

and that death occurred, on the date stated above, at 12.10 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic rheumatic heart disease (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ward Jones M. D.

6-16-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUN 16 1931

C. HAMPSON JONES, M. D.

5902

69761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-88 E 69761

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 96-37 (St) (Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Parker

(a) RESIDENCE NO Homeless ST WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in City or Town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha

7 DATE OF BIRTH (month, day, and year) Mar. 3, 1872

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	6	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer none

10 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
11 NAME OF FATHER William
12 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
13 MAIDEN NAME OF MOTHER Julia ?
14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment Records of
(Address) Balto. City Hosp.

15 C. HAMPSON JONES, M. D.
JUN 1931 19 Registrar
5903

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-15-31

17
I HEREBY CERTIFY, That I attended deceased from 9-3-30, 19, to 6-15-31, 19
that I last saw him alive on 6-15-31, 19
and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum
(duration) yrs. 9 mos. 9 ds.
CONTRIBUTORY (Secondary) Arteriosclerosis and Hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.
(Signed) Paul Padget M. D.
6-15-1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL
DATE OF BURIAL JUN 19 1931 19

20 UNDERTAKER [illegible] Health
ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69762 CERTIFICATE OF DEATH 93-69762

1 PLACE OF DEATH Good Shepherd Lewer Hospital REGISTERED NO.
CITY OF BALTIMORE (No. 1512 Gilmor ST. H-24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Hosey

3 (a) RESIDENCE NO. 11 S. Fremont ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX M | 5 COLOR OR RACE Col. | 6 Single, Married, Widowed, or Divorced, (write the word) married

7a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud

8 DATE OF BIRTH (month, day, and year) 1893

9 AGE Years 35 | Months | Days | If LESS than 1 day, hrs. or min.

10 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

11 BIRTHPLACE (city or town) (State or country) Baltimore Md

12 NAME OF FATHER

13 BIRTHPLACE OF FATHER (city or town) (State or country)

14 MAIDEN NAME OF MOTHER

15 BIRTHPLACE OF MOTHER (city or town) (State or country)

PARENTS

16 Informant (Address) Mrs. Anna Hosey

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) 6-18-31

17 I HEREBY CERTIFY, That I attended deceased from 6-18-31 to 6-18-31

that I last saw h alive on 6-18-31 and that death occurred, on the date stated above, at 5-10 P. M.

The CAUSE OF DEATH* was as follows:

C-hron. Myo Carditis 2 yrs.
Arterio Sclerosis 1 yr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. 1 yr. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL OR CREMATION (OVER) Greenmount Cem. DATE OF BURIAL 6-19-31

UNDERTAKER Harold Easton ADDRESS 1512 Gilmor

JOHNS HOPKINS HOSPITAL

JUN 1 1931

9 1931 C. HAMPSON JONES, M. D. Registrar

5904

69763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69763

1 PLACE OF DEATH St. Agnes Hospital — WARD — REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) Fulton & Eaton Aves

2 FULL NAME Wm James Jenkins

(a) RESIDENCE NO 1421 W. Lafayette St — WARD

Length of residence in city or town where death occurred 3 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mrs Victoria Jenkins

7 DATE OF BIRTH (month, day, and year): Mar 2, 1865

8 AGE: Years 66 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

11 NAME OF FATHER: James B Jenkins

12 BIRTHPLACE OF FATHER (city or town) (State or country): Va

13 MAIDEN NAME OF MOTHER: Huckaby

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Victoria Jenkins 1421 W. Lafayette St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-19-31.

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1931 to June 19, 1931

that I last saw h alive on June 19, 1931, 9 A.M.

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Atheroma of aorta. 2 mos.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1421 W. Fayette

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Roentgenological and Physical

(Signed) Clarence S. Augerson M.D.

6 19 31 (Address) St Agnes Hospital

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore — DATE OF BURIAL: 6/22 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Pratt St

JUN 19 1931 C. HAMPSON JONES, M. D. Registrar

11014

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

69764 — 13/E 69764

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6005 Cedonia Ave., Raspeburg St. 26th WARD) 26-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Henry Frederick Burkhart

(a) RESIDENCE NO. 6005 Cedonia Ave., Raspeburg, St. 26th WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frances Caroline Ticer Burkhart

6 DATE OF BIRTH (month, day, and year): May 2, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman. 066

(b) General nature of industry, business, or establishment in which employed (or employer): Baking

(c) Name of employer: Selfish

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Frederick William Burkhart.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania.

12 MAIDEN NAME OF MOTHER: Amelia Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Mrs. Henry Burkhart
(Address): 6005 Cedonia Ave.,

15 Filed [illegible] 1931 — G. RAMPSON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1931 to June 17, 1931

that I last saw him alive on June 17, 1931,

and that death occurred, on the date stated above, at 8P. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis and Chronic Nephritis.

(duration) 20 yrs. or over. yrs. mos. ds.

CONTRIBUTORY (Secondary): Progressive paralysis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Wilkinson, M. D.

6/18, 1931 (Address) 5713 Belair Rd., Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Comm Woods Va — DATE OF BURIAL: 6/20 1931

20 UNDERTAKER: J. M. Cook — ADDRESS: 1217 E Pond St

20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69765

CERTIFICATE OF DEATH

1192 E 69765

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1829 Druid Hill Ave ST. WARD

2-FULL NAME Catherine Jane Powell

(a) RESIDENCE NO. 1829 Druid Hill Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: None.

6 DATE OF BIRTH (month, day, and year): July 17 1930

7 AGE — Years | Months: 10 | Days: 29 30 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Bagwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Powell

(Address): 1829 Druid Hill Ave

15 Filed: JUN 20 1931

C. HAMPSON JONES, M. D. Registrar

A. A. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Strychnine

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) J. H. McGuire, M. D. Coroner

(Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: June 20 1931

20 UNDERTAKER: Archibald A. Yuckes

ADDRESS: 1843 E. Eutaw St

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69766

CERTIFICATE OF DEATH.

23 ✓ E 69766

REGISTERED NO. 28-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 5203 Gwynn Oak Ave (Ward)

2-FULL NAME Julia Francis Woodyow

(a) RESIDENCE NO. 5203 Gwynn Oak Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced. (write the word) Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 14-1891

7 AGE: Years 39 | Months 9 | Days 4 | IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Princess Anne

(State or country) Md

PARENTS

10 NAME OF FATHER George W. Woodyow

11 BIRTHPLACE OF FATHER (city or town) Balto. Md

(State or country)

12 MAIDEN NAME OF MOTHER Amanda J. Bailey

13 BIRTHPLACE OF MOTHER (city or town) June 18 1931

(State or country) Md.

14 Interment (Address) George W. Woodyow 5203 Gwynn Oak Ave

15 Filed C. Hampson James M. D. Registrar.

0 1931 B. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931

17 I HEREBY CERTIFY, That I attended deceased from

Apr. , 1913, to June 18 , 1931.

that I last saw her alive on June 17 , 1931.

and that death occurred, on the date stated above, at 5-30 a m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Emphysema

Pulmonary Tuberculosis

(duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 19 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Resection of Rib Date of

Was there an autopsy? no.

What test confirmed diagnosis? Microscopical

(Signed) A. C. Bennett, M. D.

(Address) 4509 Liberty Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 DATE OF BURIAL, CREMATION OR REMOVAL Date of Burial Loudon Park Cemetery June 20 1931

20 UNDERTAKER ADDRESS George L. Schmaltz Gwynn Oak Ave

30—M. & T.—100 B—361.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69767

93E 69767

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 815 W. Franklin ST. 18-26 (WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph S. Barney

(a) RESIDENCE NO 815 W. Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 10 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colord	Widowr

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Hamir Barney

7 DATE OF BIRTH (month, day, and year) 1879

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

11 NAME OF FATHER Rastus Barney

12 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

13 MAIDEN NAME OF MOTHER Hanie Cutler

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mr. Edward Barney

(Address) 815 W. Franklin St

Filed 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute edema of lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

6/18, 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL June 20, 1931

20 UNDERTAKER Mrs Kate R. Williams

ADDRESS 322 S Schroeder St

55—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69768

CERTIFICATE OF DEATH

34 E 69768

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) 752 Bradley ST. 17-26 (WARD)

2. FULL NAME Jos. Fitzerstone

(a) RESIDENCE NO. 752 Bradley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 15-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Tobacco Factory

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Mason Fitzerstone

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Amanda Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Paul Mansfield

(Address) 606 W Saddle

Filed JUN 20 1931

Registrar

CORONER'S CERTIFICATE OR PHYSICIAN'S

16 DATE OF DEATH (month, day, and year) January 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy, or inquiry) thereon and from the evidence obtained by said (inquest, autopsy, or inquiry) find that said deceased came to death as stated above.

The CAUSE OF DEATH* was as follows: Acute Dilatation of Heart & General Congestion of Viscerae (duration) unknown

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Leavitt Coroner, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Creve Va — DATE OF BURIAL: June 22 1931

20 UNDERTAKER: Joseph A Lucky — ADDRESS: 1091 N. Mound St

Spec.—1-10-21—M&T—1500 Blks.

E 69769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69769

82-001

11-24

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 12 West Read Street ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Charles A. P. Hatfield,

(a) RESIDENCE NO. 12 West Read Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (WIFE of): Frances E. Hatfield

6 DATE OF BIRTH (month, day, and year): Dec. 2, 1850

7 AGE: Years 80 Months 6 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Army Officer, 08

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Eutaw, Alabama.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown Unknown

12 MAIDEN NAME OF MOTHER: Mrs. Stella Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass.

14 Informant (Address): Mrs Helen Merchant, University, Va.

15 [illegible] 19 [illegible] Registrar

0 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19, 19 31

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 19 31, to June 19, 19 31, that I last saw him alive on June 1, 1931, 19, and that death occurred, on the date stated above, at 7.00 A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis (duration) Indifinite yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) F. W. PRUITT, 1st Lt. M. C. M. D.

6-19-31 (Address) Gen. Disp, USA, Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington, Va.

DATE OF BURIAL: June 22 1931

20 UNDERTAKER: John O. Mitchell & Sons, 1900 Eutaw Pl.

ADDRESS

10—M. & T.—100 B—50L

E 69770

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69770

CERTIFICATE OF DEATH

REGISTERED NO. 126

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 17-24 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillian Woamack

(a) RESIDENCE NO. 1009 Shield ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6b DATE OF BIRTH (month, day, and year) 1910

7 AGE — Years 21 | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Maid

(c) Name of employer Va

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Richard Woamack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Louis Woamack

(Address) 1009 Shield

15 Filed 20 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Yellow Jaundice

Duration 1 yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Gall Stones

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. H. Linick, M. D.

Coroner

(Address) June 18th 1931 Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 6-22 1931

20 UNDERTAKER Daniel Easton

ADDRESS 916 Va ave

69771 HEALTH DEPARTMENT—CITY OF BALTIMORE 69771

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hospital 14-20
(a) RESIDENCE No. 154 Druid Hill Ave (ST.) (WARD)
CITY OF BALTIMORE. (NO.)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lyndrough Sheppard
(a) RESIDENCE No. Lykesville Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Fred Sheppard

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Evelyn Sheppard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Leo Sheppard
(Address) Lykesville Md

15 JUL 20 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1930, to June 19, 1931
that I last saw h[illegible] alive on June 19, 1931
and that death occurred, on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:

Spinal Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. 15 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Path
(Signed) Wm Thos Hyatt M. D.
19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Rock Cem. DATE OF BURIAL June 22 19 31
ADDRESS

20 UNDERTAKER C. M. Watts Westfield Md

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 | E 69772

E 69772

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkind Hospital ST. 5-8 WARD)

2-FULL NAME Rosie E. Brown

(a) RESIDENCE NO 607 N. Central Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1886

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic 670
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Edward A. Brown (nephew)
(Address) 1616 E. Fayette St.

15 Filed _____, 192 _____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Cardio-nephritic Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Jos. H. Waesche M. D. Coroner

6/19/31 (Address) 1100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedarcroft Cem DATE OF BURIAL 6/22 19 31

20 UNDERTAKER Byron Wright ADDRESS 1210 McE

—1-30—M. & T.—250 Blks

69773 HEALTH DEPARTMENT—CITY OF BALTIMORE 92-0E 69773

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

TY OF BALTIMORE: (NO. 3234 Kingsley St ST. 20-70 (WARD)

2-FULL NAME Elizabeth Diederich

(a) RESIDENCE NO. 3234 Kingsley St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

If married, widowed, or divorced (or) WIFE of Charles Diederich

DATE OF BIRTH (month, day, and year) Dec 28/186-

AGE: Years 65 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Altenburg Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Charles Diederich 3234 Kingsley St

Filed 6-20-1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19-31

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 19, 1931, that I last saw her alive on June 19, 1931, and that death occurred, on the date stated above, at 5 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Rectal Growth

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) W. A. Knell M. D.

6/20, 1931 (Address) Evergreen

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Md | DATE OF BURIAL June 22 1931

20 UNDERTAKER Henry H. Amrhein Jr Lon 4204 | ADDRESS Ridgewood Ave

—1-30—M. & T.—250 Blks.

69774 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69774 1931 48

CERTIFICATE OF DEATH. 23 1883

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Teal St. ST. 17-25 WARD)

2-FULL NAME Mary Stewart

(a) RESIDENCE NO. 407 Teal St ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX female | 4 COLOR OR RACE colored | 5 Single, Married, Widowed, or Divorced, (write the word) married

If married, widowed or divorced (HUSBAND of or) WIFE of William Stewart

6 DATE OF BIRTH (month, day, and year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	48			

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (City or town) (State or country) Orchester Co Md

9 NAME OF FATHER Stephen Thompson

10 BIRTHPLACE OF FATHER (city or town) (State or country) Md

11 MAIDEN NAME OF MOTHER Caroline Tinker

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

13 Informant William Stewart
(Address) 407 Teal St

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/31

17 I HEREBY CERTIFY, That I attended deceased from 6/1 1931 to 6/19 1931
that I last saw her alive on 6/19 1931
and that death occurred, on the date stated above, at 8:30 m.
The CAUSE OF DEATH* was as follows: Pleurisy & Pneumonia

(duration) 17 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? no Date of ✓
Was there an autopsy? no
What test confirmed diagnosis? Signs & Symptoms

(Signed) J. R. Blake M. D.
(Address) 924 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn DATE OF BURIAL June 22 1931

UNDERTAKER Clarence E. Wright & Co ADDRESS 220 Pennsylvania Ave

OCT 1931 G. HAMPSON JONES, M. D. Registrar

ec.—9-30—A. & Co.—250 Blks.

69775 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 69775

15-61

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3605 Springdale Ave. S. WARD)

2 FULL NAME Eleanor J. Merryman

(a) RESIDENCE NO. 3605 Springdale Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

6a If married, widowed, or divorced (6c) HUSBAND of WIFE of Charles D. Merryman

7 DATE OF BIRTH (month, day, and year) Aug. 4, 1845

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	10	14	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: retired housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER Rezin Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country): A.A.Co. Md.

12 MAIDEN NAME OF MOTHER Ann C. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A.A.Co. Md.

14 Informant (Address): Mrs. Maude Ward 3603 Springdale Ave.

15 JUN 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18-1931

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to June 18, 1931

that I last saw h alive on June 18, 1931

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(Primary) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Jeffersonian Buck M. D.

6/20/31 (Address) 5. Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: June 20 '31

20 UNDERTAKER: John O. Mitchell & Sons, 1900 Eutaw Pl

ADDRESS: Mahlon B. Whitelete

cc—9-30—A. & Co.—250 Blks

49477 69776

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 46[illegible] 69776

CERTIFICATE OF DEATH.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE. (NO 7-9 ST. (WARD)

2 FULL NAME Henry McGraw

(a) RESIDENCE NO. 1105 21st Place ST. WARD Tulsa Oklahoma
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May-9-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	10	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oil Co Executive
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Kansas

10 NAME OF FATHER Thomas McGraw

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anne Gilmor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Records JOHNS HOPKINS HOSPITAL
(Address)

15 Filed JUN 20 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19-31

17
I HEREBY CERTIFY, That I attended deceased from May 22, 1931, to June 19, 1931
that I last saw him alive on June 19, 1931
and that death occurred, on the date stated above, at 10:15 P m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? Yes. Date of June 12, 1931
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) Rowley M. Leucek Jr. M. D.
6/20 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ponca City Oklahoma — DATE OF BURIAL: June 20 1931

20 UNDERTAKER: Henry H Jenkins & Co — ADDRESS: Ocheltree & McCulloch

JUN 20 1931

c.—1-12-23—M&T—500 Blks.

E 69777

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 VE 69777

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 503 N. Monroe ST. (WARD) 20-27

2-FULL NAME Thomas M. Nichols

(a) RESIDENCE NO. 503 N. Monroe ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida C Nichols

DATE OF BIRTH (month, day, and year) Sept. 17-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	9	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steel Car Builder.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R. Co.

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

10 NAME OF FATHER Thomas Nichols.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hamott Nichols.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant Mrs. Ida C. Nichols

(Address) 503 N. Monroe St.

15 JUN 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-18 1931

17 I HEREBY CERTIFY, That I attended deceased from June 14 . 1931 . to June 18 . 1931 .

that I last saw her alive on June 18 . 1931

and that death occurred, on the date stated above, at 11.35 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis.

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Large Liver mass

(Signed) Thos H Pullof M. D.

, 19 (Address) 1906 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery.	June-22-1931.
20 UNDERTAKER	ADDRESS
Charles J. Schwab.	505 N. Monroe St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 69778

CERTIFICATE OF DEATH

93-10 B 69778

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 505 W 27th St ST. 12-51 (WARD)

2 FULL NAME Lutie I Cotter

(a) RESIDENCE NO. 505 W 27th St ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick E. Cotter

7 DATE OF BIRTH (month, day, and year) June 5, 1874

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	14	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER John Lowenschuss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ella Barnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment Patrick E Cotter (Address)

D 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1930 to June 19 1931

that I last saw h-er alive on June 19 1931

and that death occurred, on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Aortic Insufficiency

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) L. A. Richardson M. D.

June 23 1931 (Address) 112 W. 20 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL June 23 1931

22 UNDERTAKER Arnold Sons

ADDRESS 845 Hartford Ave

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69779 — 34 E 69779

REGISTERED NO.

E 69779

1-PLACE OF DEATH

City of BALTIMORE: (No. 1731 Orleans St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Johnson

(a) RESIDENCE NO. 1731 Orleans St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Widowed

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Johnson

6 DATE OF BIRTH (month, day, and year) Centenarian

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
about 54				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid for Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 970
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS
10 NAME OF FATHER Easter Stevens
11 BIRTHPLACE OF FATHER (City or town)
(State or country) Baltimore Md.
12 MAIDEN NAME OF MOTHER Ellen Lee
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Leonard Lennard
(Address) 1731 Orleans St

15 Filed JUN 20 1931 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1931 19

17 I HEREBY CERTIFY, That I attended deceased from April 1 1931 to June 17 1931
that I last saw h.. alive on June 16 1931
and that death occurred, on the date stated above, at 3 A. m.
The CAUSE OF DEATH* was as follows:
Hemorrhage Lung
Arteriosclerosis of Aorta

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary) Cor Hypertrophy

(duration) yrs. mos. 7 da.

18 Where was disease contracted
If not at place of death? Not known
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) C. E. Lenhardt M. D.
19 (Address) 1514 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — Date of Burial June 20, 1931

20 UNDERTAKER Mrs. W. G. Elliott — ADDRESS Eastland

Spec.—8-24-14—M. & T.—2000 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

60780

CERTIFICATE OF DEATH.

REGISTERED NO. C 46 60780

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3607 Elamont Rd ST. 15-62 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs Emma L Brodie

(Residence in Baltimore: No. 3607 Elamont Rd St.; yrs. 3 mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH. ..... (Month) 2 (Day) ....., 1..... (Year)

7-AGE. If LESS than 1 day, ...hrs. or ....mtn.

61 yrs. ..... mos. ..... da.

8-OCCUPATION: (a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE (State or Country). Brooklyn N Y

PARENTS.

10-NAME OF FATHER. Unknown

11-BIRTHPLACE OF FATHER (State or Country). N Y

12-MAIDEN NAME OF MOTHER Unknown

13-BIRTHPLACE OF MOTHER (State or Country). N Y

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs W Dolfield

(Address) 360 Elamont Rd

JUN 21 1931

Filed ..... 191.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, June 20, 1931.
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from June 13 1931, to June 20 1931.
that I saw h e alive on June 20 1931.
and that death occurred, on the date stated above, at 1.15 p. m.

The CAUSE OF DEATH* was as follows:
Adenocarcinoma of Cecum (Colon)

(Duration) ..... yrs. 7 mos. ..... da.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(Duration) ..... yrs. ..... mos. 3 da.

(Signed) Harry H. Ullrich M. D.

June 20, 1931. (Address) 2611 Garrison Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Brooklyn N Y DATE OF BURIAL. June 21 1931

20-UNDERTAKER Wm J Tuckerton & Son ADDRESS N Y Ave

69731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69731

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD

2 FULL NAME

(a) RESIDENCE NO. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to [illegible] 19

That I last saw h[illegible] alive on [illegible] 19

and that death occurred, on the date stated above, at [illegible] M.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death?

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69782 X 12 VE 69782

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE (No Hospital for the Women of Maryland WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marjorie Duer

(a) RESIDENCE NO Stevenson Post Office, Maryland WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. 2 — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	single

6 If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) August 10, 1921

8 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	9	10	10	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

11 NAME OF FATHER Adolph A Duer

12 BIRTHPLACE OF FATHER (city or town) (State or country) Pikesville Md.

13 MAIDEN NAME OF MOTHER Ellen Robinson

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

15 Informant Mrs Frances Creed
(Address) Pikesville P.O. Md.

JUN 21 1931 HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to June 20, 1931

that I last saw h[illegible] alive on June 20, 1931

and that death occurred, on the date stated above, at 1.50 A m.

The CAUSE OF DEATH* was as follows:

Peritonitis - streptococcus, non hemolytic

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia - bilateral

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? S

Did an operation precede death? Yes Date of June 15, 1931

Was there an autopsy? No

What test confirmed diagnosis? clinical evidence

(Signed) Eileen Arnold Gilbert M. D.

6/20 1931 (Address) Hospital for the Women of Maryland

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

20 UNDERTAKER Henry W Jenkins Sons Co

DATE OF BURIAL 6-24 1931

ADDRESS Orchard & Eutaw

Stauerwald

4810 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69783

REGISTERED NO.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL 7-4 (WARD) 19 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Paul Stauerwald

(a) RESIDENCE NO. 609 S. Sharham ST. St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Stauerwald

7 DATE OF BIRTH (month, day, and year) Feb. 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Nettie Baumtrach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records - JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 - 31

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to June 14, 1931

that I last saw h alive on June 14, 1931

and that death occurred, on the date stated above, at 3 20 P m.

The CAUSE OF DEATH* was as follows:

Urinary tract infection

(duration) 8+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Blood and urine cultures

(Signed) Carlyle C. Badale M. D.

6/19/1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cemetery	6/22/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

69734 HEALTH DEPARTMENT—CITY OF BALTIMORE 69784

CERTIFICATE OF DEATH

REGISTERED NO. 97

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1732 Clarkson ST. 23-37 WARD

2 FULL NAME Johanna H. Hermanns

(a) RESIDENCE NO. 1732 Clarkson ST. WARD

(Usual place of abode) (If non-residents give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced — HUSBAND of (or) WIFE of Louis Hermanns

6 DATE OF BIRTH (month, day, and year) May 28 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	21	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Germany

PARENTS

10 NAME OF FATHER Carl Ludwick Wiele

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Johanna M. Ebbecke

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Interment (Address) Elsa Rest Mt. Olivet 2723 W. North Ave

15 Filed 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19. 1931

17 I HEREBY CERTIFY, That I attended deceased from April 25 31 to June 19 31

that I last saw her alive on June 19 31

and that death occurred, on the date stated above, at 7 A M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion 2 d.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

Signed H. F. K. Campbell M.D.

June 20 1931 (Address) 16 x x Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

20 UNDERTAKER J. M. Cook

DATE OF BURIAL 6/22 1931

ADDRESS 1217 E. Baltimore St

E 69785

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69785

CERTIFICATE OF DEATH

X 152

REGISTERED NO. 12-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

(a) CITY OF BALTIMORE: (No.) Union Memorial Hospital WARD 12

2 FULL NAME Mrs Chas M Jett

(a) RESIDENCE NO. 4 Linden Mills Rd (Usual place of abode) ST. Woodlawn WARD Md

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Chas. Jett

DATE OF BIRTH (month, day, and year) Jan 1st 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 15 07

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Thos Jett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Bouldin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Hospital Records

Filed JUN 21 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th 31

17

I HEREBY CERTIFY, That I attended deceased from June 12th, 1931, to June 20, 1931

that I last saw him alive on June 17th, 1931

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Infection, Hand Right

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? Yes Date of June 13, 17th

Was there an autopsy? No. Nature of Abscess

What test confirmed diagnosis? Clyn. Exam.

(Signed) Samuel McLanahan M. D.

June 20 1931 (Address) Union Mem. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 6/23 1931

20 UNDERTAKER Wellain Cook

ADDRESS 121 S. Paca

Dr Frank 1340 S. Charles
South 0084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69786

CERTIFICATE OF DEATH

93-083

E 69786

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4101 Fairhaven ST. 25-75 WARD

2. FULL NAME Marie Kadan

(a) RESIDENCE NO. 4101 Fairhaven ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female. 4. COLOR OR RACE: White. 5. ~~Single, Married~~, Widowed, or Divorced (write the word): Widow

6. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Joseph Kadan

7. DATE OF BIRTH (month, day, and year) July 5th 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	11	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10. NAME OF FATHER: Joseph Baburek

11. BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12. MAIDEN NAME OF MOTHER: Anna Hammer

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14. Informant: Adolph Kadan

(Address) 211 Doris Ave

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (month, day, and year) June 19th 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20. 1930 to June 19. 1931

that I last saw her alive on June 19 1931

and that death occurred, on the date stated above, at 3P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) — yrs. — mos. 1 ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Lubinsky M. D.

6-20. 1931 (Address) 1200 Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetary — DATE OF BURIAL: 6/22/1931

20. UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

JUN 21 1931

Registrar

0—M. & T.—100 B—50L

E 69787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69787

REGISTERED NO. 93-00

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 Forrest St. ST. 10-19 WARD)

2-FULL NAME Helen E. Kelly.

(a) RESIDENCE NO 1018 Forrest St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) October 25, 1890

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	7	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chicago Ill.

PARENTS

10 NAME OF FATHER James Kelly.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Theresa Lingan.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co. Md.

14 Informant James Kelly. (father) (Address) 1018 Forrest St.

15 Filed JUN 21 1931 C. HAMPSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) ---------- Coroner, M. D.

6/20 19 31 Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Co. St Ignatius Cemetery

DATE OF BURIAL 6/22/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 E. Fayette St.

E 69788

HEALTH DEPARTMENT—CITY OF BALTIMORE

69788

92-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Greenmount Ave WARD)

2 FULL NAME John F. Potts

(a) RESIDENCE NO. 3602 Greenmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If ~~married~~, widowed, or ~~divorced~~, HUSBAND of ~~WIFE of~~ Catherine Potts

7 DATE OF BIRTH (month, day, and year) June 13th 1849

8 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	82	0	7	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor o/b

(b) General nature of industry, business, or establishment in which employed (or employer): Building

(c) Name of employer: Self

10 BIRTHPLACE (city or town) (State or country): Md

PARENTS

11 NAME OF FATHER: John Potts

12 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

13 MAIDEN NAME OF MOTHER: Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Walter Potts

(Address) 3602 Greenmount Ave

15 Filed JUN 21 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from 6-17-31 to 6-20-31

that I last saw h~~e~~ alive on 6-19-31

and that death occurred, on the date stated above, at 7:45 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptomatology

(Signed) C. F. Englert M. D.

6/20 1931 (Address) 3709 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dalto Cemetery

DATE OF BURIAL: 6/23/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69789 — 131 — E 69789

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Erdman Ave) (Ward) August 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret A. Fowler

(a) RESIDENCE NO. 2602 Erdman Ave WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	1 COLOR OR RACE	2 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of Frank P. Fowler

DATE OF BIRTH (month, day, and year) July 4th 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Thomas McGriffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rome, Italy

12 MAIDEN NAME OF MOTHER: Caroline Kanst

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Gertrude C. Funk 2602 Erdman Ave

15 Filed AUG 21 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 18 1931 to June 20 1931

that I last saw her alive on June 20 1931

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal Disease

(duration) 7 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Examination

What test confirmed diagnosis?

(Signed) Chas Wm Edwards M. D.

19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 6/23/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 217 E. Read St.

To:

E 69790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69790

CERTIFICATE OF DEATH

59

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2833 Brendan Ave ST.) 27-45 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm S. Gipe

(a) RESIDENCE NO. 2833 Brendan Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Gipe yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of ~~WIFE~~ Stella Gipe

7 DATE OF BIRTH (month, day and year) May 25th 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 666
(c) Name of employer Donohue

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER George Gipe
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Stella Gipe 2833 Brendan Ave

15 JUN 21 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 20th 1931

17
I HEREBY CERTIFY, That I attended deceased from July 8 1930 to June 20 1931
that I last saw h alive on June 30 1931
and that death occurred, on the date stated above, at 10.30 a. m.
The CAUSE OF DEATH* was as follows:
Arterio Sclerosis
Myocarditis
Diabetes Mellitus
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arterio Myocarditis Bronchio-Pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory
(Signed) Thibert Artigiani M. D.
19 (Address) 294 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 6/23/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 69791

E. 69791

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2320 Eager St. ST. 8-17 WARD)

2—FULL NAME Anna Urban.

(a) RESIDENCE NO. 2320 Eager St. ST., WARD.
(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widow

f married, widowed, or divorced ~~Husband of~~ WIFE of Joseph Urban.

ATE OF BIRTH (month, day, and year) June 20/1845

GE	Years	Months	Days	If LESS than 1 day, hrs or min.
6.				

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

BIRTHPLACE (city or town) (State or country): Checoslovia.

10 NAME OF FATHER: not known.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Checoslovia

12 MAIDEN NAME OF MOTHER: not known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Checoslovia.

Informant: Mr. Jerry Urban.

(Address): 43-E Baldwin St.

Filed June 21 1931 CLAYTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1st, 1931 to June 20, 1931

that I last saw her alive on June 5, 1931

and that death occurred, on the date stated above, at 6.50 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Laryngeal T.B.

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Louis Krause M. D.

. 19 (Address) Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Most Holy Redeemer	June 23 1931

20 UNDERTAKER: August Parek ADDRESS: 2456 Ashland Ave

or.—10-15-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

REGISTERED NO. E 69792

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 69792

1-PLACE OF DEATH

City of Baltimore: (No. Sinai Hospital St. 7-13 Ward)

2-FULL NAME Hannah Westheimer

(a) RESIDENCE NO. Sinai Aged Home St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Leopold Westheimer

6 DATE OF BIRTH (month, day, and year) October 1849

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min
	81	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Sinai Hosp. Records.

15 JUN 21 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pneumonia- Fracture of Femur(at hip)
Accidently fell to floor in Aged Home- about ten days ago

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X-ray

(Signed) [illegible] M. D.

6/20/31 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 6/ /1931

20 UNDERTAKER Hurd Sondheim & Son

ADDRESS 1902 Eutaw Place

5-28-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69793 107-001 E 69793

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3106 Barclay St. 17-50
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thurman Grandson

(a) RESIDENCE NO. 3106 Barclay St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER James Grandson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Bertha Grandson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) James Grandson 310 Barclay St

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1931

17 I HEREBY CERTIFY, That I attended deceased from June 18. 1931. to June 20. 1931.
that I last saw h. alive on June 20. 1931
and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Acute Capillary Bronchitis
Bronchopneumonia

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary) Chronic Nephritis
(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Clinical

(Signed) C. E. Hall, M. D.

19 (Address) 1626 23. St Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: June 22 1931

20 UNDERTAKER: Wm J. Y Socks

ADDRESS: 1302 Jefferson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69794

REGISTERED NO.

9794

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1618 Hall- ST. 7-13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Senora Robinson

(a) RESIDENCE NO. 1618 Hall- ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	C.	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Boyd Robinson

7 DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Elisha Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C

12 MAIDEN NAME OF MOTHER Maria Woolford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Leander Power 1618 Hall-St

15 Filed 6-17 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 15, 19 31, to June 18, 19 31

That I last saw h[illegible] alive on June 17, 19 31

And that death occurred, on the date stated above, at 7 20 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Extreme Hypertension (220, 40) and Cardiac Hypertrophy Nephritis Chronic

(duration) yrs. mos. ds.

If Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. H. Young M. D.

6/17 1931 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 6-21 1931

ADDRESS

20 UNDERTAKER Byron Wright 2108 McCulloh St

6 27 1931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69795 23 E 69795

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 334 N. Bidle St (Ward) 11-24

2. FULL NAME Sallie Ellen Day

(a) RESIDENCE No. 334 N. Bidle St (If rural place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. If single, Married, Widowed, or Divorced, (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, and year): 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (state or country): Baltimore, Md.

10. NAME OF FATHER: Fulton Frank Day

11. BIRTHPLACE OF FATHER (city or town) (state or country): Va.

12. MAIDEN NAME OF MOTHER: Sallie Fulton

13. BIRTHPLACE OF MOTHER (city or town) (state or country): N. C.

PARENTS

MEDICAL CERTIFICATE OF DEATH

14. DATE OF DEATH (month, day, and year): June 19/31

15. I HEREBY CERTIFY, That I attended deceased from June 8 1931 to June 19, 1931 that I last saw her alive on June 19, 1931 and that death occurred, on the date stated above, at 10.10 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

16. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What (ex) confirmed diagnosis?

(Signed) F. R. Patterson M. D.

ID (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

17. Informant (Address) Mrs Jones 334 N. Biddle St

18. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 6-22 1931

19. FILED: JUN 22 1931 CHAS. C. HAMER, JONES, M. D. Registrar

20. UNDERTAKER: David Easton

ADDRESS: 916 Pa ave

69796 HEALTH DEPARTMENT—CITY OF BALTIMORE 69796

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hebrew Home for aged & Infirm REGISTERED NO 27-001
(If death occurred in a hospital or institution, its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Belvedere & Greenspring aves

2 FULL NAME Sarah Levy

(a) RESIDENCE NO. Belvedere & Greenspring aves. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced, (write the word): wid.
6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sol Harry
7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia
10 NAME OF FATHER: Harry Levy
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Untersoon
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant
(Address)

15 Filed JUN 2 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-2-31

17 I HEREBY CERTIFY, That I attended deceased from March, 19 31, to June, 19 31,
that I last saw h[er] alive on 6-2, 19 31,
and that death occurred, on the date stated above, at 6.50 P. M.
The CAUSE OF DEATH* was as follows:
Chronic - pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical.
(Signed) I. Edmund Levin M. D.
June 2 1931 (Address) Leonardtown

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run
DATE OF BURIAL: June 2 1931
20 UNDERTAKER: Hof Levinson & Bro
ADDRESS: 1127 E Balto St

Rec.—9-30—A. & Co.—250 Blks

39797 HEALTH DEPARTMENT—CITY OF BALTIMORE 39797

CERTIFICATE OF DEATH

92-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE, (No 15-58 ST. WARD)

2 FULL NAME Mr Morris Dalewitch

(a) RESIDENCE NO. 2500 Keyworth Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 25 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

6 If married, widowed or divorced HUSBAND of (or) WIFE of Rose

7 DATE OF BIRTH (month, day, and year) 1866

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Ret

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Isaac Salawitch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena Jacobson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Fern Salawitch 2501 Edmondt.

15 Filed 2 1 1931 19 H. C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20/31

17 I HEREBY CERTIFY, That I attended deceased from June 10 1931 to June 20 1931

that I last saw h alive on June 20 1931

and that death occurred, on the date stated above, at 4.10 P. M.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis
Mitral stenosis & insuff
Aortic insuff 3 mos

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Obs

(Signed) Milton B Kirsh M. D.

19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave DATE OF BURIAL June 21 1931

ADDRESS

20 UNDERTAKER S Lennan Bro Balto Md

Greenberg. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69798

69798

CERTIFICATE OF DEATH.

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2055 E. Balto St. 6-9 (Ward)

2 FULL NAME Yetta Arnberg

(a) RESIDENCE NO. 2055 E. Balto St. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Arnberg

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: David Lendman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Dreen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Samuel Arnberg

(Address): 2055 E. Balto St.

15 Filed JUN 21 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-20-31

17

I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1930 to May 13, 1931

that I last saw her alive on May 13, 1931

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Breast Carcinoma - Right Breast.

Metastasis to Skull - Lumbar Spine

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary): Metastasis to Lumbar Spine

(duration) yrs. 6 mos. ds.

Metastasis to skull 1 mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Jan 8, 1930

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Sections

(Signed) L. Claudius Cohen M. D.

, 19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Levindale	6-21-1931
20 UNDERTAKER	ADDRESS
Joe Levin, Inc. 1431	E. Balto St.

E 69799

HEALTH DEPARTMENT—CITY OF BALTIMORE

69799

CERTIFICATE OF DEATH

117-662

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St Joseph's Hospital 21-72 (WARD)

2. FULL NAME Joseph Rosenbaum

(a) RESIDENCE NO. #933 Washington Blvd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waste Inspr

(b) General nature of industry, business, or establishment in which employed (or employer) Chemical 45 1 0

(c) Name of employer ?

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Morris Rosenbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachel -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Cohen

(Address) 1523 Eutaw Pl.

Filed 6-21 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-31

17

I HEREBY CERTIFY, That I attended deceased from 6-18 1931, to 6-20 1931

that I last saw h dead alive on 6-20 1931

and that death occurred, on the date stated above, at 1145 P m.

The CAUSE OF DEATH* was as follows:

Bleeding Duodenal Ulcer

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Secondary Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 6-20-31

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Robert Dardo M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge

DATE OF BURIAL 6-21- 1931

20 UNDERTAKER Wm. Lewis, Inc. 1-39

ADDRESS E. Balto

...c—9-30—A. & Co.—250 Blks.

69800

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69800

CERTIFICATE OF DEATH

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument - Rutland (St.) 4-26 (Ward)

2 FULL NAME Mr Louis Rosen

(a) RESIDENCE NO. 110 - N Pine St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ada -

7 DATE OF BIRTH (month, day, and year)

8 AGE Years 65 Months Days If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) 080

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Moses Rosen

11 BIRTHPLACE OF FATHER (city or town) (State or country) R

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) R

14 Informant (Address) Philip Rosen 110 N. Pine St.

15 Filed 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/31

17 I HEREBY CERTIFY, That I attended deceased from 5/26, 1931, to 6/19, 1931

that I last saw him alive on 6/19, 1931

and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

Inoperable Gastric Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis - Chronic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/3/31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) M. L. Levin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL 6-1-1931

21 UNDERTAKER Jos Levin Inc. 1439

ADDRESS E. Balto St

—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69301

CERTIFICATE OF DEATH.

97 E 69301

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 110 N. Chapel ST., 6-9 WARD)

2-FULL NAME Anna M. Bauer

(a) RESIDENCE No. 110 W. Chapel ST., 6 WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 (If married, widowed, or divorced) (HUSBAND of or) WIFE of the late John Bauer

7 DATE OF BIRTH (month, day, and year) June 3rd 1852

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 74		15	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Lahmer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Benjamin T. Bauer (Son)

(Address) 110 W. Chapel St

JUN 21 1931 19 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18th/31

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to June 18, 1931.

that I last saw h alive on June 18, 1931.

and that death occurred, on the date stated above, at 5 30 a. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis

(duration) Sudden yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? — —

Did an operation precede death? — Date of —

was mer an autopsy? —

What test confirmed diagnosis? History

(Signed) H C Gladden, M. D.

19 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: June 22nd 1931

20 UNDERTAKER: Lilly & Geiler Inc

ADDRESS: 1003 S. Wolfe St

...—1-30—M. & T.—250 Bks

69302

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E 69302

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 713 S. Oldham ST. 26 WARD)

2-FULL NAME Mary A. Shipley

(a) RESIDENCE NO. 713 S. Oldham ST. 26 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of HUSBAND of the late Michael Shipley

DATE OF BIRTH (month, day, and year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Jacob Gettman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Anna M. Woodt

(Address) 713 S. Oldham

JUN 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19th/31

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1931, to June 19, 1931.

that I last saw her alive on June 19, 1931.

and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel B. Wolfe, M. D.

, 19 (Address) 1331 E. Northare

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
First Evangel Luth. Cemetery	June 22 1931
20 UNDERTAKER	ADDRESS
Lilly & Zeiler Inc.	403 S. Wolfe St

69303

HEALTH DEPARTMENT—CITY OF BALTIMORE

69303

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1711 E. Oliver St. 8-17 (Ward)

2 FULL NAME Anna E. Myers

(a) RESIDENCE NO. 1711 E. Oliver St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed or divorced (or) WIFE of: Wm H. Myers

7 DATE OF BIRTH (month, day, and year): June 23 70

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

10 NAME OF FATHER: Conrad Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER: Barbara A.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Wm H. Myers

(Address) 511 E. Oliver

21 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 18 31

17 I HEREBY CERTIFY, That I attended deceased (from) 6/16/31 to 6/18/31

that I last saw h[illegible] alive on 6/18/31 at 11.45 a. m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

Signed David Riley M. D.

6/19 1931 (Address) 1500 Edwin

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: WM Hamel

DATE OF BURIAL: June 23 31

20 UNDERTAKER: Philip Henry

ADDRESS: 2016 Aliceanna

Dr. Has 5600 York Rd Tax 1368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69304 A

97 E 69304 A

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) 403 Lyman Ave (St.) 27 48 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lawson Frderick Ewing

(a) RESIDENCE NO. 403 Lyman Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Anna L. Ewing

7 DATE OF BIRTH (month, day and year) May 13th 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Building

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER James W. Ewing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Eliza Gorsuch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Annie E. Ewing

(Address) 403 Lyman Ave

Filed 6-24-1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 20th 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 28 1928 to June 20 1931

that I last saw him alive on June 20 1931

and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. E. Bers M. D.

(Address) 5600 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Co Md Bakers Cemetery

DATE OF BURIAL 6/22/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Rec.—9 30—A. & Co.—250 Blks

69805 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69805

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH Baltimore City Hospitals 6-37 REGISTERED NO.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Peter Streets

(a) RESIDENCE NO. none St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, and year) Mar. 31, 1860

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71	2	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER James Streets

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Balto. City Hosp.

15 1931 H. A. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-13-31

17
I HEREBY CERTIFY, That I attended deceased from 8-20-18, 19 to 6-13-31, 19
that I last saw h im alive on 6-13-31, 19
and that death occurred, on the date stated above, at 2:15 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhages into cerebrum (multiple)
(duration) 13 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? Home & Hospital.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podzt. M. D.
6-20, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart DATE OF BURIAL 6/22/31

20 UNDERTAKER John J Fahey Sons ADDRESS 1318 Light St

2-29-29—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69806

69806

CERTIFICATE OF DEATH

1—PLACE OF DEATH 40 15 - Street + Knowles REGISTERED NO. 82 2001

CITY OF BALTIMORE: (No. Home for Incurables St. WARD 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Margaret E. Seitzer

(a) RESIDENCE NO. Home for Incurables St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3½ yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced WIFE of (or) HUSBAND of: John Seitzer

7 DATE OF BIRTH (month, day, and year): June 4 - 1864

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	0	16	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

10 BIRTHPLACE (city or town) (State or country): Germany

11 NAME OF FATHER: John J. Sichhorn

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

13 MAIDEN NAME OF MOTHER: Catherine Berg

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Harriet Reeves

(Address): Home for Incurables

Filed: C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20, 1931

17 I HEREBY CERTIFY That I attended deceased from February 23, 1931, to June 20, 1931.

that I last saw h[illegible] alive on June 20, 1931

and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Anterior Cerebral artery)

(duration) — yrs. mos. 20 ds.

CONTRIBUTORY (Secondary): —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) W. W. B. Mayo, M. D.

June 20, 1931 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va. June 22

DATE OF BURIAL: 1931

20 UNDERTAKER: Harry H. Lutz & Co. 4501 Edmondson Ave.

ADDRESS

0—M. & T.—100 B—661.

69807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-19 82-001 E 69807

REGISTERED NO.

1.-PLACE OF DEATH.

CITY OF BALTIMORE: (No.) 1812 Guilford Ave. ST. 12-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2.-FULL NAME James L. Norton.

(a) RESIDENCE NO 1812 Guilford Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day and year) June 24, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	27½	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk B.& O.R.R.Co.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Patrick Norton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Brady.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Jennie Norton. (sister)

(Address) 1812 Guilford Ave.

15 June 21 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his (Inquest, autopsy or inquiry.) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

6/20/1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Grave

DATE OF BURIAL 6/22/1931

20 UNDERTAKER [illegible]

ADDRESS 31 E. Lafayette Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-601

69808

CERTIFICATE OF DEATH

E 69808

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.) 2321 E. Federal St. (WARD) 8-16

2-FULL NAME Catherine E. McCubbin

(a) RESIDENCE NO. 2321 E. Federal St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced (a) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	77	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

7 BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Hudson Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Markham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant (Address): Edward Handford 2321 Federal St

Filed 2-2 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from June, 1929, to June 20, 1931.

that I last saw her alive on June 20, 1931.

and that death occurred, on the date stated above, at 7.55 P.M.

The CAUSE OF DEATH* was as follows:

(1) Acute Dilatation of Stomach

(2) Angina Pectoris, 2 days

CONTRIBUTORY (Secondary): Cerebral Apoplexy (duration) 21 yrs mos ds

18 Where was disease contracted (if not at place of death)? Residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Grace L. Jennings M. D.

June 24, 1931. (Address) 2007 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salem Cemetery

DATE OF BURIAL: June 22 1931

20 UNDERTAKER: Jarrd Davidson

ADDRESS: Upper Falls

6—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69809

CERTIFICATE OF DEATH

E 69809

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 4015 Bonnyview St. (WARD) 15-63

2-FULL NAME Herbert M. Robinson

(a) RESIDENCE NO 4015 Bonnview St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E.

DATE OF BIRTH (month, day, and year): May 8 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	11	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: Everett Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Sue Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Mary E. Robinson

(Address): 4015 Bonnview

15 Filed June 22 1931 H. LEE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Leslie Burns, M. D. Coroner

June 20, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery

DATE OF BURIAL: June 23 1931

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: Baltimore St & Broadway

or.—10-15-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69810

CERTIFICATE OF DEATH

210-001

E 69810

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph's Hospital St. 1-3 Ward)

2-FULL NAME HERMAN KANDELHARDT

(a) RESIDENCE NO. 2220 Eastern Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S., if of foreign birth 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Kandelhardt

6 DATE OF BIRTH (month, day, and year) May 8, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	67	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Water Dept.
(c) Name of employer: City of Baltimore.

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Louise Kandelhardt. (Address) 2220 Eastern Avenue.

N 22 1931 C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

While working in a ditch an automobile backed upon him

@ Fract 2-3 Cer Vertbrae (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Main & Lisbon Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. J. Frame M. D.

6/22 1931 (Address) 2939 1/4 E. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery.	June 22. 31
20 UNDERTAKER	ADDRESS
Henry Sander & Sons. Inc.	BALTIMORE & BROADWAY

Filed

...—10-18-28—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69811

REGISTERED NO. E 69811

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH George Heinzerling

City of Baltimore: (No. West Baltimore Gen. Hospital St. 16-68 Ward 6

2-FULL NAME George Heinzerling

(a) RESIDENCE NO. 2047 W. Lanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 8 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Widower

3a If married, widowed, or divorced — HUSBAND of (or) WIFE of A.Muriel Heinzerling

6 DATE OF BIRTH (month, day, and year) Oct 5, 1876

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	8	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

PARENTS

10 NAME OF FATHER August Heinzerling

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Not Known

14 Informant Mrs. Harvey Jordan
(Address) 2047 W. Lanvale St.

15 Filed 6-22, 1931 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Spinal process & Paralysis.
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Fall down stairs
(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

June 19 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	June 22 1931
20 UNDERTAKER John F. Denny	ADDRESS 715 Light

53

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69812

CERTIFICATE OF DEATH

69812

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2924 Glenmore Ave (WARD) 47-43

2 FULL NAME Samuel Lentz

(a) RESIDENCE NO. 2924 Glenmore Ave, ST. WARD

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Jane Lentz

7 DATE OF BIRTH (month, day and year) July 21-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Rail Road Conductor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Penna. R.R

9 BIRTHPLACE (city or town) (State or country): Selinsgrove Pa

PARENTS

10 NAME OF FATHER Edward Lentz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER Caroline Rohrbaugh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant Lula Jane Lentz
(Address) 2924 Glenmore Ave.

15 Registrar M. H. Jones M.D.

22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1931, to June 21, 1931

that I last saw h[illegible] alive on June 19, 1931

and that death occurred, on the date stated above, at 1050A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Lumbar Spine

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? x-ray

(signed) FRODERICK M. D.

6/23 1931 (Address) 20 20 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes (a) (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery York. Pa.

DATE OF BURIAL: June 23 1931

20 UNDERTAKER: Hartenstein Homemaker ADDRESS: New Freedom Pa

69813

HEALTH DEPARTMENT—CITY OF BALTIMORE 69813

69813

CERTIFICATE OF DEATH + 92-001

REGISTERED NO. 127-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3000 N. Rogers Ave WARD 1

2 FULL NAME Ethelmae Fallon King

(a) RESIDENCE NO. Chicago. Ill. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 10 mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Bailey King

7 DATE OF BIRTH (month, day, and year) Nov 14-1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chicago Ill

10 NAME OF FATHER Edward M. Fallon

11 BIRTHPLACE OF FATHER (city or town) Chicago Ill

12 MAIDEN NAME OF MOTHER Alice Armstrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Toronto Canada

14 Informant (Address) Mrs Alice M. Fallon 3000 N. Rogers Ave

JUN 22 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19-1931

17 I HEREBY CERTIFY, That I attended deceased from June 9th 1931 to June 19th 1931

that I last saw her alive on June 19th 1931

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 15 yrs. mos. dys.

CONTRIBUTORY (Secondary) Cerebral Embolism

(duration) yrs. 2 mos. dys.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Isaac C. Dickson M. D.

June 19 31 (Address) 3055 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL June 22 31

UNDERTAKER Wm J Tuckner & Sons ADDRESS N. Y. & Pa

Rec.—9-20—A. & Co.—250 Blks.

69814 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69814

CERTIFICATE OF DEATH

127-002

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 6405 Sefton Ave 27-43 WARD

2 FULL NAME Michael J. Ruch

(a) RESIDENCE NO. 6405 Sefton Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ruch

7 DATE OF BIRTH (month, day, and year) July 11-1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired pd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wartenberg Germany

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Leonard J. Ruch
(Address) 6405 Sefton Ave

15 Filed ... 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20-31

17
I HEREBY CERTIFY, That I attended deceased (from) June 17, 1931, to June 20, 1931
that I last saw h alive on June 20, 19 31
and that death occurred, on the date stated above, at 9 a m

The CAUSE OF DEATH* was as follows:

Intestinal obstruction
Senility

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ✓
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Herman G Voss M. D.

19 (Address) 5106 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	6-25 1931
20 UNDERTAKER Leonard J. Ruch	ADDRESS 1 Sefton Ave

0—M. & T.—100 B—68L

HEALTH DEPARTMENT—CITY OF BALTIMORE

16 7 √ E 69815

CERTIFICATE OF DEATH

69815

REGISTERED NO.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens Ave. & Caton ST. 10-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard E. Seicke

(a) RESIDENCE NO 242 S. Collins Ave. ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6 If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Clara Louise S

DATE OF BIRTH (month, day, and year) Oct 19 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	0	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Howard County

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Frederick E Seicke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Anna M. Middendorf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Clara L. Seicke

(Address) 242 Collins Av

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Bullet shot wound of head - suicidal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 242 S. Collins Ave.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy U. Cromwell, M. D. Coroner

(Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: June 23 1931

20 UNDERTAKER: E Schlosman & Son — ADDRESS: 1039 Hanover st

Rec'd JUN 22 1931 By ... HARMAN JONES, M. D.

C—9-30—A. A. Co.—250 Blks

Hnyla

HEALTH DEPARTMENT—CITY OF BALTIMORE 69816

X 122-001

CERTIFICATE OF DEATH

69816

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

(a) CITY OF BALTIMORE: (No.) University Hospital (Ward)

2 FULL NAME Anton Hnyla

(b) RESIDENCE NO. Linthicum Heights, Maryland (If non-resident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos 2 ds. How long in U. S., if of foreign birth? 19 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Antonette Hnyla

7 DATE OF BIRTH (month, day, and year) Aug 29th 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

10 NAME OF FATHER: John Hnyla

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Antonette Hnyla Shipley Road Shipley Sta. Md. R. D.

15 Filed JUN 22 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 18 1931 to June 20 1931

That I last saw h/m alive on June 20 1931

and that death occurred, on the date stated above, at 5 30 A. m.

The CAUSE OF DEATH* was as follows:

Interparietal hernia right side with intestinal obstruction.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Linthicum Heights, Md.

Did an operation precede death? Yes Date of June 18, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Operation & autopsy

(Signed) George H. Yeager M. D.

(Address) University Hospital 6/20 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cem

DATE OF BURIAL: June 23 1931

20 UNDERTAKER: E Schlosman & Son

ADDRESS: Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

69817

CERTIFICATE OF DEATH

E 69817
REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St. Josephs Hospital
CITY OF BALTIMORE: (No Caroline & Oliver Sts. WARD)

2 FULL NAME Alexander Bielek

(a) RESIDENCE NO. 737 S. Bond St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 15 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Walter Bialek
11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland
12 MAIDEN NAME OF MOTHER: Margaretta Sabol
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

Informant (Address): Walter Bialek 737 S. Bond St.

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 31

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1931, to June 20, 1931
That I last saw him alive on June 20, 1931
and that death occurred, on the date stated above, at 9 40 P. M.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis (duration) 6 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary): Cardiac Dilatation (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Robert Sarko M. D.
19 (Address) St Joseph's Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary (Cem.)
DATE OF BURIAL: June 22 19 31
20 UNDERTAKER: Lorman & Abbey
ADDRESS: 401 N. Charles St.

69818 HEALTH DEPARTMENT—CITY OF BALTIMORE 69818

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hosp. 34 REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto 11½ St 16-22 WARD)

2 FULL NAME Maggie Kelso

(a) RESIDENCE NO. 1218 W Lafayette Ave ST WARD
(Usual place of abode) (If non resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) ——— 1870

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment (Address) Baltimore City Hosp.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19-31

17 I HEREBY CERTIFY, That I attended deceased from 6-1-, 1929, to 6-19-, 1931

that I last saw h[illegible] alive on 6-19-, 1931

and that death occurred, on the date stated above, at 10 V V A M.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lustic Infection 1

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis.

(Signed) Harry C. Bruns M. D.

6/19 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem.	June 22 1931
UNDERTAKER Thomas E. Kelson	ADDRESS 303 Forstman St

Co. 9-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

9819

CERTIFICATE OF DEATH

925 E 69819

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 730 W Fayette St. 18-31 (Ward)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizbeth Anulis

(a) Residence: No. 730 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of No

DATE OF BIRTH (month, day, year) No. 1859

AGE 72 Years	Months	Days	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No. gal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithvania

13. NAME Louis Karasys
14. BIRTHPLACE (city or town) (State or country) Lithvania
15. MAIDEN NAME No.
16. BIRTHPLACE (city or town) (State or country) Lithvania
17. INFORMANT M. Anulis
(Address) 730 W Fayette Street
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 22, 19 31
19. UNDERTAKER John Grebliauckas
(Address) 423 South Paca Street
20. FILED C. H. [illegible] JONES, M. D.
Registrar.
BY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21. 1931

22. I HEREBY CERTIFY, That I attended deceased from June 20. 1931. to June 21. 1931
I last saw her alive on June 21 1931 death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis — Date of onset Chronic

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan'l Frankel M. D.
(Address) 122 W Lee St

ec.—9-30—A. A Co.—250 Blks.

E 69820

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69820

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH St Joseph Hospital

CITY or BALTIMORE: (No. Caroline & Eden St) (or) WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Stokes

(a) RESIDENCE NO. 1602 Abbott ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown.

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 52				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) (general) nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

Informant (Address) Annie Lane 1602 Abbott St.

Filed JUN 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14-31

17 I HEREBY CERTIFY, That I attended deceased from 6-10, 19 31, to 6-19, 19 31

that I last saw her alive on 6-14, 19 31

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis - Chronic
Uremia -

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) Incidently ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Hundley M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	June 24 1931
21 UNDERTAKER	ADDRESS
Mrs P. G. Elliott	1425 Argyle Ave

69821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓ E 69821

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 27 A. Gen. Hosp. ST. 12-51 WARD)

2—FULL NAME Mrs. Marion Feaney

(a) RESIDENCE NO. 2720 Huntingdon Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced: WIFE of (or) WIFE of Edward J. Feaney.

7 DATE OF BIRTH (month, day, and year): Sept. 20, 1884

8 AGE: Years 46; Months 9; Days 0; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Home-wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (City or town) (State or country): Balto. Co., Md.

10a NAME OF FATHER: Thomas E. Tansey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Merriman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Hospital Records.

(Address)

Filed 12 1931 19 Sept. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1931, to June 20, 1931.

that I last saw h[illegible] alive on June 20, 1931

and that death occurred, on the date stated above, at 5:57 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall-bladder.

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary): Myocardium

(duration) yrs 2 mos ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes. Date of 2/24/31

Was there an autopsy? Yes.

What test confirmed diagnosis? Surgical Findings

(Signed) Gilbert R. Wilkerson M. D.

(Address) Asst. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: June 22 31

20 UNDERTAKER: W. Marshall

ADDRESS: 839 Fallsway

0—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69822 | 191 | REGISTERED NO. E 69822

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2119 Wilhelm St. 70-64 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Adam Dapp

(a) RESIDENCE NO. 2119 Wilhelm ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE OF Pearl

DATE OF BIRTH (month, day, and year) June 4th 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	16	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: John Dapp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Mary Stup

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.

Informant: Mrs. Pearl Dapp

(Address): 2119 Wilhelm St.

Filed JUL 2 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Heat exhaustion (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy H. Cromwell M. D. Coroner

6/30 1931. (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: June 23 1931

20 UNDERTAKER: George L. Estruth ADDRESS: 2101 Druid Hill Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69823

CERTIFICATE OF DEATH

59 E 69823
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 1034 N Broadway ST. 7-13 (WARD)

2. FULL NAME Mollie Rozenblatt

(a) RESIDENCE NO. 1034 N Broadway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed

6 If married, widowed, or divorced WIFE of (or) HUSBAND of: Late Jacob

7 DATE OF BIRTH (month, day, and year): 1871

8 AGE: Years 60. Months - Days - If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Austria

16 NAME OF FATHER: Samuel Fredricker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Celia Scheier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Mrs Celia Klein 1034 N Broadway

15 JUN 2 1931, 19 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 2 1/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 19 35 to June 2/, 19 31
that I last saw her alive on June 30, 19 31
and that death occurred, on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:
Apoplexy & arteriosclerosis
(Duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Chronic Nephritis & Diabetes
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Exam & Gr. Studies
(Signed) Dr. [illegible] Lear M. D.
6/7, 19 31 (Address) 705 Mass. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring & Pen
20 UNDERTAKER: Aof Gerson & Bro
DATE OF BURIAL: June 2 1931
ADDRESS 1129 E Balto St

E 69824

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69824

CERTIFICATE OF DEATH

4 53

REGISTERED NO

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No 25-22 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Frederick

(a) RESIDENCE NO Charlotte S. C. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Thomas Frederick

7 DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S C

14 Informant (Address) Chart St Agnes Hospital

22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1 1931 to June 20 1931

that I last saw h alive on June 20 1931

and that death occurred, on the date stated above, at 5:45 p m.

The CAUSE OF DEATH* was as follows: Carcinoma Antrum Right

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastasis Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 10 16 30 Excision of Jaw

Did an operation precede death? 11 1 30 Pathological Report

Was there an autopsy? No

What test confirmed diagnosis? Typical Picture

(Signed) H J Allmon M. D.

2 20 31 (Address) St Agnes Hospital

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlotte N. C. DATE OF BURIAL June 22 1931

20 UNDERTAKER John C. Miller ADDRESS 2235 Ellwood

—1-30—M. & T.—250 Blks.

E 69825

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69825

CERTIFICATE OF DEATH.

159

REGISTERED NO._____

1-PLACE OF DEATH

TY OF BALTIMORE: (No. Sinai Hospital ST. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby girl Kaleis

(a) RESIDENCE NO. 1224 N. Day ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) June 20, 1931

AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore Maryland
(State or country)

10 NAME OF FATHER Samuel Kaleis

11 BIRTHPLACE OF FATHER (city or town) Balt. Md.
(State or country)

12 MAIDEN NAME OF MOTHER Elsie Kirshman

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country)

Informant Jack Levis Inc

(Address)

Filed JUL 2 1931 Per _____ Registrar

C. HA[illegible] JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to June 21, 1931,

that I last saw h[illegible] alive on June 21, 1931,

and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia (6 months)

(duration) ____ yrs. ____ mos ____ ds.

CONTRIBUTORY
(Secondary)
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Weargo Jr. M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rd Cornell — DATE OF BURIAL 6/22 1931

20 UNDERTAKER Jack Levis Inc — ADDRESS 1437 E Baltimore St

0—M. & T.—100 B—60L

9826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

E 69826

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 E. Monument St ST., 7-10 WARD)

2-FULL NAME William G. Little

(a) RESIDENCE NO 2721 E. Monument St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Little

DATE OF BIRTH (month, day, and year) Oct 20/1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	0	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co.

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Frederick Little

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Sarah Sullivan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Edith Little

(Address) 2721 E. Monument St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
Suicide. Self attached tube to burner of kitchen gas range.
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) J. H. Weems, M. D. Coroner

6/21/31 19 (Address) 100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oakland Cemetery — DATE OF BURIAL 6/23 1931

20 UNDERTAKER William Cook — ADDRESS 12 75 St Paul

2-29-28—L. F. S.—500 Blks.

69827

HEALTH DEPARTMENT—CITY OF BALTIMORE

121 E 69827

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 12-50 WARD)

2—FULL NAME Irene Fisher

(a) RESIDENCE NO. 2406 Guilford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	white	Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 20-1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Office

(c) Name of employer Lutheran Church

9 BIRTHPLACE (city or town) (State or country) Lutherville Md.

10 NAME OF FATHER William Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lutherville Maryland

12 MAIDEN NAME OF MOTHER Ettie Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lutherville Maryland

Informant Hospital Records

(Address)

Filed JUN 22 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21-1931

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 21, 1931, that I last saw her alive on June 21, 1931, and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Paralytic Ileus

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Uremic Toxemia

Chronic Appendicitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-16-1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Albert R. Wilkerson, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md

DATE OF BURIAL 6/22 1931

20 UNDERTAKER Forman Cook

ADDRESS 1217 St Paul

10—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69828

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 1708 (WARD)

REGISTERED NO. E 69828

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rose Fletcher

(a) RESIDENCE NO 733 George ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) March 4/1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	15	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Agent.
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Essex Co., Va

10 NAME OF FATHER Mack Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Betty Epps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Sarah Lindsay

(Address) 905 Myrtle Ave

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Pneumonia & Empyemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D.
Coroner

6/22/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL June 22 1931

20 UNDERTAKER Samuel Steinberg ADDRESS W. Balto St.

0—M & T—100 B—50L.

69829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 E 69829

REGISTERED NO.

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No.) Witness Executor ST., 18-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Knox

(a) RESIDENCE NO 203 N. Gunity. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6 If married, widowed, or divorced (or) WIFE of James Knox

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER John O'Neil

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant James Patrick Knox

(Address) 203 N. Gunity St.

Filed June 22 1931 192

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of Body caused by hot fluid - accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably cardio-renal

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 203 N. Gunity St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy N. Cromwell M. D. (Coroner)

6/20 1931 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL June 23 1931

20 UNDERTAKER 7 Vernon Kehner — ADDRESS 153 Hollins

1-30—M. & T.—250 Blks

69830

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69830

CERTIFICATE OF DEATH.

106

REGISTERED NO. 63531

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1102 Peach WARD)

2-FULL NAME George Hawkins

(a) RESIDENCE NO. 1102½ Peach ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. + mos. + ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) —1869

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	+	+	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Street Sprinkler

(c) Name of employer Baltimore City.

9 BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

10 NAME OF FATHER George Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Annie Jones (Address) 1102 Peach alley

C. HAMPSON JONES, M. D. Registrar

JUN 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/19/31

17- I HEREBY CERTIFY, That I attended deceased from 6/12, 1931, to 6/19, 1931, that I last saw him alive on 6/19, 1931, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows: Acute Lobar Pneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) Wm Svanden M. D.

6/22, 1931 (Address) 1222 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cem[illegible]

UNDERTAKER Walter B. Spriggs

DATE OF BURIAL 6/22 1931

ADDRESS 1324 Hollins

—9 20—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69831

CERTIFICATE OF DEATH

Registered No. E 69831

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No. 96-37 Ward 93-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME William H Amos

(a) RESIDENCE NO. no home St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept. 28, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

BIRTHPLACE (city or town) (State or country) Orange Co. Va.

10 NAME OF FATHER Garrett Amos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Shipp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

15 JUN 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19-31

17 I HEREBY CERTIFY, That I attended deceased from 6-15-31, 19, to 6-19-31, 19

That I last saw him alive on 6-19-31, 19

and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Padget M. D.

6-20 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ebenezer Cemetery - Chas Rd

DATE OF BURIAL June 22 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

69832 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69832

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Agnes Hospital ST. 6-29-31 WARD

2 FULL NAME Mr. Edward Burke

(a) RESIDENCE NO 816 Woodward ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs. Mary Burke (wife)

DATE OF BIRTH (month, day, and year) June 10 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Steamboat Line

(c) Name of employer B & O R.R.

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER William Burke

11 BIRTHPLACE OF FATHER (city or town) Galway (state or country) Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Chant & Son St Agnes Hospital

15 Filed 6-30-31 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1931 to June 20, 1931

that I last saw h[illegible] alive on June 20, 1931

and that death occurred, on the date stated above, at 4:50 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bx and Cytoscopic

(Signed) Hyalmar V Anderson M. D.

(30 E) 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 6/24/31

UNDERTAKER John J Cowan & Son ADDRESS 901 Gorsuch Ave

1-30—M.A.T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69833

E 69833

CERTIFICATE OF DEATH.

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 517 Rossiter Ave (WARD) 27-48

2-FULL NAME Sadie V. Graef.

(a) RESIDENCE NO. 517 Rossiters Ave (STREET) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of P Harry Graef.

6 DATE OF BIRTH (month, day, and year) Feb 13 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	18	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Baltimore Md

9 NAME OF FATHER Charles H Metler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Bettie F Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant P Harry Graef

(Address) 517 Rossiter Ave

Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21-31

17 I HEREBY CERTIFY, That I attended deceased from June 3 . 19 31 . to June 21 . 19 31 .

that I last saw h alive on June 20 . 19 31

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

Brain Carcinatosis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1929

Was there an autopsy? No

What test confirmed diagnosis? Clinical Path Findings

(Signed) B W Bishop M. D.

(Address) 501 Shendan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL June 22 1931

20 UNDERTAKER John O. Whitehill & Son

ADDRESS 1900 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69834

CERTIFICATE OF DEATH

E 69834

REGISTERED No. 93-003

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE (No. 27-5 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Georgiana L. Barkers

(a) RESIDENCE No. 330 Payton St. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Black	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Booker

DATE OF BIRTH (month, day, and year) Dec. 25-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Wm. Booker 2307 Pate Ave

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18, 31

17 I HEREBY CERTIFY, That I attended deceased from June 16, 19 31 to June 18, 19 31

that I last saw h[er] alive on June 18, 19 31

and that death occurred, on the date stated above, at 11 5 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial heart Disease

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL 6/22/31

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

N 22 1931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69835

CERTIFICATE OF DEATH

145-09

REGISTERED NO. E 69835

1 PLACE OF DEATH Provident Hosp. 18-24 WARD

CITY OF BALTIMORE: (No.) 1514 Division St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Beatrice Payne

(a) RESIDENCE No. 709 Dolphin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

6 If married, widowed, or divorced (or) WIFE of Rev. A. J. Payne

DATE OF BIRTH (month, day, and year) 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Maryland Wm. Welsh

11 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant A. J. Payne

(Address) 709 Dolphin St

JUN 22 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-31

17 I HEREBY CERTIFY, That I attended deceased from 6-18-, 1931. to 6-20-, 1931

that I last saw h alive on 6-20-, 1931

and that death occurred, on the date stated above, at 5 50 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Thrombosis of femoral artery (duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Dr. John R. Coasey M. D.

6-20 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL 6/23/1931

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 163 Druid Hill

69836 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69836

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Joseph Hospital 139-002 REGISTERED NO
CITY OF BALTIMORE: (No.) Caroline Calvert ST. 21-31 WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mamie McCarter

(a) RESIDENCE NO. 515 N. West St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred abt 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Married

7 DATE OF BIRTH (month, day, and year) 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	year			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Sarah Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Walter McCarter
(Address) 515 W West St

15 2 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19-31

17
I HEREBY CERTIFY, That I attended deceased from
6-16, 1931, to 6-19, 1931
that I last saw her alive on 6-19, 1931
and that death occurred, on the date stated above, at 2:50 p. m.
The CAUSE OF DEATH* was as follows:
Pelvic Inflammatory disease

(duration) yrs. 1½ mos. 0 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism
(duration) Immediate.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? yes Date of 6-14-31
Was there an autopsy? no
What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
(Address) St Joseph Hospital
19 DATE OF BURIAL

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	6/22/31

20 UNDERTAKER Isaiah L Brown & Sons ADDRESS 108 W Montgomery

Spec.—12-5-25—A Co.—200 Blks.

69837.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 69837

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 6-10 Ward)

2-FULL NAME George Pfisterer

(a) RESIDENCE NO. 203 N. Lakewood Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Penn

(State or country)

PARENTS

10 NAME OF FATHER George Pfisterer

11 BIRTHPLACE OF FATHER (city or town) Pa

(State or country)

12 MAIDEN NAME OF MOTHER Dont Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Interment (Address) Mrs F Kraft 203 N Lakewood Ave

15 June 3 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1931

17 I HEREBY CERTIFY, That I attended deceased from June 3 1931, to June 20 1931, that I last saw him alive on June 20 1931, and that death occurred, on the date stated above, at 10:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) Many yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Butler Date of Burial June 22, 31

20 UNDERTAKER [illegible] ADDRESS Lord Baltimore

69838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69338

1-PLACE OF DEATH U. S. Marine Hospital ST. 9-18 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2-FULL NAME Charles Reese

(a) RESIDENCE NO. 1911 Sherwood ave. ST. Baltimore, Md. WARD 18

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~22~~ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. ? 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	42	7	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Schooner Wm. T. Parker

BIRTHPLACE (City or town) (State or country) Talbot Co. Maryland

10 NAME OF FATHER Jake Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co. Maryland

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Maryland

Informant U. S. Marine Hospital (Address) Records

Filed 6-22-1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 19 31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 17 . 19 31 . to June 20 . 19 31.

that I last saw h[illegible] alive on June 20 . 19 31

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Myelogenous leukemia

(duration) over 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia secondary

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Gordon R. Abbatt, M. D.

. 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's, Hampden — DATE OF BURIAL: June 23, 1931

UNDERTAKER: E. Leroy Stiffler, Inc. — ADDRESS: 125 E. North Ave.

69839 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69839

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1211 Williams ST. 24-33 WARD

2 FULL NAME Raymond R Buschmann.

(a) RESIDENCE NO. 1211 Williams ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes H. Buschmann

7 DATE OF BIRTH (month, day, and year) Jany 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Driver of Baker Wagon

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Geo Mehley & Co

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Raymond. Buschmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Agnes H Buschmann 1211 Williams St.

Filed 6-21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-19-31

17 I HEREBY CERTIFY, That I attended deceased from April 2 1931 to 6/19 1931

that I last saw him alive on 6/19 1931

and that death occurred, on the date stated above, at 11 05 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Winkelstein M. D.

6/21 1931 (Address) 1279 Williams St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross M & Co — DATE OF BURIAL 6-23 1931

20 UNDERTAKER E T B Hanke — ADDRESS 115 E West St

69840 HEALTH DEPARTMENT—CITY OF BALTIMORE 69840

CERTIFICATE OF DEATH

53

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals ST. WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca M. Garrett

(a) RESIDENCE NO. 317 S. Ellwood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Wid.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, and year) 2-21-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Berwick Pa.

10 NAME OF FATHER Adam Kutzick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Eliz. Fowler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Daniel D. [illegible] (Gilbert)
(Address) 315 S. Ellwood Ave

[illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-31

17

I HEREBY CERTIFY, That I attended deceased from 6-16, 19 31, to 6-22, 19 31

That I last saw h[illegible] alive on 6-22-31, 19

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Antrum
& Metastasis to Neck.

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther C. Linder M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem. Frederick Md.	6-23rd 1931
20 UNDERTAKER	ADDRESS
Bernard C. Harke	1000 S. Paca St.

ec—9-30—A. & Co.—250 Blks

69841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 69841

CERTIFICATE OF DEATH.

157-003

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) Mercy Hospital. ST. 17-49 WARD

2 FULL NAME Baby Rosemary Walker

(a) RESIDENCE NO. 410 Southern ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	—

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 6/7/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER J. Ronald Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Alma Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address) Mercy Hospital Record Calvert & Saratoga Sts.

C. HAMPSON JONES, M. D.

Registrar

6 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22/31

17

I HEREBY CERTIFY, That I attended deceased from 6/7, 1931, to 6/22, 1931

that I last saw h alive on 6/22, 1931

and that death occurred, on the date stated above, at 4.50 A m.

The CAUSE OF DEATH* was as follows:

Patent foramen ovale.
Hypertrophic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Geyer M. D.

6/22 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 6/23 1931

20 UNDERTAKER Thomas J. Flanagan & Son

ADDRESS 1050 N. Calvert St

...—9-30—A. A Co.—250 Blks.

E 69842 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 69842

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1324-Eutaw Place St. 11-24 WARD)

2 FULL NAME James B. Ayres

(a) RESIDENCE NO. 1324-Eutaw Place St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Virgie (Smart)

DATE OF BIRTH (month, day, and year) 6/14/1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	-	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Harford Co. Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): M

12 MAIDEN NAME OF MOTHER: M

13 BIRTHPLACE OF MOTHER (city or town) (State or country): M

14 Informant (Address): Mrs. Virgie Ayres 1324-Eutaw Place.

15 21931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1929, to 6-20-1931

that I last saw h[illegible] alive on 6-20-1931

and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Oesophagus

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Lungs

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) John S. Bishop M. D.

19 (Address) 1132-25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 6/23/31

20 UNDERTAKER: George J. McCarthy Inc. — ADDRESS: 1731 Hanover

69843 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69843

CERTIFICATE OF DEATH

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE, MD. ST. 7-9 WARD

2 FULL NAME Jack Sandler

(a) RESIDENCE NO. 826 Hull ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. How long in U. S., if of foreign birth? yrs. mos. ds.
16 days

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Pearl

DATE OF BIRTH (month, day, and year) 1875

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) unknown
(c) Name of employer unknown

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Benny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Records
(Address) JOHNS HOPKINS HOSPITAL

Filed JUN 21 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-31

17
I HEREBY CERTIFY, That I attended deceased from 6-6-, 1931, to 6-22-, 1931
that I last saw he alive on 6-22-, 1931
and that death occurred, on the date stated above, at 3 P.M.
The CAUSE OF DEATH* was as follows:

Carcinoma (of Stomach?)
with metastasies to liver
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from Stomach (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? Yes Date of June 17-31
Was there an autopsy? No
What test confirmed diagnosis? Operation

(Signed) Rawley M. Pemick Jr M. D.
19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va
20 UNDERTAKER Jack Lewis Jr.

DATE OF BURIAL 6/22/31
ADDRESS 1434 E. Balto St.

0—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69844 ✓ E 69844

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 69844

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Hopkins Hospital ST., 7-A WARD)

2-FULL NAME Janet D. Clark

(a) RESIDENCE NO 3208 McShane Way ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) Aug 17/1930

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		10	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Dundalk, Md

10 NAME OF FATHER Ralph C. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) W.Va.

12 MAIDEN NAME OF MOTHER Margaret Rudge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

Informant Father

(Address) 3208 McShane Way, Dundalk

Filed 2 1931 C. HAMPSON JONES, M. D. Registrar

A. 6 17.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsion* probably Epilepsy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes- no lesion found.

What test confirmed diagnosis? .....

(Signed) Jos H Wilkins, M. D. Coroner

6/22/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

20 UNDERTAKER John Ulluch

DATE OF BURIAL 6/23 1931

ADDRESS 2005 Eutaw St

Spec.—9-30—A. & Co.—250 Blks

69845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-60

E 69845

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) University Hosp. WARD 27-403

2 FULL NAME Robert H. Drew

(a) RESIDENCE NO. 2807 Westfield Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

6 If married, ~~widowed, or divorced~~

HUSBAND of ~~or WIFE of~~ Sophia Drew

DATE OF BIRTH (month, day, and year) May 3rd 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Decorator

(b) General nature of industry, business, or establishment in which employed (or employer): Interior

(c) Name of employer: Retired

BIRTHPLACE (city or town) (State or country): N. Y. State

10 NAME OF FATHER: Robert Drew

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y. State

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y. State

Informant: Mrs Sophia Drew

(Address) 2807 Westfield Ave

Filed . 19 . Registrar

21931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/12/31

17

I HEREBY CERTIFY, That I attended deceased from 6/11/31, 19, to 6/12/31, 19

that I last saw him alive on 6/12/31, 19

and that death occurred, on the date stated above, at 2:00 P m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(Duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of 6/13/31

Was there an autopsy? No

What test confirmed diagnosis? Phys findings

(Signed) R. H. Sutton M. D.

6/22/19 31 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 6/25/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

C. HAWSON JONES, M. D.

Cor.—15-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69846 Otis Poffo 191 E 69846

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospitals Ward)

2-FULL NAME Otis Poffo

(a) RESIDENCE NO. 917 S Edmondson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Mal	white	Sing'l

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 12 1902

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min
	28	10	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto

PARENTS

10 NAME OF FATHER Martin Poffo

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Clara Forman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Bernard Poffo
(Address) 922 Bentalou

Filed JUN 2 1931, 19... M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Heat Prostration

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On Street

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Gentar M. D.

6 2 1931 (Address) 700 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Della Loma Mt	June 22 1931

20 UNDERTAKER Stephen J Kalkowski ADDRESS 1000 S Kenwood Ave

69847 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69847

CERTIFICATE OF DEATH

82-002

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) University Hospital 4 30 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Grace Davis.

(a) RESIDENCE NO. (Usual place of abode) (Westwood) Towson Md. St. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed or divorced HUSBAND of (or) WIFE of George Gibson Davis

7 DATE OF BIRTH (month, day, and year) About-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Charles W. Gaddes

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Carter

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

14 Interment (Address) Mt Lo. Davis Lot Dixon Md.

G. HAMPSON JONES, M. D. Registrar

JUN 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1931

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to June 22, 1931

That I last saw h[illegible] alive on June 22, 1931

and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Cerebritis of four

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cavernous sinus thrombosis

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological.

(Signed) [illegible] M. D.

19 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Cemetery	June 24 1931
20 UNDERTAKER	ADDRESS
Howard M Connelly Co	1082 Madison

...—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69848 ✓ 95-082 E 69848

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Johns Hopkins Hospital St. 8-17 Ward)

2-FULL NAME Paul Branch.

(a) RESIDENCE NO. 1630 E. Biddle St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Marreid

3a If married, widowed, or divorced

HUSBAND of (or) WIFE of Anna Walker Branch

6 DATE OF BIRTH (month, day, and year) Sept. 20th. 1872

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	58	9	:::::::	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Collector.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Cloverland Dairy.

9 BIRTHPLACE (city or town)

(State or country) Wilson North Carolina

PARENTS

10 NAME OF FATHER Bouldin Branch

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary F. Acree

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) North Carolina

14 Informant (Address) Mrs. Anna Walker Branch. 1630 E. Biddle St.

2 1931. C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20th. 1931. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

6/23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery.	June 23, 31

20 UNDERTAKER [illegible] ADDRESS [illegible]

69819 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69819

CERTIFICATE OF DEATH

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL (WARD) REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-9 St.)

2 FULL NAME William L Jenkins

(a) RESIDENCE NO 2211 Plaza St St. WARD Charlotte N. Car

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	unknown

6 If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cotton Mill Operative

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country) W. Va

10 NAME OF FATHER L J Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Cornelia Peacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Records

(Address) JOHNS HOPKINS HOSPITAL

June 23 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June - 22 - 1931

17

I HEREBY CERTIFY, That I attended deceased from June 8 . 1931 . to June 22 . 1931

that I last saw h[illegible] alive on June 22 . 1931

and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

* Bronchopneumonia, Following, Removal Carcinoma of Larynx

Delirium Tremens.

Cancer (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneum 2 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 9

Was there an autopsy? No

What test confirmed diagnosis? Biopsy Tumor mass

(Signed) [illegible] M. D.

6-22 1931 (Address) J H H.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlotte N. C.

DATE OF BURIAL June 25 1931

20 UNDERTAKER Brunow & Son

ADDRESS 361 S Eutaw Ave

Co. 5-81 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69850

Registered No.

69850

PLACE OF DEATH

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3409 Esther Place St. 26-37 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

1. FULL NAME George T Lilly

(a) Residence: No. 3409 Esther Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella M Lilly

6. DATE OF BIRTH (month, day, year) Nov. 10, 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	75	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co.
13. NAME William Lilly
14. BIRTHPLACE (city or town) (State or country) Howard Co
15. MAIDEN NAME Ann Lilly
16. BIRTHPLACE (city or town) (State or country) Howard Co

INFORMANT (Address) Mrs Ella Lilly

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date June 23 1931

UNDERTAKER (Address) John Ulrich

FILED JUN 23 1931 H. W. LEE JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1931, to June 20, 1931

I last saw h[illegible] alive on June 20, 1931, death is said to have occurred on the date stated above, at 9.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Jan. 1927
Myocarditis	June 1927
Nephritis	June 1927

Other contributory causes of importance

Acute Myocarditis	June 5/31
Acute Nephritis	June 6/31

Name of operation — Date of

What test confirmed diagnosis? Clinical Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ph. Antignani, M. D.

(Address) 294 N Fayette

69851 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69851

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hosp. REGISTERED NO. 108

CITY OF BALTIMORE (No. 1514 Division ST. 16-16 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marshall Brooks Jr.

(a) RESIDENCE NO. 840 N. Pennington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced, (write the word) single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Jan 29 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4 mo.	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child. 60

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Baltimore Md.

10 NAME OF FATHER Marshall Brooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

Interment (Address) Elizabeth Brooks 919 N. Franklin St.

JUL 23 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21-31

17 I HEREBY CERTIFY, That I attended deceased from 6-18-, 1931, to 6-21-, 1931

that I last saw him alive on 6-21-, 1931

and that death occurred, on the date stated above, at 6 20 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

6-22-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 6/23/31

20 UNDERTAKER Samuel H. Hemsley ADDRESS M Biddle

28—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69852

REGISTERED NO. E 69852

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 69852
1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1717 Cairo ST. 19-28 (WARD) 93-003

2-FULL NAME Sarah Ross

(a) RESIDENCE NO 1712 Cairo ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 641
(c) Name of employer Private

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

14 Informant John Wrightson

(Address)

15 Filed 2 6 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Autopsy

(Signed) Jno. H. Ward M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL
H. A. WARD, M. D. JONES, M. D.
Baltimore Health
JUN 22 1931

20—M. & T.—100 B—50L

E 69853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69853

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Laurens ST. 15-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daisy Penn

(a) RESIDENCE NO. 1431 Laurens ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced (HUSBAND of (or) WIFE of): Single

7 DATE OF BIRTH (month, day, and year): Jun 21-1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Silas Penn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Emeline Penn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Gracie Walker

(Address): 713 Baker

Filed ..... 19.. WILLIAM H. JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) H. T. McGlauflin, M. D. (Coroner)

(Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: 6/23 1931

20 UNDERTAKER: Thomas E Kelson

ADDRESS: 1303 Pennsylvania Ave

30—M. & T.—100 B—50L

69354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 001 E 69354

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 Plum Alley. ST. 23-31 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Simms.(C)

(a) RESIDENCE NO. 1006 Plum Alley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Do not know.

DATE OF BIRTH (month, day, and year): Do not know.

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	----------		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

10 NAME OF FATHER: Jazes Height.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co. Md.

12 MAIDEN NAME OF MOTHER: Bell --------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md.

Informant: Howard Sims.(son)

(Address) 1006 Plum Alley.

DEC 23 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hemiplegia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt X Coroner, M. D.

6/22 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: June 23 1931

UNDERTAKER: Ernest Pree

ADDRESS: 1315 W. Lanvale

—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~9245~~ E 69855

153 E 69855

REGISTERED NO.

1 PLACE OF DEATH Johns Hopkins Hospital ST. 15-21 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (NO

2 FULL NAME Esther Flax

(a) RESIDENCE NO. 1836 Walbrook Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Louis

6 DATE OF BIRTH (month, day, and year) May 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Abel Bash

11 BIRTHPLACE OF FATHER (city or town) Poland (State or country)

12 MAIDEN NAME OF MOTHER Rose Krantz

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

Informant Friends (Address) Johns Hopkins Hospital

Filed JUN 3 1931 19 H. A. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22-31

17 I HEREBY CERTIFY, That I attended deceased from June 3 1931 to June 22 1931

That I last saw her alive on June 22 1931

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Pemphigus

(duration) yrs. 2 mos. 19 ds.

CONTRIBUTORY (Secondary) none (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Caroline C. Bedell M. D.

6/24/31 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hebrew Herrig's Rus

DATE OF BURIAL June 23 1931

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 127 E Balto st

30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69856 | 13-002 | REGISTERED NO. E 69856

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Andrew Ponicki, Jr

(a) RESIDENCE NO 314 S. Register ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sep 26/30

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	25	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER John Andrew Ponicki, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen Gregar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Buffalo, N.Y.

Informant John A. Ponicki, Sr.

(Address) 314 S. Register St

Filed 6/23/1931 (Sig.) C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jun 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions
Bacillary Dysentery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

6/23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus DATE OF BURIAL June 23 1931

20 UNDERTAKER W. Ozazewski 1930 ADDRESS Eastern av

69357 HEALTH DEPARTMENT—CITY OF BALTIMORE 69857

CERTIFICATE OF DEATH

93 E 69857

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4615 Harford Ave (WARD) 43

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christian Wittmer

(a) RESIDENCE NO. 4615 Harford Ave ST. WARD (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or WIFE of): Cate Elizabeth Wittmer

DATE OF BIRTH (month, day, and year): Mar 16 34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	3	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Henry Wittmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Informant: Louisa Wittmer

(Address) 4615 Harford Ave

JUN 23 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 15 1931 to June 21st 1931

that I last saw him alive on June 21st 1931

and that death occurred, on the date stated above, at 4 40 P. M.

The CAUSE OF DEATH was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) L. L. Cordy M. D.

6-24 1931 (Address) Harford & Overland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: 6/29 1931

20 UNDERTAKER: Philip Herring

ADDRESS: 2016 Orleans

...ec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69358

CERTIFICATE OF DEATH

160-00 E. 69358

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1444 Riverside Ave ST.) 24-33 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Warren Frederick Mundley.

(a) RESIDENCE NO 1444 Riverside Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) June 21, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Frederick A Mundley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Adelaide Muldrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address) Frederick A. Mundley 1444 Riverside Ave

Filed JUN 23 1931 19 H. A. F. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1931

17
I HEREBY CERTIFY, That I attended deceased from June 21, 1931, to June 23, 1931
that I last saw h alive on June 23, 1931
and that death occurred, on the date stated above, at 6A m.
The CAUSE OF DEATH* was as follows:

Injury to head from Instrumental Birth.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) Sidney A Street M.D.

19 (Address) 1450 E Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	June 23 1931
20 UNDERTAKER Chas. L. Stearn	ADDRESS E Fort Ave

Co. 5-31 2500

69859 **HEALTH DEPARTMENT CITY OF BALTIMORE**

CERTIFICATE OF DEATH

50 E 69859

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3616 Rexmere Road St. 9-47 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda. L. Gossman

(a) Residence: No. 3616 Rexmere Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of The late Frank. W. Gossman

6. DATE OF BIRTH (month, day, year) Oct.-11-1864

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	66	8	11	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Kilchenstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Mrs. J. Harry Garner

(Address) No. 3616 Rexmere Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/24/31

19. UNDERTAKER Feney-Koepplinger Inc.

(Address) 1301 E. Eager St.

6-23 1931 H. A. [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22/31 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1929 to 6-22-1931

I last saw her alive on 6-21 1931 death is said to have occurred on the date stated above, at 12;55 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinomas lung and abdomen	Unknown
Other contributory causes of importance: Carcinoma breast	22 yrs

Name of operation Amputation breast Date of 22 yrs ago

What test confirmed diagnosis? Physical Evidence Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Seybert, M. D.

(Address) 2802 Harford Ave.

Spmr.—7-17-26—A Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V E 69360

REGISTERED NO.

69860

1-PLACE OF DEATH

City of BALTIMORE: (No. 1936 W Fairmount Ave St. 70-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Buppert.

(a) RESIDENCE NO. 1936 W Fairmount Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. Buppert.

6 DATE OF BIRTH (month, day, and year): June 26 1859.

7 AGE: Years 71 Months 11 Days 26

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired — Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Randallstown, Md.

PARENTS

10 NAME OF FATHER: Adam Klohs.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Loose.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Mrs. Howard Schone. 1936 W. Fairmount Ave

Filed 19 Registrar

23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/21 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/1 1931, to 6/21 1931, that I last saw her alive on 6/20 1931, and that death occurred, on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Hypertension

(duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death:

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Exam

(Signed) Wm. J. Buppert M. D.

6/22, 1931 (Address) 9281 Liberty Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olive Cemetery - Randallstown Md. Date of Burial June 23 1931.

20 UNDERTAKER: Charles J. Schwab. ADDRESS 505 N. Monroe St.

E 69861

E 69861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2804 Keyworth Ave WARD 15-58

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Georgia A. Vaughan

(a) RESIDENCE NO. 2804 Keyworth Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

6 If married, widowed, or divorced

HUSBAND of (or) WIFE of B. Frank Vaughan

DATE OF BIRTH (month, day, and year): Mar 3 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va.

10 NAME OF FATHER: Manuel Basken

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Julia A Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Mr Ernest F Dougherty

(Address) 2804 Keyworth Ave

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year): June 22/31

19

I HEREBY CERTIFY, That I attended deceased from June, 19 29, to June 22, 19 31

that I last saw h[illegible] alive on June 20, 1931

and that death occurred, on the date stated above, at 245 a m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy (duration) yrs. mos. ds.

If Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical ex

(Signed) J. M. Lumpkin M. D.

3 1931 (Address) 2-06 Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portsmouth, Va	June 23 1931

UNDERTAKER: Wm F Tuckner & Sons

ADDRESS: N Va

J. HARRISON JONES, M. D.

Spec.—1-10-21—M&T—1000 Bks.

E 69362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

E 69362

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 217 S. Catherine ST. 20-69 (WARD)

2-FULL NAME Sarah. E. Wright

(a) RESIDENCE NO. 217 S. Catherine ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: James. Wright

6 DATE OF BIRTH (month, day, and year): Feb. 14-1860.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Baltimore. Md.

PARENTS

10 NAME OF FATHER: Isaac S. Connelly.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Powers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: James Edgar. Wright

(Address): 29 S. Catherine St

15 [illegible] HAMPSON JONES, M. D.

N 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-20 1931

17 I HEREBY CERTIFY, That I attended deceased from 2-12, 1930, to 6-20, 1931, that I last saw h[illegible] alive on 6-20, 1931, and that death occurred, on the date stated above, at 8.40 P m.

The CAUSE OF DEATH* was as follows:

Circulatory Hypertension unknown. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Haemorrhage (duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No. Date of ——

Was there an autopsy? No. —

What test confirmed diagnosis? —

(Signed) Chas. C. Conser. M. D.

6/22, 1931 (Address) 1101 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 6/22/31

20 UNDERTAKER: Harry A. Wiehe — ADDRESS: 419 Edmondson

Co. 5-01 2508

69863

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 69863

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. Morley St. St. 20-70 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Lee Downs

(a) Residence: No. 21 N. Morley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 14, 1930.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm. R. Downs

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Margaret Dickenson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT William R. Downs
(Address) 21 N. Morley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisonburg Va. Date June 23 19 31

19. UNDERTAKER Spitz & Burket
(Address) 4101 Wilkinson Ave.

(FILED) June 23 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1931

22. I HEREBY CERTIFY, That I attended deceased from June 21 1931 to June 22 1931

I last saw her alive on June 21 1931 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Gastro-Enteritis — Date of onset June 20

Other contributory causes of importance:

Bronchial pneumonia June 22

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? W If so, specify.

(Signed) J. J. Kyger M. D.

(Address) 3321 Druid Ave

69864 HEALTH DEPARTMENT—CITY OF BALTIMORE 69864

CERTIFICATE OF DEATH

10-14 495-003

1 PLACE OF DEATH
CITY OF BALTIMORE: (INCORPORATED) West Baltimore General Hospital (STREET AND NUMBER) (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Ida Porley

(a) RESIDENCE NO. 1009 E. Monument St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Porley

DATE OF BIRTH (month, day, and year) 3/14/84

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Jack Levi Jr.
(Address) 14396 Bath St

Filed 6/23/31 HAMPSON JONES, M. D. Registrar
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1931

17
I HEREBY CERTIFY, That I attended deceased from June 7, 1931, to June 22, 1931
that I last saw her alive on June 22, 1931
and that death occurred, on the date stated above, at 9.40 p. m.
The CAUSE OF DEATH* was as follows:

Chronic hypertensive myocarditis
Cerebral hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. Abramson M. D.
19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Hebrew Henry Rom

20 UNDERTAKER
Jack Levi Inc

DATE OF BURIAL 6/23 1931

ADDRESS 14396 Bath St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69865

CERTIFICATE OF DEATH

E 69365

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Temple Gardens apts (St.) Madison Ave (Ward) 13-54

Registered No. 46V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elias Coplan

(a) RESIDENCE No. Temple Gardens apts. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced: (a) HUSBAND of (or) WIFE of: Zelda Ruth Coplan

7 DATE OF BIRTH (month, day, and year): 1859

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Samuel Coplan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: ✓

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant: Jack Levin Inc.

(Address) 1439 E. Baltimore St

Filed 6-23-1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 31

17

I HEREBY CERTIFY, That I attended deceased from May 8, 1931, to June 22, 1931

that I last saw h[illegible] alive on June 22, 1931

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I Frederick Lentz M. D.

6/22/1931 (Address) Temple Garden apt

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Henrietta Sinai	6/23 1931
20 UNDERTAKER: Jack Levin Inc.	ADDRESS: 1439 E. Balto

30—M. & T.—100 B—50L

E 69866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 69866

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 6-11 WARD)

2-FULL NAME Edward Walter Somers

(a) RESIDENCE NO 2802 Phila Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of E. Elizabeth Somers

DATE OF BIRTH (month, day, and year) Jan 14/1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	33	5	7	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co

BIRTHPLACE (city or town) (State or country) Mass

10 NAME OF FATHER E. Somers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mass

12 MAIDEN NAME OF MOTHER --- Walters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

Informant Elizabeth E. Somers

(Address) 2802 Phila. Ave

Filed JUL 3 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia- Chr Interstitial Nephritis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.

6/23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	June 25 1931

20 UNDERTAKER Wm E. Miller & Son ADDRESS 333 Fulton St.

E-6986 E-6987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E-6987

Registered No. 76-40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3774 Dudley Ave St., (or Ward)

2-FULL NAME Charles R Bocke

(a) Residence No. 3774 Dudley Ave St., 26 Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of

7-DATE OF BIRTH (month, day and year) Sept 16, 1865

8-AGE: 65 yrs. 9 mos. 5 ds. If LESS than 1 day, hrs. or min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): General

(c) Name of employer: Same

10-BIRTHPLACE (city or town) (State or Country): Baltimore City

11-NAME OF FATHER: Michael Bocke

12-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

13-MAIDEN NAME OF MOTHER: Regina Krupp

14-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

15-(Informant) Mrs. Tom Barker

(Address) 3774 Dudley Ave

15-1931 CARLTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) June 21, 1931

17- I HEREBY CERTIFY, That I attended deceased from Dec 1 1930 to June 21 1931

that I last saw she alive on June 21 1931

and that death occurred, on the date stated above, at 9.35 P m.

The CAUSE OF DEATH* was as follows:

Chronic Paranchymatous Nephritis

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of No

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Microscopic

(Signed) Chas R Bocke M. D.

Sept 7, 1931 (Address) 3307 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: June 25, 1931

20-UNDERTAKER: Libby + Linehan Inc — ADDRESS: 403 S Wolfe St

30—M. & T.—100 B—50L

E 69868

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69868

CERTIFICATE OF DEATH

REGISTERED NO. 21001

1. PLACE OF DEATH

CITY OF BALTIMORE, (NO.) Balto City Hosp ST. (WARD)

2. FULL NAME Martin J. Birmingham

(a) RESIDENCE NO. 1608 O'Donnell ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45		6	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer — Farmer — Farmer — England

BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER Thos J Bunningham

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Eliz ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

Informant Michael Birmingham

(Address) Sparrows Point Md

Filed 6-23 1931 CHARLES H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & Knocked down by motor auto

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Hypostat Pneu (duration) Rad Fract L yrs mos ds

18 Where was disease contracted if not at place of death? O'Donnell & Lanvale

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin & Trauma

(Signed) H. Francis Cloney, M. D. Coroner

6-23 1931 (Address) 2939 McElderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery — DATE OF BURIAL June 25th 1931

20 UNDERTAKER Lilly & Jaeger Inc — ADDRESS 403 S Wolfe St

20—M. & T.—100 B—6-31

E-69869 ~~E 6000~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69869 ~~E 6000~~

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. B.& O.R.R. Oak St Yards at 2[illegible] ST. 24 WARD 20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles D.Brooks. (C)

(a) RESIDENCE NO. 1826 Division St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced, HUSBAND of Mary E.Brooks.(C)

DATE OF BIRTH (month, day, and year) June 18,1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	0	0	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia.

10 NAME OF FATHER Charles S.Brooks.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mary --------(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Mary E.Brooks.(C) wife.

(Address) 1826 Division St.

Filed [illegible] 193[illegible] [illegible] HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 18,1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal injuries, crushed about head and chest. Struck and run over by B.& O.R.R. train. Occidental death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No, Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

6/22 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 23 1931
UNDERTAKER Thomas E. Kelson	ADDRESS 303 Freeman St

Harry Norden

E-69870

~~69861~~ HEALTH DEPARTMENT—CITY OF BALTIMORE ~~E 69861~~

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1450 Andre ST. WARD 24-35 REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Harry Norden

(a) RESIDENCE NO. 1450 Andre ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White.	Widower.

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agnes Norden.

7 DATE OF BIRTH (month, day, and year) Jan 9 1850.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5.	12.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore. Ret

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Sweden.

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont know.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont know.

Informant Joseph Norden.

(Address) 1450 Andre St.

Filed Jan 22, 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21. 31

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1931, to June 21, 1931

That I last saw him alive on June 21, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) W. T. Seabury M. D.

(Address) 636 Font

Jan 22 1931.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL. 19
St. Mary's City.	June 24. 31
20 UNDERTAKER A. Bound of Evans	ADDRESS 35 E. Fayette Ave.

E-69871

E-69871 ~~E-69882~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Balto City Hospitals 3-5 ST. (OR WARD)

2. FULL NAME John Miller Jr

(a) RESIDENCE NO. 130 S Eutaw St ST. WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Oct 18-1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47.	47	8	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lithuania

16 NAME OF FATHER Ben Miller

17 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

18 MAIDEN NAME OF MOTHER Matilda (?)

19 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

Interment (Address) Mrs Peterson's Parish 31 S. Eutaw St

Filed 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-31

17

I HEREBY CERTIFY, That I attended deceased from 6-11, 19 31, to 6-22, 19 31

That I last saw him alive on 6-22, 19 31

and that death occurred, on the date stated above, at 2:10 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus
c Metastasis to Liver

(duration) yrs. (?) mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Lidell M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Stanislaus	6/24 1931
UNDERTAKER Wendel & Dafgal	ADDRESS Fayette St

E-69872 ✓ E-69872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 169-09

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 424 E. 20th St. 12-19 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Louise Lamie

(a) RESIDENCE NO. 424 E. 20th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of none

6 DATE OF BIRTH (month, day, and year) June 21 '31

7 AGE	Years	Months	Days 1/2	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 600

(b) General nature of industry, business, or establishment in which employed (or employer) infant - newborn

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Frank B. Lamie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lillian Wirtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md.

Informant Frank Lamie

(Address) 424 E 20th St.

Filed JUN 23 1931

H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 '31

17 I HEREBY CERTIFY, That I attended deceased from June 21, 19 31, to June 23, 19 31,

that I last saw h alive on June 23, 19 31,

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Cyanosis (congenital)

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H. W. Wright, M. D.

6/23/1931 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	June 23 1931
20 UNDERTAKER	ADDRESS
Mary M Wadefield	1016 W. Fayette

E-69873

E-69873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E-[redacted]

1-PLACE OF DEATH (a) CITY OF BALTIMORE: (NO. Gaston Memorial Hospital, Gaston Ave.; STA. 9-46 WARD)

2-FULL NAME Ezie Pocella Duffy.

(a) RESIDENCE NO. 2925 Independence ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Duffy

6 DATE OF BIRTH (month, day, and year) Sept 6 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) North Carolina

10 NAME OF FATHER Ephram Godwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER North Carolina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sarah Tuay

Informant Mrs W. T. Terrell

(Address) Raleigh N. C

Filed ..... 19 .....

HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1930 to June 23 1931

that I last saw h.r alive on June 23 1931

and that death occurred, on the date stated above, at 1-45 A m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Cardio Renal Vascular Disease

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) H. Lehman Slaughter, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Goldsboro N. C

20 UNDERTAKER William Cook

DATE OF BURIAL 6/23, 1931

ADDRESS 1217 St Paul St

E-69874 ~~E-69875~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E-69874 ~~E-69875~~

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 115 S. Dallas St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ollie Upshur

(a) RESIDENCE NO. 115 S. Dallas St. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Aug 30 1910

7 AGE — Years: 21 — Months: 10 — Days: 20

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Shipyard

(c) Name of employer: Maryland Dry Dock Baltimore

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Hartford Upshur

11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Birdie Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Interment (Address): Druid Hill 115 S. Dallas St.

15 Filed: C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 20 1931.

17 I HEREBY CERTIFY, That I attended deceased from May 1 1931 to June 20 1931

that I last saw h alive on June 19 1931

and that death occurred, on the date stated above, at 1 20 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): not known

(duration) yrs. mos ds.

18 Where was disease contracted: not known

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? None

(Signed) A. L. Gardiner, M. D.

19 (Address) 1514 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnsen Cemetery

Date of Burial: 6 23 1931

20 UNDERTAKER: Wallis B. Quigg

ADDRESS 139 Williams St

E-69875

E-69875

E-69875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 164-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Patapsco St. ST. 23-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L.Viehmeyer.

(a) RESIDENCE NO 1422 Patapsco St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs 5 mos 21 ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, and year) December 31,1873

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	5	21	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocery man.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Frederick Viehmeyer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Caroline Schramm.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant George Viehmeyer.(brother)

(Address) 1422 Patapsco St.

Filed 6 23 1931 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21,1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating gas poisoning.

Suicide.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Abe Reinhardt, Coroner, M. D.

6/23 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk Cem

DATE OF BURIAL 6/24 1931

20 UNDERTAKER F. F. McCully

ADDRESS 130 E Fort

E-69876 ~~Colored~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-69876 ~~Colored~~

CERTIFICATE OF DEATH

6-1097 Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE (No. 2613 E.Fairmont Ave. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Independence Day Smith

(Residence in Baltimore. No. 2613 E.Fairmont Ave. St.; yrs.. mos.. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-CONDITION (Write the word): ~~Single~~ Widowed, or Divorced

6-DATE OF BIRTH: July (Month) 4th, (Day) 1873 (Year)

7-AGE: 57 yrs. 11 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): None

9-BIRTHPLACE (State or Country): City

10-NAME OF FATHER: James A.Smith

11-BIRTHPLACE OF FATHER (State or Country): City

12-MAIDEN NAME OF MOTHER: Maria Greves

13-BIRTHPLACE OF MOTHER (State or Country): City

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs.Wm.L.Gray

(Address) 2613 E.Fairmont Ave.

15-Filed 2-3 1931 197.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: June (Month) 21st, (Day) 1931 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure- Arteriosclerosis & Cerebral Sclerosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Demented for 30 yrs.

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) [signature] M. D. (Coroner)

Jun 22 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... d

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: June 24 1931

20-UNDERTAKER: E.I.Fanning & Son,

ADDRESS: 1938 E.Lafayette

E-69877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-002

1 PLACE OF DEATH University Hospital ST 16-37 WARD

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME John Kazdic

(a) RESIDENCE NO 619 S. Lesligh St ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Nora Radic

DATE OF BIRTH (month, day, and year) 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25				

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penna.

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant
(Address)

2-9-1931 C. HAMPSON JONES, M. D. Registrar

5915

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-17-31

17
I HEREBY CERTIFY, That I attended deceased from 3-23-31, 19 to 6-17-31, 19
that I last saw him alive on 6-17-31, 19
and that death occurred, on the date stated above, at 10 15 p. m.
The CAUSE OF DEATH* was as follows:

Hodgkins disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same
Did an operation precede death? no Date of
Was there an autopsy? no Yes
What test confirmed diagnosis? Clinical findings
(Signed) George L. Yaeger M. D.
, 19 (Address) University Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JUN 23, 1931

20 UNDERTAKER Commissioner Health

ADDRESS

Per [illegible]

~~20 M & T [illegible] No.~~ E 69878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~[illegible]~~ E. 69878

107-09 ~~[illegible]~~

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 9-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Walter Holmes

(a) RESIDENCE No Joppa Road Fullerton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 13 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ~~[illegible]~~ 000
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

10 NAME OF FATHER Walter Holmes

11 BIRTHPLACE OF FATHER (city or town) Balto Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ada Neider

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co.
(State or country) Maryland

14 Informant Walter Holmes (Father)
(Address) Fullerton Md.

15 JUN 3 1931 C. HAMPSON JONES, M. D. Registrar
R. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia Empyemis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 22/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

6/23/31 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
St. Johns Cemetery

DATE OF BURIAL
June 24 1931

20 UNDERTAKER
Fredrick Lasalwood Son

ADDRESS
7401 Belair Rd.

Spec.—9-30—A. A. Co.—250 Blks

9879 V E 69879

E 69879 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-00 E 69878

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals ST. 96-37 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Pauline Fisher

(a) RESIDENCE No none ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	?

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, and year) 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72 ?			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer ?

069

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant (Address) Records of Balto. City Hosp.

Filed 1931 Registrar 5916

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-31

17
I HEREBY CERTIFY, That I attended deceased from 10-4-27, 19, to 6-20-31, 19
that I last saw her alive on 6-20-31, 19
and that death occurred, on the date stated above, at 7:04 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, cerebral,
Senile dementia
(duration) 34 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? In Home & Hospital
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? clinical exam.

(Signed) Paul Padgett. M. D.
6-22 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

C. HAMPSON JONES, M. D. JUN 23 1931

Dec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69880 — 82-[illegible] E 69880

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2004 (Street) Boyd (Ward) 20-28

2. FULL NAME Elizabeth Windhauser

(a) RESIDENCE NO. 2004 (ST.) Boyd (WARD)
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? 43 yrs. — mos. — ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank D. Windhauser

DATE OF BIRTH (month, day, and year) July 26-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	27	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

BIRTHPLACE (City or town) (State or country) Pleasant Field

10 NAME OF FATHER Henry Fisk

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Fisk

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

Interment (Address) Mt. Olivet Cemetery 2101 Boyd St

C. HAMPSON JONES, M. D.
(Undertaker or Manager) C. & C.

3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22/31

17
I HEREBY CERTIFY, That I attended deceased from (April 15, 1931) to June 22, 1931
that I last saw h[illegible] alive on June 22, 1931
and that death occurred, on the date stated above, at 7.25 a.m.

The CAUSE OF DEATH* was as follows:

Hypertension
(duration) indefinite yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemmorage
(duration) — yrs. — mos. 8 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) J. Y. Kyser M. D.

19 (Address) 3321 Fred'k Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	6/25/31
20 UNDERTAKER	ADDRESS
C. Hampson Jones	15 N. Eutaw St

Spec.—9-29—A. & Co.—250 Blks.

69331 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

E 69331

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 4315 Harford Road) (WARD 97)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Dennis P. Disney

(a) RESIDENCE NO. 4315 Harford Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Male	white	Widower

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary R. Disney (dec'd)

DATE OF BIRTH (month, day, and year) Aug 3 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore MD

10 NAME OF FATHER Disney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ark. Town not given

12 MAIDEN NAME OF MOTHER Christ L. Calder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ark. Town not given

14 Informant Edward F. Disney

(Address) 1310 Harford Ave

15 JUN 23 1931 16 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1931

17

I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to June 22, 1931

that I last saw h— alive on June 22, 1931 and that death occurred, on the date stated above, at 12 21 m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) 1206 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	June 25 1931

20 UNDERTAKER for Goodwin & Son ADDRESS 217 E Pres

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69382 93-004 ✓ E 69382

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Oxford St. ST.) 20-71 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph F.Forrester.

(a) RESIDENCE NO 416 Normandy Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed or divorced HUSBAND of Emma J.Forrester.

DATE OF BIRTH (month, day, and year) April 26,1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62	1	26 27	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Insurance collector.
(b) General nature of industry, business, or establishment in which employed (or employer): Home Friendly.
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Coan, Va.

10 NAME OF FATHER: Samuel Forfester.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia.

14 Informant: Emma J.Forrester.(wife)

(Address) 416 Normandy Ave.

15 JUN 23 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocordial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

6/23 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery DATE OF BURIAL: June 24-31

20 UNDERTAKER: Kerlin & Love ADDRESS: 1723 Eutaw Pl.

spec.—9-30—A. A Co.—250 Blks.

69383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-015 L 69883

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 415 Cedarcroft Road ST. 27 — 48 WARD)

2 FULL NAME Katie A. Crockett

(a) RESIDENCE NO 415 Cedarcroft Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 35 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of David E. Crockett

DATE OF BIRTH (month, day, and year) March 26, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) ------ Maine

10 NAME OF FATHER ----- Hall

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Maine

12 MAIDEN NAME OF MOTHER Sarah Benner

13 BIRTHPLACE OF MOTHER (city or town) ----- (State or country) Maine

Informant Mrs. Lotta E. Pillsbury

(Address) 415 Cedarcroft Road

Filed 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1930, to June 22, 1931

that I last saw her alive on June 22, 1931

and that death occurred, on the date stated above, at 12:50 p m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & usual symptoms

(Signed) Wm. Cadbury M. D.

, 19 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rockland, Maine	6/24 1931

20 UNDERTAKER Henry W. Mears & Son ADDRESS 502 N. Calvert

NW. R.R. EAGLE DR. HAROLD PILLSBURY

c—1-30—M. & T.—250 Blks

69884 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69884

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO. 1000 Caton Avenue ST. 25-72 WARD)

2-FULL NAME Ella J Ivy

(a) RESIDENCE NO. Stonewall Apts. Danville Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 1 mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George E Ivy

6 DATE OF BIRTH (month, day, and year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64 yrs.			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

BIRTHPLACE (city or town) (State or country) D.C. Va

10 NAME OF FATHER Samuel L James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Emma Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.C. Va.

Informant (Address) Jenkins Memorial Hosp. 1100 Caton Ave.

Filed 6-24-31, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 18, 1931, to June 23, 1931, that I last saw he alive on June 22, 1931, and that death occurred, on the date stated above, at 6:30 A.m.

The CAUSE OF DEATH* was as follows:

Hypertension (Arteriosclerosis)

Cerebral Hemorrhage

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

6-25-31 (Signed) Hyalmar S Carlson, M. D.

(Address) 51 Cygnus Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Orleans La DATE OF BURIAL June 25 1931

20 UNDERTAKER John C Miller ADDRESS 2435 E Eden

c.—1-30—M. & T.—250 Blks.

E 69385 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69385

CERTIFICATE OF DEATH. X 53

REGISTERED NO. 12-51

1-PLACE OF DEATH U.S. Marine Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (NO. ST. WARD)

2-FULL NAME Paul Bunkowsky

(a) RESIDENCE NO. 1545 N. Marston St., Phila., Pa ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? 42 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hoover

DATE OF BIRTH (month, day, and year) January 13,1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler maker

(b) General nature of industry, business, or establishment in which employed (or employer) Government employee

(c) Name of employer U.S. Navy Yard, Phila.

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Alexander Bunkowsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Tworak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Records, U.S. Marine Hospital Baltimore, Maryland

Filed [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 18, 19 31, to June 23, 19 31,

that I last saw him alive on June 23, 19 31,

and that death occurred, on the date stated above, at 2;20 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of right cheek and antrum and larynx

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknwon

Did an operation precede death? Yes Date of 6-22-31

Was there an autopsy?

What test confirmed diagnosis? Clinical & lab. findings

(Signed) Zinn Townsend, M. D.

6/23, 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's, Hampden	June 24, 31

20 UNDERTAKER E. Leroy Stiffler, Inc. ADDRESS 125 E. North Av

20—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69886

CERTIFICATE OF DEATH

183 E 69886

REGISTERED NO.

1. PLACE OF DEATH Baxter's Ice Pond, Mt. Winan's

CITY OF BALTIMORE: (No. Annapolis Ave. & Wicomico ST. 12-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Earl Leisner

(a) RESIDENCE NO. 2129 Huntington Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. (If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

DATE OF BIRTH (month, day, and year) Sept. 24, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	9	2	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School-boy
(b) General nature of industry, business, or establishment in which employed (or employer): ----
(c) Name of employer: ----

BIRTHPLACE (city or town) (State or country): Laurel Md.

10 NAME OF FATHER William E. Leisher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Laurel Md.

12 MAIDEN NAME OF MOTHER Mary Emma Davidson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Laurel Md.

14 Informant Mrs. Lillian Leisher

(Address) 2129 Huntington Ave.

15 Filed JUN 3 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ----- (duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? -----

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis? -----

(Signed) Guy N. Cromwell Coroner, M. D.

6/23/1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivy Hill, Laurel, Md.

DATE OF BURIAL: June 24, 1931

20 UNDERTAKER: Bernard A. Fink

ADDRESS: 784 Washington Blvd.

per—9 30—A & Co—250 Blks

69387 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69387

CERTIFICATE OF DEATH

1 PLACE OF DEATH 1223 Smith Balto Ind 25

CITY OF BALTIMORE: (No. 1223 Smith St) 16-23 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hamilton Howard

(a) RESIDENCE NO. 1223 Smith St WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Howard

7 DATE OF BIRTH (month, day, and year) July 4, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	46	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER John Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Mary Howard
(Address) 1223 Smith St

1223
6 23 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) 6/21/31

17
I HEREBY CERTIFY, That I attended deceased from June 9, 1931, to June 21, 1931
that I last saw h in alive on 6/21, 1931
and that death occurred, on the date stated above, at 7:45 AM
The CAUSE OF DEATH* was as follows:
Tabes Mesenterica

4 Mo
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Gastritis
(duration) 6 Mo yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Gilmer Boyton M. D.

(Address) 1512 Linden

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL 6/24 1931

20 UNDERTAKER Thomas E. Nelson — ADDRESS 1303 Pennsylvania St

per.—9-30—A. & Co.—250 Blks

69888 HEALTH DEPARTMENT—CITY OF BALTIMORE L 69888

CERTIFICATE OF DEATH

1 PLACE OF DEATH: Baltimore City Hospitals S. 15-21 WARD 82-1

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Martha Pollard (Colored)

(a) RESIDENCE NO. 1836 Lauman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Caleb Pollard

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 ?			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Fredericksburg Va.

10 NAME OF FATHER: James Pollard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Caroline Carr

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 6-23 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21-31

17 I HEREBY CERTIFY, That I attended deceased from 12-9-30, 19, to 6-21-31, 19

that I last saw h[illegible]er alive on 6-21-31, 19

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum.

(duration) yrs. 8½ mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? 1. Home. 2. Hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical examination

(Signed) Paul Padgett M. D.

6-22-1931 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn cemetery

DATE OF BURIAL: 6/24 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pierrmont St

ACo. 5-31 250B

69889 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

93 E 69889

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 W. 27th St. St. 12-5th Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph F. Hauk

(a) Residence: No. 307 W. 27th St. St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leah Dottie Hauk (Shoff) nee

7. DATE OF BIRTH (month, day, year) March 14, 1[illegible]

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Guano Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

13. NAME Wm. B. Hauk

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Elizabeth Young

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ralph F. Hauk
(Address) 307 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date June 24, 31

19. UNDERTAKER [illegible]
(Address) 4101 Edmondson Ave.

JUN 24 1931 CHAMPION JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 31

22. I HEREBY CERTIFY, That I attended deceased from June 7, 31 to June 22, 31
I last saw him alive on June 21, 31 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	2 years
Acute dilitation	Sudden

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H C Hauk MD M. D.
(Address) 4 Normandy Ave

Spec.—8-30—A. & Co.—250 Blks.

69890 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69890

CERTIFICATE OF DEATH

43-003

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 210- Pearl Street 4-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rosina Presti

(a) RESIDENCE NO. 210- Pearl Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Pasquale Presti

DATE OF BIRTH (month, day, and year) 9/15/1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country): Italy

10 NAME OF FATHER Nick DiGiovanni

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Frances DiGiovanni

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address) Leonard DiGiovanni 210-Pearl Street

15 JUN 23 1931 19 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-31

17 I HEREBY CERTIFY, That I attended deceased from 5-18 1931 to 6-20 1931

that I last saw h[illegible] alive on 6-20 1931

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. Less than 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

S. J. Isaacs M. D.

(Signed)

6-24 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL 6/24/31

20 UNDERTAKER George J. Puth Inc

ADDRESS 1730 Aisquith

Dec.—9-30—A. & Co.—250 Blks

69391 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69391

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 415 Lyman Avenue ST. 27-46 WARD

2 FULL NAME Kennard Brooks Young

(a) RESIDENCE NO. 415 Lyman Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Elizabeth Jacobs

7 DATE OF BIRTH (month, day, and year) Dec. 25, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: S. C. Johnson & Son

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

10 NAME OF FATHER John H. B. Young Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Nellie A. Valentine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant (Address): John H. B. Young Jr., 415 Lyman Ave., Gowans

15 Filed JUN 23 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to June 22, 1931

That I last saw him alive on June 22, 1931

and that death occurred, on the date stated above, at 11 05 A. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. L. Long M. D.

6-23-31 (Address) 415 Lyman Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 6/24 19 31

20 UNDERTAKER: Henry W. Mears & Son ADDRESS 805 N. Calvert

30—M. & T.—100 B—50L

E 69892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69892

REGISTERED NO. 185-001 E 69892

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt City Hospitals WARD 25-75

2-FULL NAME Osprey Grosh (OSPREY GROSH)

(a) RESIDENCE No. 636 Maude ave / Brooklyn ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 10/2/95

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Osprey Grosh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mabel C. Grosh

(Address) 536 Hunt Ave

15 JUN 3 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to Dec'd death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage into brain due fall on street striking head against curb stone accident No other fracture (duration) yrs. mos. 1hr ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3400 Hanover block St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Benton Coroner, M. D.

19 (Address) 200 E Chase

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 6/24 1931

20 UNDERTAKER E. Lake Stone

ADDRESS 918 Light St

Per.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69893

CERTIFICATE OF DEATH

E 69893

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Union Memorial Hospital) (WARD) 12-49

2 FULL NAME Mr. Abraham Schaffer

(a) RESIDENCE NO. ~~509 Belgian Ave~~ 119 Manheim St. WARD Philadelphia, Pa.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Kat Krauss

7 DATE OF BIRTH (month, day, and year) Sept 30, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43 years	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER Max Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Hannah Zuetmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Hosp. Records.

Filed 6/23/31, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) June 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to June 23, 1931

That I last saw h[illegible] alive on June 23rd, 1931

and that death occurred, on the date stated above, at 7.20 p m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholecystitis, Chronic

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 23, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Blood Sugar exam.

(Signed) Samuel McLanahan M. D.

(Address) Union Memorial Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia, Pa	6/23/1931
20 UNDERTAKER	ADDRESS
David Goodkind & Son	1902 Eutaw Place

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69894

CERTIFICATE OF DEATH

87-092

L 69894

1 PLACE OF DEATH Baltimore City Hospitals 26-37 REGISTERED NO.

CITY OF BALTIMORE: (No ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Agnes Osterman

(a) RESIDENCE NO. 3507 E. Lombard St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct. 12, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Kingsbury and Samuels

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Frederick Osterman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Carolyn Geisbrneyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Germany

14 Informant (Address) Records of Balto. City Hosp.

15 Filed JUN 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-31

17 I HEREBY CERTIFY, That I attended deceased from 1-24-30, 19.. to 6-22-31, 19.. that I last saw her alive on 6-22-31, 19.. and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam.

(Signed) Paul Padget. M. D.

6-23 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Gate Town Cemetery

DATE OF BURIAL June 25 1931

20 UNDERTAKER John Ullrich

ADDRESS 2018 Eutaw

Co. 5-31 2505

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69395

CERTIFICATE OF DEATH

115 1001 E 69895

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3816 Glenayle Ave St. 27-55 Ward)

Length of residence in city or town where death occurred 31 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Margaret Brennan

(a) Residence: No. 3816 Glenayle Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Julian L. Brennan

DATE OF BIRTH (month, day, year) Aug 10 - 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Conrad Wunderlich
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Christina Ripple
16. BIRTHPLACE (city or town) (State or country) Baltimore
17. INFORMANT Julia Wunderlich
(Address) 2005 Hollerann St
18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Carmel Date June 25. 1931
19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St
HAMPSON JONES, M. D.
Registrar

24 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22. 1931

22. I HEREBY CERTIFY, That I attended deceased from June 20th, 1931, to June 22nd, 1931
I last saw her alive on June 22nd 1931 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Streptococcic infection of throat.	6-19-31
b	

Other contributory causes of importance:

Pneumonia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E Cross, M. D.
(Address) 28 W 25th St.

eCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

69896

CERTIFICATE OF DEATH

46 E 69896

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 E 25th St. 17-50 Ward)

Length of residence in city or town where death occurred 43 yrs. ? mos. ? ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Catherine Wootters

(a) Residence: No. 301 E 25th St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced (or) WIFE of John Tilghman Wootters

7. DATE OF BIRTH (month, day, year) Dec 23rd 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	0	X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Housework retired 10 yrs) none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Talbot Co. Md.

13. NAME Wm Arringdale

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md ? ?

15. MAIDEN NAME Julia Ridgaway

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md. ? ?

17. INFORMANT Miss Nellie Wootters
(Address) 301 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 6/25 1931

19. UNDERTAKER Henry A. Myers & Son
(Address) 224 N. Eutaw St.

6/24 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to June 23, 1931

I last saw her alive on June 23 1931 death is said to have occurred on the date stated above, at 12.10 P m.

The principal cause of death and related causes of importance were as follows:

Genital Carcinomatosis — Date of onset 2yrs ?

(Other contributory causes of importance) Mitral Regurgitation — 14yrs ?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick Bryant, M. D.
(Address) 1031 St Paul.

C.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69897

CERTIFICATE OF DEATH.

82-001

82 L 69897

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 811 Vine ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Adam Godwin

(a) RESIDENCE NO. 818 Vine ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married.

If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant (Address) Ellen Godwin 818 Vine st

Filed JUN 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to June 22, 1931, that I last saw h[illegible] alive on June 22, 1931 and that death occurred, on the date stated above, at 12.15 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertension (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	6-24 1931
20 UNDERTAKER Dennis Easters	ADDRESS 916 Bank

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69898

CERTIFICATE OF DEATH

V 119 E 69898

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. V 17 Ramel St. 17-24 Ward)

2 FULL NAME Jewom Angelus Burks

(a) RESIDENCE NO. V 17 Ramel St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	C.	Sing.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	1	27	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Balto. City Md.

10 NAME OF FATHER Eleyonora Burks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mathilda Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) V 17 Ramel St.

Filed JUN 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 31

17
I HEREBY CERTIFY, That I attended deceased from June 14 1931, to June 23 1931
that I last saw him alive on June 23 1931
and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Enterocolitis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observed

(Signed) A. Lee Ellis M. D.

6-24-31 (Address) 522 Lamdin Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 6-24 1931

20 UNDERTAKER Henry Easton

ADDRESS 516 N Gay St

30—M A T—100 B—6-31.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69899

REGISTERED NO. 19 E 69899

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1833 S.Charles St. ST. WARD 24 23rd

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret M.Bayner.

(a) RESIDENCE NO 1833 S.Charles St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

7 DATE OF BIRTH (month, day, and year) May 11, 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md.

10 NAME OF FATHER John Bayner Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Marie Armbruster.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John Bayner Jr.(father)

(Address) 1833 S.Charles St.

Filed 6-24 1931 [illegible] Registrar

24 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held on inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Entero-colitis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

6/28 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A A Co

DATE OF BURIAL 6-24 1931

20 UNDERTAKER E.F.B. Hahn 1158 W. Pratt St

ADDRESS

E 69900

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69900

CERTIFICATE OF DEATH

48

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Curley ST. 6-11 WARD)

2 FULL NAME Florence Burkhardt

(a) RESIDENCE NO. 122 N. Curley ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 51yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Burkhardt

7 DATE OF BIRTH (month, day, and year) Dec 15, 1875

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	4	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md.

11 NAME OF FATHER John Schneider

12 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

13 MAIDEN NAME OF MOTHER Elizabeth Rus

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

15 (Informant) Charles Burkhardt

(Address) 122 N. Curley St

FILED JUN 24 1930 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931. to June 22, 1931.

that I last saw h alive on June 22nd, 1931.

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus.

(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical and Laborator

(Signed) Philibert Arligiani M. D.

19 (Address) 2942 E. Fayette St.,

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Cemetery	June 25 1930
20 UNDERTAKER	ADDRESS
H. Sander Sons Inc.	1710 Pratt St

69901

HEALTH DEPARTMENT—CITY OF BALTIMORE

69901

CERTIFICATE OF DEATH

54

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 202 Collins Avenue St. 20-71 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME ANNA A. MYERS

(a) RESIDENCE NO. 202 Collins Avenue St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

7 DATE OF BIRTH (month, day, and year) March 6, 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County

10 NAME OF FATHER Henry R. Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore County

14 Informant Mrs. Melvina E. May (Sister)
(Address) 202 Collins Avenue

Filed JUN 24 1931. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22.1931

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1931, to June 22, 1931, that I last saw her alive on June 21, 1931, and that death occurred, on the date stated above, at 6.00 a m.

The CAUSE OF DEATH* was as follows:

Diabetes (Coma)

(duration) 10 yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (Coma)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) S. Lloyd Thomas M. D.

19 (Address) 4200 Gardenia Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: June 24.31

20 UNDERTAKER: Henry Taylor & Sons, Inc.

BALTIMORE & BROADWAY

69902

HEALTH DEPARTMENT—CITY OF BALTIMORE

69902

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 909 S. East Ave (St.) 96-1 (Ward)

2 FULL NAME Michael Keiser

(a) RESIDENCE NO. 909 S. East Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Keiser

7 DATE OF BIRTH (month, day, and year) June 17. 1865

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	4	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer P. R. R.

10 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Christian Keiser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Lena Keiser 909 S. East ave

15 Filed JA 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19 31, to June 21, 19 31

That I last saw h[illegible] alive on June 21, 19 31

and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of Larynx

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy of Cervical Gland

(Signed) Joseph Gonhey M. D.

, 19 (Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	June 24 1931
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc.	Baltimore St. & Broadway

JA 1932

E 69903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-4107-E 69903

1 PLACE OF DEATH Baltimore City Hospitals REGISTERED NO

CITY OF BALTIMORE: (No 2-4 ST WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Damacy Pajkowski

(a) RESIDENCE NO 812 S. Ann ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Helena

7 DATE OF BIRTH (month, day, and year) Dec. 11 ?

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	11	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Otto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Records of Balto. City Hosp.

Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-31

17
I HEREBY CERTIFY, That I attended deceased from 5-28-31, 19, to 6-22-31, 19

that I last saw him alive on 6-22-31, 19

and that death occurred, on the date stated above, at 10:35 P.

The CAUSE OF DEATH* was as follows:

Alcoholism chronic and acute

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? Home & Hospital.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X ray.

(Signed) Paul Podgaj M. D.

6-23 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	June 25 1931

20 UNDERTAKER ADDRESS
George A Weber 705 S ann st

Spec.—9-30—A. & Co.—250 Blks.

E 69904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69904

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals 2-4 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. WARD)

2 FULL NAME Mary Saboy

(a) RESIDENCE NO. 2004 Duker Court St. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

7 DATE OF BIRTH (month, day, and year) Jan. 2. 1867

8 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	64	5	20	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Poland

11 NAME OF FATHER Joseph ?

12 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

13 MAIDEN NAME OF MOTHER ?

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

15 Informant (Address) Records of Balto. City Hosp.

16 Filed 6-23 1931 H. C. HAWKINS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-31

17 I HEREBY CERTIFY, That I attended deceased from 6-21-31, 19__, to 6-22-31, 19__

that I last saw her alive on 6-22-31, 19__

and that death occurred, on the date stated above, at 2:10 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No clinical autopsy.

What test confirmed diagnosis?

(Signed) Paul Padget. M. D.

6-23 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery	June 25 1931

20 UNDERTAKER ADDRESS
George a Weber 703 S. Ann st

Form—0 30—A. & Co.—250 Blks.

E 69905

HEALTH DEPARTMENT—CITY OF BALTIMORE

69905

CERTIFICATE OF DEATH.

1917

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No 700 S.Ann Street ST. 7-4 WARD)

2 FULL NAME Brother, Simon P. Juras O.M.C.

(a) RESIDENCE NO 700 S.Ann Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Franciscan, Brother

(b) General nature of industry, business, or establishment in which employed (or employer) St. Stanislaus Parrish

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

10 NAME OF FATHER Casimir Juras

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Tekla Turczyn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Rev. Alphonse K. Figlewski
(Address) 700 S.Ann Street

15 Filed H. C. HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/23/31

17 I HEREBY CERTIFY, That I attended deceased from January 2, 1931, to June 23, 1931

that I last saw him alive on June 22, 1931

and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Heath Exhaustion associated with chronic valvular heart disease.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Scurvy and chronic arthritis deformans

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death.

(Signed) J. B. Thomas M.D. M. D.

6-23-31 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanlaus cemetey	June 26 1931
20 UNDERTAKER George A. Weber	ADDRESS 705 S. Ann St

ec.—1-30—M. & T.—250 Bks.

E 69906 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69906

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (NO.) 1726 W. North Ave (STREET) (WARD)

2-FULL NAME Sarah E. Aronheime

(a) RESIDENCE NO. 1726 W. North Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
or) WIFE of Sam'l Aronheime

DATE OF BIRTH (month, day, and year) June 19, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto.
(State or country) Md.

10 NAME OF FATHER Alexander Ehrlich

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Hamburger

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Mr. S. Ehrlich
(Address) 1726 W. North Ave

Filed JUN 24 1931 19 HARRY O. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1931

17 I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to June 23 1931,

that I last saw h[illegible] alive on June 23, 1931,

and that death occurred, on the date stated above, at 12.45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of liver

6

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Embolus

(duration) Sudden yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of June, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Leonard Wachs, M. D.

, 19 (Address) 2107 Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cem.

DATE OF BURIAL 6/25/1931

20 UNDERTAKER David Lendhelmer Son

ADDRESS 1902 Eutaw Place

30—M & T.—100 B—50L.

E 69907

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69907

CERTIFICATE OF DEATH

REGISTERED NO. 97-001

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Church Road ST. Ashland Ave WARD) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Augustus Biggie

(a) RESIDENCE No. 1103 N Stockton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	C.	Widowed.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of John Wiggins

7 DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
about 65				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Private
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Madison Gray

(Address) 1103 N Stockton St.

Filed 24 1931, 192 [illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an August (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said August (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Bronchial Consumption (duration) yrs. Instant mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) A C Wades, Coroner, M. D.

19 (Address) 173 N Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mills Va	June 24 1931

20 UNDERTAKER Mrs. K. G. Elliott ADDRESS 1225 Eastern Ave

Reg. Clerk

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69908

CERTIFICATE OF DEATH

REGISTERED NO. E 69908

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 211 Ozma Court ST. 18-26 WARD

2-FULL NAME Fred. L. Meithamer

(a) RESIDENCE NO 211 Ozma Court ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1875

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	7	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) D
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Eugene Feller

(Address)

15 Filed 6-24 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller Coroner M. D.

6/24 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem.

DATE OF BURIAL 6-24 1931

20 UNDERTAKER Dent Easton

ADDRESS 916 Pa Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69909

E 69909 46 28

CERTIFICATE OF DEATH

183

1-PLACE OF DEATH Found in Harbor

City of Baltimore: (No. Fort Holliband ex Clinton St. 16-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown white man

(a) RESIDENCE NO. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
About 30				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman ?
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 June 24, 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest.
(Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

June 25 1931 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	JUN 25 1931
20 UNDERTAKER	ADDRESS

C. HAMPTON JONES, M. D.
Commissioner of Health

Spec.—9-30—A. & Co.—250 Blks.

E 69910 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69910

CERTIFICATE OF DEATH. 131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Berkshire Road. St. 27-41 Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katherine Margaret Spann

(a) RESIDENCE NO 3206 Berkshire Road. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John S. Spann

6 DATE OF BIRTH (month, day, and year) March 11th. 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Nicholas Marx

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Margaret Spann

(Address) 3206 Berkshire Road.

15 [illegible] C. HAMILTON JONES, M. D. Registrar

JUN 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 31.

17

I HEREBY CERTIFY, That I attended deceased from May 15 . 1931 . to June 21 . 1931

that I last saw h alive on June 21 . 1931

and that death occurred, on the date stated above, at 6 10 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. one 3 ds.

CONTRIBUTORY (Secondary) Carbuncle Abdomen

(duration) yrs. 1 mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

6/24/31 Signed Alan B Penman M. D.

(Address) 918 W Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL June 25th 31

UNDERTAKER Hart & Brust Inc

ADDRESS 1300 W Royal Ave

Spec.—9-30—A. & Co.—250 Bks. Laura M. Smith

69911 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69911

CERTIFICATE OF DEATH 131

1 PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) Union Memorial Hosp. ST. 12-16 WARD

2 FULL NAME Mrs Laura Norton Smith

(a) RESIDENCE NO. 2023 St Paul St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 22, 1891

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8		

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
11 NAME OF FATHER: Walter H. Norton
12 BIRTHPLACE OF FATHER (city or town) (State or country): Hagers Ferry Md
13 MAIDEN NAME OF MOTHER: Emma F. Coe
14 BIRTHPLACE OF MOTHER (city or town) (State or country): Nashville Tn

15 Informant (Address): Hosp Records

Filed 6-24 1931 C. HUDSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22 - 1931

17 I HEREBY CERTIFY, That I attended deceased from June 17 1931 to June 22 1931
that I last saw her alive on June 22 1931
and that death occurred, on the date stated above, at 11.50 A. m.
The CAUSE OF DEATH* was as follows:

Chronic nephritis & bronchopneumonia & hypostatic

(duration) 5? yrs. mos. ds.

CONTRIBUTORY (Secondary): Operative shock
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? yes Date of June 22, 1931
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Ralph J. Wells M. D.
19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery | DATE OF BURIAL: June 25 1931

UNDERTAKER: Chas F. Grace & Son | ADDRESS: 118 N Whitelock

69912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69912

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 590 Bruston St. Ward

2. FULL NAME Rosa A. Bruce

(a) RESIDENCE No. 590 Bruston St. Ward

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (a) HUSBAND of (or) (b) WIFE of: Joseph C. Bruce

7 DATE OF BIRTH (month, day, and year): Feb. 4, 1872

8 AGE: Years 54; Months 4; Days 12; If LESS than 1 day, hrs or min

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Solomon Nottingham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Eastville Va

12 MAIDEN NAME OF MOTHER: Annie Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Eastville Va

14 Informant (Address): Joseph C. Bruce 590 Bruston st

15 Filed 6-24-1931 Registrar C. H. JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21 1931

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1931, to June 21, 1931, that I last saw h[illegible] alive on June 21, 1931 and that death occurred, on the date stated above, at 5 00 P m

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia (Aspirating type) (duration) yrs mos 3 ds

CONTRIBUTORY (Secondary) Acute Encephalitis (duration) yrs 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Young, M. D.

6/21, 1931 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 6/24/1931

20 UNDERTAKER: Mrs. Geo. A. Holland — ADDRESS: 1631 Druid Hill Ave

E 69913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-00

E 69913

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (St.) 19-27 (Ward)

2 FULL NAME Mr. George W. Long Jr.

RESIDENCE NO. 1406 W. Lexington St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): April 2, 1862

8 AGE: Years 69 Months 2 Days 21 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Maryland.

11 NAME OF FATHER: George W. Long

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

13 MAIDEN NAME OF MOTHER: Mary Sadle

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

15 Informant (Address): Mary E. Tunstall 1406 W. Lexington St.

16 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

17 DATE OF DEATH (month, day, and year): 6/23/31

I HEREBY CERTIFY, That I attended deceased from 6/9/31, 19 to June 23, 1931 that I last saw him alive on June 23, 1931 and that death occurred, on the date stated above, at 12.05 P. M.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease

Cardiac hyp. + hypertension,

(duration) 0 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? 0 Date of 0

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Francis W Gluck M. D.

19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Port Republic Calvert Co. DATE OF BURIAL: June 24 1931

20 UNDERTAKER: George J Smith ADDRESS: Hollins

Spec.—9 30—A. & Co.—250 Blks.

9914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69914

CERTIFICATE OF DEATH

X 3

REGISTERED NO.

1 PLACE OF DEATH
CITY OF BALTIMORE (No.) University Hosp (Street) 4-30 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Rosie Baker

(a) RESIDENCE NO. Laurel Md (St.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of: Geo H. Baker

7 DATE OF BIRTH (month, day, and year): August 7th 1875

8 AGE: Years 55; Months 1 10; Days 17; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Brookhill Md.

11 NAME OF FATHER: Richard Lovelass

12 BIRTHPLACE OF FATHER (city or town) (State or country): Brookhill Md

13 MAIDEN NAME OF MOTHER: Rose Beall

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Brookhill Md

15 Informant (Address): Geo H. Baker Laurel Md

Filed 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-24-31

17
I HEREBY CERTIFY, That I attended deceased from 6-14-31, 19__ to 6-24-31, 19__
That I last saw h[e]r alive on 6-24-31, 19__
and that death occurred, on the date stated above, at 7:30 A. M.
The CAUSE OF DEATH* was as follows: Typhus Fever

(duration) yrs. 2 mos. 16 ds.
CONTRIBUTORY (Secondary): Broncho-Pneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Laurel, Md.
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clin & Lab Findings
(Signed) Geo J. Dwyer Jr. M. D.
6/29 19 31 (Address) University Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Brookhill Laurel Md
DATE OF BURIAL: 6/28/1931
20 UNDERTAKER: Lloyd Kaiser
ADDRESS: Laurel Md

1-30—M. & T.—250 Blks.

E 69915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69915

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Collins Ave. ST. 20-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie D. Brice

(a) RESIDENCE NO. 314 Collins Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Brice

DATE OF BIRTH (month, day, and year) July 5, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	11	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Joshua Harvey

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rebecca Bryant

13 BIRTHPLACE OF MOTHER (city or town) Kent County (State or country) Maryland

Informant Mr. William A. Brice

(Address) 314 Collins Ave.

JUN 24 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 3 . 1931 . to June 23 . 1931 .

that I last saw her alive on June 23 . 1931 .

and that death occurred, on the date stated above, at 5.15 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis Chronic (
Arteriosclerosis
Senile dementia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert C Tuttle M. D.

(Address) 2151 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown, Md.

DATE OF BURIAL June 25 1931

UNDERTAKER Wm H Cook

ADDRESS 1003 West Baltimore St.

Spec.—12-8-25—A Co.—200 Bks.

E 69916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 69916

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE (No. 1829 Druid Hill Ave 11-20 (Ward)

2-FULL NAME Joseph V. Frisby

(a) RESIDENCE NO. 1829 Druid Hill Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lucy V. Frisby

6 DATE OF BIRTH (month, day, and year): Feb 12 1896

7 AGE: Years 35 | Months 4 | Days 12 | If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co

PARENTS

10 NAME OF FATHER: Aquila Frisby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co

12 MAIDEN NAME OF MOTHER: Maggie Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co

14 Interment (Address): Joseph V. Frisby 1829 Druid Hill Ave

C. HARRISON JONES M. D. Registrar

JUN 24 1931

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): June 24, 1931.

16: I HEREBY CERTIFY, That I attended deceased from June 5 1931, to June 23, 1931, that I last saw him alive on June 23, 1931, and that death occurred, on the date stated above, at 4:20 P. m.

The CAUSE OF DEATH was as follows:

Acute Phthisis Pulmonalis

Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Garland Catherwood, M. D.

June 24 1931 (Address) 1334 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Abingdon Cemetery Harford Co — Date of Burial: June 26 1931

20 UNDERTAKER: Henry Taming Sons — ADDRESS: Aberdeen Md

Spec.—9 30—A. & Co.—250 Blks

(O'Connor) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

69917.

CERTIFICATE OF DEATH.

191 E 69917

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 413 N. Lakewood Ave 10 WARD)

2. FULL NAME John F. Oconnor

(a) RESIDENCE NO 413 N. Lakewood Ave STR WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) Oct 24, 1869

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62	7	28	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Md.

10 NAME OF FATHER: Daniel Oconnor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs Margaret Neary, 413 N. Lakewood ave

15 DATE RECEIVED: 6 24 1931

REGISTRAR: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to June 21, 1931

that I last saw h.. alive on June 21, 1931

and that death occurred, on the date stated above, at 3:50 p. m.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion. Acute Enteritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Gastric ulcer. Cat-

Acute Enteritis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. V. Megee M. D.

6/23 1931 (Address) 1522 E. 33rd St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: June 25 1931

20 UNDERTAKER: John A. Moran — ADDRESS: 3008 E. Balto

Spec.—9-30—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69918

CERTIFICATE OF DEATH

46 E 69918

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No Caton & Wilkens Ave St 13 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Adam Zulkoski

(a) RESIDENCE NO 433 S. Chester ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Zulkowska

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE Years 50 Months Days If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Paul Zulkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER B. Bialczenska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Mrs Viola Zulkoski
(Address) 433 S Chester St

15 [illegible] C. HAMPSON JONES, M. D. Registrar

4 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23-31

17 I HEREBY CERTIFY, That I attended deceased from 6-1-31, 19, to 6-23-31, 19 that I last saw h[illegible] alive on 6-23-31, 19 and that death occurred, on the date stated above, at 12 40 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma? G I Tract
& obstruction of Ileum

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 1 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-11-31 Exploratory

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Halvor S Ange M. D.

(Address) 21 Cen. Hospital

*State the Disease Causing Death, or Accidents from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL June 26 1931

20 UNDERTAKER J W Bazemore

ADDRESS 1930 Caton

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69919 CERTIFICATE OF DEATH 69919

REGISTERED No. 23

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) St. Joseph's Hospital (WARD) Caroline & Orleans

2 FULL NAME Francis Kolaff

(a) RESIDENCE No. 3401 Hudson St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Koloff

7 DATE OF BIRTH (month, day, and year) 1876

8 AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Poland

11 NAME OF FATHER

12 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

13 MAIDEN NAME OF MOTHER ?

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

15 Interment (Address) Victoria Koloff 3401 Hudson St

16 Undertaker (Address) C. HAMPSON JONES, M. D. Registrar

17 DATE OF DEATH, 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22/31

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1931, to June 22, 1931

That I last saw him alive on June 22, 1931

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. P. Kundry M. D.

. 19 (Address) 1 E Joseph Hopkins

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary June

DATE OF BURIAL: 26 1931

20 UNDERTAKER: J. W. Bazurski ADDRESS: 1930 Eastern Ave

...ec.—1-30—M. & T.—250 Bks

E 69920 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69920

CERTIFICATE OF DEATH. 93-004

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 Shields Pl ST. 17-24 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Ella Mullis

(a) RESIDENCE NO. 1011 Shields Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Married

If married, widowed, or divorced (a) HUSBAND of (or) WIFE of Jamie Mullis

DATE OF BIRTH (month, day, and year) Feb 10, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer City of Balto

BIRTHPLACE (city or town) (State or country) Easton Md

10 NAME OF FATHER Edward Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

Informant Thomas Mullis

(Address) 1011 Shields Pl

C. HAMPSON JONES, M. D.

4 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to June 23, 1931.

That I last saw him alive on June 23, 1931, and that death occurred, on the date stated above, at 6.05 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Cardiac dilatation) 23

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easton, Md.	June 25, 1931
20 UNDERTAKER	ADDRESS 322 E. Preston St.
Mrs Katie R. Williams	

-30—M. & T.—100 B—50L.

E 69921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 69921

1-PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Williams Ave & Caton ST. 70-69 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William E. Cadell

(a) RESIDENCE NO 2233 Christian ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 47 yrs. 3 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 8, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William E. Cadell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Catherine Harrington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Samuel Cadell
(Address) 2233 Christian St.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Burns of body - accidental
caused by burning kerosene

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2233 Christian St.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Guy N. Cromwell, M. D. Coroner
6/24, 1931 Address 3203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park
DATE OF BURIAL 6/26 1931

20 UNDERTAKER William Cook
ADDRESS 1217 St Paul

4 1931 C. HAMPSON JONES, M. D.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69922

CERTIFICATE OF DEATH

23 E 69922

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 122 S. Chapple St. 2-4 Ward)

2-FULL NAME Joseph Wilfer

(a) RESIDENCE NO. 122 S Chapple St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer Balto Md

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER Michael Wilfer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Krear

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) Mary Wilfer 122 S Chapple

15 Filed ..., 19... Registrar

6 4 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 122 S Chapple

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

19 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart	6/27 1931
20 UNDERTAKER Wreciann Cook	ADDRESS 1217 St Paul

Spec.—9-30—A. & Co.—250 Blks Mrs Hulla 2214 E. Fayette St
Broad 2096

HEALTH DEPARTMENT—CITY OF BALTIMORE

69923

CERTIFICATE OF DEATH

31 E 69923

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2543 Garrett Ave (St.) 9-46 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David M. Windnagel

(a) RESIDENCE NO. 2543 Garrett Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or WIFE of) Annie S. Windnagel

6 DATE OF BIRTH (month, day and year) Aug 27th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): Wagon Building

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: David Windnagel

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Dora Dan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. J.

14 Informant: John T. Entrickin (Address) 2543 Garrett Ave

6 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from 6-22-31 to 6-24-31

That I last saw him alive on 6-24-31

and that death occurred, on the date stated above, at 12 55 a.m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhagic Colitis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Bullard M. D.

6-24-31 (Address) 2214 E. Fayette St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 6/16/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69924 ✓ 94-001 E 69924

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of Baltimore: (No.) Colored Court - Apartments (Ward) 12-50

2 FULL NAME Levin Upshur.

(a) RESIDENCE NO. Colored + 31st St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred, Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of Emily T. Upshur

6 DATE OF BIRTH (month, day, and year) Sept 26 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	8	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pres.
(b) General nature of industry, business, or establishment in which employed (or employer) J P Johnson.
(c) Name of employer Laundries

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Levin Upshur

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Amelia C Agnew

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Miss Belle Upshur
(Address) Caliert + 31st St

Filed 193 19 Registrar Aug 24

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows: Acquired Pertussis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Paul Romney M. D.

6th 1931 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state the Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park. DATE OF BURIAL June 25 1931

20 UNDERTAKER John O Mitchell + Sons. ADDRESS 1900 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69925

CERTIFICATE OF DEATH

E 69925

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Temple Court Apts. 12-46 (Ward) 12

REGISTERED NO. 67-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John M. Seymour

(a) RESIDENCE No. University Parkway (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida B Seymour

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry C Seymour

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Caroline Mc S McCurdy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs Ida B Seymour Temple Court Apts

15 4 1931 19 (A.M.) Rec'd C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23-31

17 I HEREBY CERTIFY, That I attended deceased from June 17 1931 to June 23 1931

That I last saw h[illegible] alive on June 22 1931

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Oedema of lungs (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm J Nehart M. D.

June 27 1931 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: June 25 1931

20 UNDERTAKER: John O. Mitchell & Son ADDRESS: 1900 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks

69926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 L 69926

REGISTERED NO

1 PLACE OF DEATH Union Memorial Hospital. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No 33rd & Calvert Sts) WARD 1st 70

2 FULL NAME Ira Wardsall Burbank

(a) RESIDENCE NO 1619 - Bolton Ave Balto. Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where [illegible] How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
[redacted]	27	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Driver Crane
(b) General nature of industry, business, or establishment in which employed (or employer) Carnegie Steel Co
(c) Name of employer " " "

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James David Burbank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Marion Howell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) Helen M Burbank 5315 - Brayburn Rd. Balto. Md.

15 June 24 1931 CHAS. G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23, 1931

17
I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to June 23, 1931
that I last saw him alive on June 23, 1931
and that death occurred, on the date stated above, at 3.00 P.M.
The CAUSE OF DEATH* was as follows:
Pyelonephritis (Left ureteral)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Aortic insufficiency
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not determined
Did an operation precede death? No Date of
Was there an autopsy? Yes.
What test confirmed diagnosis? Urinary exam.
(Signed) Samuel McCandlish M. D.
(Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL June 26, 31

UNDERTAKER John D. Mitchell & Sons ADDRESS 19 Eutaw Place

pec.—1-30—M. & T.—250 Blks.

E 69927

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69927

CERTIFICATE OF DEATH.

REGISTERED NO. 51

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2335 Eutaw Place ST. 13-59 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hamel M Moses

(a) RESIDENCE NO. 2335 Eutaw Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of: Lena E Moses

7 DATE OF BIRTH (month, day, and year): Jan 25 1869

AGE: Years 62 Months 4 Days 30 If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Traveling Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Moses Moses

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Loeb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant (Address): Mrs Lena E Moses 2335 Eutaw Place

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6—23-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 2, 19 30, to June 23, 19 31.

that I last saw h[illegible] alive on June 23, 19 31.

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Urinary Bladder

* Rectum

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Oct 6 1930

Was there an autopsy? no

What test confirmed diagnosis? Observation Biopsy

(Signed) Joseph A Sicher M. D.

, 19 (Address) 324 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: June 25 1931

20 UNDERTAKER: J Ahern & Co

ADDRESS: 2432 Reisterstown Rd

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69928

CERTIFICATE OF DEATH.

159 E 69928

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1029½ N Castle St. 9-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Sibbern

(a) RESIDENCE NO. 1029½ N. Castle St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/24/31

7 AGE — Years | Months | Days | If LESS than 1 day 1 hrs. or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Bernard Sibbern

11 BIRTHPLACE OF FATHER (City or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eli. Gorman

13 BIRTHPLACE OF MOTHER (City or town) Balto.

(State or country) Md.

14 Informant Mother

(Address)

25 1931 C. HAGEN JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 6/24 1931

16 I HEREBY CERTIFY, That I attended deceased from 6/24 1931 to 6/24 1931, that I last saw him alive on 6/24 1931, and that death occurred, on the date stated above, at 10-30 m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. Alexander Morey M. D.

. 19 (Address) 2424 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Date of Burial June 25 1931

19 UNDERTAKER: Mrs C. Millenden ADDRESS 1334 Jefferson St

1-30—M & T —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69929 17 ✓ E 69929

REGISTERED NO.

E 69929

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2.-FULL NAME A. Lovitt Tinkler

(a) RESIDENCE NO 1516 E. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1914

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chester, S.C.

PARENTS

10 NAME OF FATHER Henry Tinkler

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Mary Payden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Mary Tinkler

(Address) 1516 E. Fayette St

15 Filed JUN 25 1931, 192 Registrar C. Hartridge JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage- Stab wound of innominate vein- (Knife)

Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) John Race Coroner, M. D.

6/24/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins DATE OF BURIAL 6-25 1931

20 UNDERTAKER Byron Knight ADDRESS 1211 N. Eden St

1-20—M. & T.—100 B—50L

E 69930

HEALTH DEPARTMENT—CITY OF BALTIMORE

003

18 E 69930

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE. No. Ken. M.R.R. & Kato Ave. ST. 15-21 WARD

2-FULL NAME Percy Young.

(a) RESIDENCE NO. 646 N. Gilmor ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Allen E. Barton

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm. Lee Young
(Address) 646 N. Gilmor

Filed JUN 25 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 22nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*

Accident Suffocation by Smoke Sudden

CONTRIBUTORY (Secondary) Caught in Short (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Ken. M.R.R. & Kato Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Lee Smith, M. D. (Coroner)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cambria Cemetery — DATE OF BURIAL June 25 1931

20 UNDERTAKER Archibald C. Gaddis — ADDRESS 1848 Eutaw St

ec.—2-29-28—L. F. S.—500 Blks.

E 69931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-093 E 69931

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 925 Washington Blvd. WARD 11-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James R. Brackett

(a) RESIDENCE NO. 925 Washington Blvd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widower

If married, widowed, or divorced (or) WIFE of: HUSBAND of Mary E. Brackett

DATE OF BIRTH (month, day, and year): Oct 28 1842

AGE: Years 88 Months 8 Days — If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Boston Mass

10 NAME OF FATHER: James R. Brackett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Boston Mass

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Boston Mass

Informant: Mrs Elmira Kitzie

(Address) 925 Washington Blvd

Filed June 25 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1931, to June 24, 1931, that I last saw him alive on June 23, 1931, and that death occurred, on the date stated above, at 6:50 A m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis 5 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis (duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure Apparatus

(Signed) J. M. Dellett M. D.

June 24, 1931 (Address) 621 Washington Blvd,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. S. National Cem. DATE OF BURIAL: June 26 1931

20 UNDERTAKER: Jos Foerders Son ADDRESS 217 S. Pa...

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

9932

CERTIFICATE OF DEATH.

★ 167

12 01 69932

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Elsinor Ave. ST. 15-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Augusta Latch.

(a) RESIDENCE NO. 2003 Elsonor Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Phila Penna

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Gardiner C. Latch,

DATE OF BIRTH (month, day, and year) Sept. 1, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pottstown Penna.

10 NAME OF FATHER John Beamish,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania,

12 MAIDEN NAME OF MOTHER Emily Schnelberger,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs J Latch

(Address) 2003 E Elsinor Ave

15 Filed JUN 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUN 24 1931

17 I HEREBY CERTIFY, That I attended deceased from December 24, 1930 to June 24, 1931, that I last saw her alive on June 24, 1931, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry T. Colenberg, M. D.

(Address) 904 N. Charles Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philadelphia Pa

DATE OF BURIAL JUN 26, 1931

20 UNDERTAKER Robert S Little

ADDRESS 2200 EDMONDSON AVE.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69933

CERTIFICATE OF DEATH.

131 E 69933

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3800 Old York Rd (or) 12-49 (WARD)

2-FULL NAME Irene Lottie Snyder

(a) RESIDENCE NO. 3800 Old York Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua T. Snyder

DATE OF BIRTH (month, day, and year) Aug 6 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Wm. H Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliz J Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Joshua T Snyder (Address) 3800 Old York Road

15 Filed JUN 25 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1931

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to June 24, 1931, that I last saw her alive on June 24, 1931, and that death occurred, on the date stated above, at 2.45 P. m.

The CAUSE OF DEATH* was as follows:

Uraemia — 2 days —
Cardio-vascular-Renal - 3 mos
apoplexy (3 mos —
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio-Hypertension —
mitral insuff. (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Urine Chem. exam

(Signed) Louis F. Krumsen, M. D.

, 19 (Address) 722 N. Kenwood Ave —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kruders Cem. Westminster — DATE OF BURIAL June 27 1931

20 UNDERTAKER Jauch Syfer — ADDRESS 1008 N. Roll Ave

Spec.—9-30—A. A. Co.—250 Blks.

E 69934

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69934

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL ST 1-13 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.)

2 FULL NAME Thomas Carroll

(a) RESIDENCE NO. 905 Mc Donogh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Black

5 Single, Married, Widowed, or Divorced, (write the word) unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED Laborer

(a) Trade, profession or particular kind of work Standard Fertilizer Works

(b) General nature of industry, business or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rachel Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 1931 C. Pokorny Jones, M. D. SUPERINTENDENT OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June-23-1931

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1931, to June 23, 1931

that I last saw h alive on June 23, 1931

and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Broncho).

Pyelonephritis, bilateral

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Benign Prostatic Hypertrophy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/1/31.

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) H. H. Smith M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Calvary

DATE OF BURIAL June 25, 1931

20 UNDERTAKER Mrs. Ida Smith

ADDRESS 1925 Westlawn

Spec.—1-30—M. & T.—250 Blks.

E 69935 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69935

CERTIFICATE OF DEATH. 131V

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1721 Carroll ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hilary E. Bowen

(a) RESIDENCE NO. 1721 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Crumpton Bowen

DATE OF BIRTH (month, day, and year) Dec 1. 1854.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Calvert Co. Md

10 NAME OF FATHER Catterton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Luther E. Catterton

(Address) 1721 Carroll St

Filed C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to June 22 1931

that I last saw h[er] alive on June 22 1931

and that death occurred, on the date stated above, at 12 Noon m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. In bed mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Walter Edes M. D.

6/23 19 31 (Address) 5711 Columbia Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem DATE OF BURIAL June 26 1931

20 UNDERTAKER Wm. & Jno. John M. Teufel & Son ADDRESS 501 N Fayette

Spec.—9 30—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~E~~ 69936 — 104 E 69936

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 611 S. Chapple St. WARD 9-4)

2 FULL NAME John Zimnoch

(a) RESIDENCE No 611 S Chapple ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21-1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Casmir Zimnoch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Paulina Barowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Casmir Zimnoch 611 S. Chapple st

15 [illegible] 19 [illegible] Registrar

C. [illegible] JONES, M. D.

25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/24/31

17

I HEREBY CERTIFY, That I attended deceased from June 23, 1931, to June 24, 1931

that I last saw him alive on June 24, 1931.

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilatation

(duration) yrs. mons. 1 ds.

CONTRIBUTORY (Secondary) ~~Acute~~ Diphtheria (Gravis)

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.S. & S. Throat Culture

(Signed) John L. Baerlocher M. D.

19 (Address) 1802 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	June 25 1931
20 UNDERTAKER	ADDRESS
George A Weber	705 Hammet

1-30—M A T—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69937

96 E 69937

CERTIFICATE OF DEATH

REGISTERED NO. 16-68

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., WARD

2. FULL NAME Mrs Dorothy Black

(a) RESIDENCE NO 2223 Riggs Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Black

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Newburg
(State or country) West Virginia

PARENTS

10 NAME OF FATHER Benjamin Talbott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) United States

12 MAIDEN NAME OF MOTHER Mollie -----

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) United States

14 Informant Mr. Black (husband)

(Address) 2223 Riggs Ave

15 Filed JUN 25 1931 192 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage- ruptured abdominal aortic aneurism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Sinai Hospital

What test confirmed diagnosis?

(Signed) [illegible], M. D.
Coroner

6.24.31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland, Maryland DATE OF BURIAL 6-26-1931

20 UNDERTAKER Jack Lewis Inc. ADDRESS Exeter St

Mrs M Carey

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 69938 — 23 E 69938

CERTIFICATE OF DEATH.

REGISTERED NO. 25532

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2002 Annapolis Ave (Ward) Mt Washington

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mitchell Carey

(a) RESIDENCE. No. 2002 Annapolis Ave WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: Leonard Carey

6 DATE OF BIRTH (month, day, and year): 19 Jan 1909

7 AGE: Years 22 Months 5 Days 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City Md

PARENTS

10 NAME OF FATHER: George E Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ellicott City Md

12 MAIDEN NAME OF MOTHER: Ida Driver

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore City Md

14 Informant (Address): Ida Driver Mitchell 2002 Annapolis Ave

15 [illegible] Registrar

25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 23 June 1931

17 I HEREBY CERTIFY, That I attended deceased from 25 May 1931, to 23 June 1931.

that I last saw her alive on 23 June 1931.

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Harold Wasserman M. D.

23 June 1931 (Address) Keith Medicum Bldg

*Insert the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 6/27 1931

20 UNDERTAKER: Edw Fowler

ADDRESS: Work Pk

M. A. T.—100 B—50L

E 69939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 69939

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt City Hospital ST. 12-51 (WARD)

2-FULL NAME Georgiann Adams

(a) RESIDENCE NO. 2412 Mace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Adams

6 DATE OF BIRTH (month, day, and year) Aug 8/1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	15 16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): at home 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

10 NAME OF FATHER John Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Rose Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Georgia

Informant John Adams

(Address) John Adams

THOMPSON JONES, M. D.

JUN 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds. 6 or 8 days

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2412 Mace

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Bourbon, M. D. Coroner

6 25 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL 6-27 1931

20 UNDERTAKER: Chas S Cooper

ADDRESS 517 N Eutaw St

Cor.—10-10-29—A Co.—100 Blks.

(Arbin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69940

183 E 69940

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found Floating in Gulph

City of Baltimore: (No. near Western Electric Co Ward 16

2-FULL NAME William Arbin Jr (Arbin)

(a) RESIDENCE NO. 2631 E Monument St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Wht	Married

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie Arbin

6 DATE OF BIRTH (month, day, and year) Sept 17 1879

7 AGE	Years	Months	Days	IF LESS than 1 day: hrs. or min.
	51	9	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: meat merchant
(b) General nature of industry, business, or establishment in which employed (or employer): market
(c) Name of employer

9 BIRTHPLACE (city or town) Balto md
(State or country)

PARENTS

10 NAME OF FATHER Wm. Arbin

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Walz

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Mrs. Hattie Arbin
(Address) 2631 E Monument.

15 Filed ..... 19 .....

5 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) fell out of Launch

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Coolgate Creek

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

June 26 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	June 26 1931
20 UNDERTAKER	ADDRESS
Jas. J. Derr 156	E. Lanvale

Spec.—1-30—M. & T.—250 Blks.

E 69941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69941

CERTIFICATE OF DEATH. 83

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28-63 WARD)

2-FULL NAME John Cornwell

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) March 2. 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
67	68	3	22 23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

BIRTHPLACE (city or town) (State or country) Pennsylvania

10 NAME OF FATHER George Cornwell

11 BIRTHPLACE OF FATHER (city or town) Baden

(State or country)

12 MAIDEN NAME OF MOTHER Helen Hoogboom

13 BIRTHPLACE OF MOTHER (city or town) Jasper

(State or country) New York

14 Informant Mt Hope Nurses

(Address) Mt Hope Retreat

Filed June 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to June 25 1931.

that I last saw h[illegible] alive on June 25 1931.

and that death occurred, on the date stated above, at 11.45 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis (Paresis)

(duration) 20 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Dementia.

(duration) 20 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Kahn

(Signed) Wilton P. Hall, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rochester, New York	June 26 1931
20 UNDERTAKER	ADDRESS
Stewart & Mooney Co.	108 W North Ave

Spec.—9 30—A & Co.—256 Blks

69942 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-004 69942

1 PLACE OF DEATH Baltimore City Hospitals S 17-24 Ward

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME William Locke

(a) RESIDENCE NO. 538 Moore St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51 ?		20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER Elisha Locke
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER Anna Netter
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed . 19 . Registrar

5 1931 5920

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-31

17
I HEREBY CERTIFY, That I attended deceased from 5-29-31, 19 , to 6-22-31, 19
that I last saw him alive on 6-22-31, 19
and that death occurred, on the date stated above, at 12:45 A m.
The CAUSE OF DEATH* was as follows:

Endocarditis, chronic, rheumatic
(duration) months then yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Podgit. M. D.
6-23. 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL
DATE OF BURIAL 19
ADDRESS JUN 25 1931

20 UNDERTAKER

C. HAMPSON JONES, M. D.
Commissioner of Health

Spec.—9-30—A. & Co.—250 Blks.

E 4 59943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL WARD 8-17

CITY OF BALTIMORE (No.)

2 FULL NAME Patrina Clancy

(a) RESIDENCE NO. 1515 N. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or Divorced, (write the word): Child

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 16, 1931

7 AGE: Years | Months: 5 | Days: 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Clancy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hazel Burney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 [illegible] 19 [illegible] Registrar

5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25/31

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1931, to June 25, 1931

that I last saw h[illegible] alive on June 25, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Marasmus.

(duration) about 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chr pneumonia (duration) about 3 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) A. E. Koppel M. D.

6 Jun, 1931 (Address) J. H. Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery DATE OF BURIAL: June 28/31

20 UNDERTAKER: Elmer W. Conklin ADDRESS: 24 E Eager St

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

E 69914 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69914

CERTIFICATE OF DEATH. 108

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals S 5-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Pearl Slater

(a) RESIDENCE NO. 214 N. Spring ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Slater

6 DATE OF BIRTH (month, day, and year) July 7, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28 29	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Tinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 JUN 25 1931, 19 5921 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22 31

17 I HEREBY CERTIFY, That I attended deceased from 4-22-31, 19, to 6-22-31, 19

That I last saw her alive on 6-22-31, 19

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Abscess of lung

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam.

(Signed) Paul Padget M. D.

6-23 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

20 UNDERTAKER [illegible]

Asst. Dir. of Vital Statistics

DATE OF BURIAL 19

ADDRESS JUN 25 1931

Spec.—1-10-21—M&T—1500 Bks.

E 69945 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69945

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4702 Frankford Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Lipp

(a) RESIDENCE NO. 4702 Frankford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) June 24-31

7 AGE Years Months Days If LESS than 1 day, hrs. or min. 8 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Harry J. Lipp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brooklyn N.Y.

12 MAIDEN NAME OF MOTHER Minnie Levelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address)

Filed JUN 25 1931 19

5922

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 19 31

17 I HEREBY CERTIFY, That I attended deceased from June 24, 19 31, to June 24, 19 31, that I last saw him alive on June 24, 19 31, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Severe Mouth Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown, other than Maternal Weakness

18 Where was disease contracted, if not at place of death? Expressions by persons

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Father Could

(Signed) Joseph L. Valentine V

19 (Address) 14 S. Broadway

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner of Health

ADDRESS JUN 25 1931

P. HAMPSON JONES, M.

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69946

CERTIFICATE OF DEATH

82-E 69946

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 N. Collington Ave St. 8-16 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. if of foreign birth 37 yrs. mos. ds.

2. FULL NAME Peter Yeggman

(a) Residence: No. 1827 N Collington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Yeggman

6. DATE OF BIRTH (month, day, year) 6-29-1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) 3-32

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Peter Yeggman Jr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Date June 29 1931

19. UNDERTAKER John Fredericks & Sons
(Address) 423 E Pleasant St.

20. FILED ..... 19 ..... Registrar.

E 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25-1931

22. I HEREBY CERTIFY, That I attended deceased from 6-20-1931 to 6-25-1931

I last saw him alive on 6-24-1931 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	?
Hypertension	?
Other contributory causes of importance: Cerebral Hemorrhage.	2 weeks

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify.

(Signed) S. Bernard ..... M. D.
(Address) Medical Arts Bldg

AaCo. 5-31 2M B

HEALTH DEPARTMENT—CITY OF BALTIMORE

69947.

CERTIFICATE OF DEATH

131 E 69947

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 W Barre St. 22-30 (Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME ANNE Milevekene

(a) Residence: No. 528 W Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrus Milevekas

6. DATE OF BIRTH (month, day, year) No 1879

7. AGE 52 Years | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithvania

13. NAME John Dabravekas

14. BIRTHPLACE (city or town) (State or country) Lithvania

15. MAIDEN NAME Anne Kulbokas

16. BIRTHPLACE (city or town) (State or country) Lithvania

17. INFORMANT Andrus Milevekas
(Address) 528 W Barre Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 27 1931

19. UNDERTAKER John Grebliauskas
(Address) 423 S Paca Street

6-25-1931 C. HAMPSON JONES, M. D. Registrar
RRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24. 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/21 1931 to 6/24 1931

I last saw h Se alive on 6/23 1931 death is said to have occurred on the date stated above, at 9. A m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

Other contributory causes of importance: Uraemia —

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) David Cramblett M. D.

(Address) 122 W Lee St

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

69918 — 48 L 69918

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N Belnord St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mary E Bayer

(a) Residence: No. 422 N Belnord St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced: HUSBAND of / WIFE of Laurence L Bayer

6. DATE OF BIRTH (month, day, year) June 3 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Conrad C Davis

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Elizabeth White

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Laurence L Bayer
(Address) 422 N Belnord

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 26 1931

19. UNDERTAKER John Wilbert
(Address) 2222 Eutaw Pl

25 1931 — C. M. PERSON JONES, M. D. — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-1 '26 to 6-23 '31

I last saw h[illegible] alive on 6-23 1931 [illegible] death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus
Metastases
Abdomen

Date of onset: May

Other contributory causes of importance:
Acute Cardiac Dilatation
Septicemia

Name of operation ... Date of ... 26

What test confirmed diagnosis? Histology Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred Thyrell M. D.

(Address) 500 N Eutaw St

Spec.—1-30—M. & T.—250 Blks.

E 69949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69949

CERTIFICATE OF DEATH.

REGISTERED NO. 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Westfield Ave ST.) (WARD)

2-FULL NAME Julia M. Grace

(a) RESIDENCE NO. 2906 Westfield Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William W. Grace

6 DATE OF BIRTH (month, day, and year) Aug 12, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patrick Finn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia Manly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr Frank Grace (Son) (Address) 2906 Westfield Ave

15 JUN 25 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1931. to June 24, 1931.

that I last saw her alive on June 22, 1931.

and that death occurred, on the date stated above, at 11:40 m.

The CAUSE OF DEATH* was as follows:

Carcinoma, - Hemmt Liver.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Pearson M. D.

June 25, 1931 (Address) 514 Druid Park Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dunkirk Cemetery — DATE OF BURIAL: June 26 19 31

20 UNDERTAKER: Edward W. Franklin — ADDRESS: 124 E Eager St.

Spec.—9 30—A. & Co.—250 Blks

E 69950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 69950

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 700 W. Lafayette ave ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Thurston Bunkley

(a) RESIDENCE NO. 700 Lafayette St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/21/30

7 AGE: Years — Months 7 — Days 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: John Bunkley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sophia Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Joseph Bunkley 700 Lafayette St.

15 JAN 26 1931 HAMPDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24/31

17
I HEREBY CERTIFY, That I attended deceased from Jan 17 31, to Jan 24/31 19
that I last saw him alive on Jan 24/31 at 4 P.M.
and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:
Bronchio Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis M. D.
1931 (Address) Grayson, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 1-26 1931

20 UNDERTAKER: Samuel Carlon

ADDRESS 916 Penn

Spec.—9-30—A. & Co.—250 Blks Henry Small

HEALTH DEPARTMENT—CITY OF BALTIMORE

69951 108 V.S. 69951

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 27-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Small

(a) RESIDENCE NO. 4116 St. Thomas Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 15 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 6, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cockeysville Md.

PARENTS

10 NAME OF FATHER Henry Small

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Lucas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Henry Small (Address) 4116 St. Thomas Ave

15 JUN 26 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to June 25, 1931

that I last saw him alive on June 25, 1931

and that death occurred, on the date stated above, at 3:20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 13 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 4116 St. Thomas Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jos. L. Fenton M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL June 26, 1931

UNDERTAKER Enemoth & Son ADDRESS 3617 Edmondson Ave

REGISTERED JUN 26 1931 HAMILTON JONES M. D. Registrar

1-20—M. & T.—100 B—50L.

E 69952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-02

E 69952

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 11-3rd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hezekiah Matthews

(a) RESIDENCE NO 451 Orchard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs 10 mos 6 ds

How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

6a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 17/1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Hezekiah Chandler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Maybelle Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Danville, Va

14 Informant Maybelle Matthews

(Address) 451 Orchard St

15 Filed JUL 26 1931 102 Wm. H. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis-Influenzal

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson's cem.

DATE OF BURIAL 6-26 1931

ADDRESS

20 UNDERTAKER Byron Knight 121 McElderry St

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 69953

REGISTERED NO. 9 E 69953

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Wright

(a) RESIDENCE NO. 709 N. 23rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 9 mos 22 dys. How long in U. S., if of foreign birth? yrs. mos dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of /

7 DATE OF BIRTH (month, day, and year) Sept 3 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) No. Carolina

12 MAIDEN NAME OF MOTHER Jane Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) No. Carolina

14 Informant Mrs. Jane Wright (Address) 709 N. 23rd St. Balto. Md.

15 Filed June 26 1931 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1931. to June 25, 1931.

that I last saw him alive on June 25, 1931,

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) 0 yrs. 0 mos 2 da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 6 mos. 5 da.

18 Where was disease contracted if not at place of death? 709 N 23rd St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. Fitz Meyangher M. D.

. 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL June 26 1931

ADDRESS

20 UNDERTAKER Archibald A. Gaddis 1840 N. Caroline St.

Spec.—9-30—A. & Co.—250 Blks. Sarah Freedman

E 6995 D-1

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-02 69954

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hosp. St. 5-62 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Sara ~~Freedman~~ Spolsman —nee Freedman

(a) RESIDENCE NO. 2951 Lorman Ave, ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Spolsman

6 DATE OF BIRTH (month, day, and year): 1909

7 AGE: Years 22; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Mr Samuel Freedman

11 BIRTHPLACE OF FATHER (city or town) (State or country): America

12 MAIDEN NAME OF MOTHER: Mrs Bessie Eisenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Jack Levine, Inc. 1439 E. Baltimore St.

Filed 6 26 1931 19 C. H. JEFFERSON, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 24 1931 to June 25 1931

That I last saw her alive on June 25th 1931

and that death occurred, on the date stated above, at 7.10 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(Coroner's Autopsy)

(duration) 0 yrs. 2 mos. 0 ds.

CONTRIBUTORY (Secondary) ~~Amyotrophic~~ myocarditis acute

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? 0 Date of

Was there an autopsy? 0

What test confirmed diagnosis?

(Signed) Francis M. Gluck M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sinai Mt Carmel

DATE OF BURIAL: 6-26-1931

20 UNDERTAKER: Jack Levine, Inc. 1431 E. Balto

ADDRESS

Spec—1-30—M. & T.—250 Blks

E 69955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 69955

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 744 Ryan St. 21-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanette (N Stitt) Williams

(a) RESIDENCE NO. 744 Ryan ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred 49 yrs 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Williams

6 DATE OF BIRTH (month, day, and year) Mar 15-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work See Copy #5

(b) General nature of industry, business, or establishment in which employed (or employer) Wood & Iron

(c) Name of employer Self - Patient very many years

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Richard Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fulton Co Maryland

12 MAIDEN NAME OF MOTHER Harriet ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mamie Harris

(Address) 1006 Warner St

15 JUN 26 1931, 19 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/22/31

17 I HEREBY CERTIFY, That I attended deceased from 1/10, 1931, to 6/22, 1931,

that I last saw her alive on 6/20, 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

and Chronic nephritis

(duration) yrs. Chronic ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dan'l Drucker M. D.

6/23 1931 (Address) 122 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL June 26, 1931

UNDERTAKER Jno Stitt & Williams

ADDRESS 322 N Howard St

Spec—1-30—M. & T.—250 Blks

E 69956 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69956

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Roy Y. Casey St. 1818-20 (Ward)

2-FULL NAME Lucy Cole

(a) RESIDENCE NO. Roy Y. Casey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	col.	widow

5a If married, widowed, or divorced HUSBAND of ~~or~~ WIFE of Addison Cole

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer Herself

9 BIRTHPLACE (city or town) (State or country) Essex Co. Va.

PARENTS

10 NAME OF FATHER Louis Corbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Essex Co. Va.

12 MAIDEN NAME OF MOTHER Lou Thurston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co. Va.

14 Informant George Cole (Address) 29 N. Carey St.

15 Filed . 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 22 June 31.

17 I HEREBY CERTIFY, That I attended deceased from 27 May, 19 31. to 22 June, 19 31.

that I last saw h[illegible] alive on 22 June, 19 31.

and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) Some yrs. mos da.

CONTRIBUTORY (Secondary) Heart Failure

(duration) Some yrs. mos. da.

18 Where was disease contracted if not at place of death? Don't Know

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) E. Mayfield Boyle, M. D.

June 26, 1931 (Address) 1211 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Essex Co. Va	June 26, 1931.
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 3227 Schroeder St.

1-30—M. & T.—100 B—50L

69957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-00E 69957

REGISTERED NO. 76-37

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 412 S Eaton ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Infant Piercy

(a) RESIDENCE NO 412 S Eaton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 24 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City Md

PARENTS

10 NAME OF FATHER Elmer Piercy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Golda Shaull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City

14 Informant Elmer Piercy (Address) 412 S Eaton

15 Filed ____, 192__ ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Severe Concussion of Brain from Accident February

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 412 S Eaton

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Kevlon, M. D. Coroner

(Address) 700 E Chase St 6/26 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 6/26 1931

20 UNDERTAKER Wm Cook

ADDRESS 12/17 St Paul

Spec.—3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69958 46 ✓ E 69958

REGISTERED NO.

1—PLACE OF DEATH Md Gen Hosp. 4-25

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr George W Ward

(a) RESIDENCE NO. The Rochambeau Chase & Franklin St.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 26 1867

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	64	4 3	2 8	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Professor
(b) General nature of industry, business, or establishment in which employed (or employer) Public School
(c) Name of employer Balto City

10 BIRTHPLACE (city or town) (State or country) Howard Co Md

11 NAME OF FATHER John W Ward

12 BIRTHPLACE OF FATHER (city or town) (State or country) Mont Co Md

13 MAIDEN NAME OF MOTHER Sarah Addison

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co Md

15 Informant Hospital Record
(Address)

JUN 26 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1931

17 I HEREBY CERTIFY, That I attended deceased from 6-20-31, 19 . to 6-24- , 1931.
that I last saw h alive on 6 24 , 1931
and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma head of pancreas.

(duration) yrs. 6 (?) mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 6 22-31

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Albert R Richardson M. D.

, 19 (Address) 301 Gen. Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Howard Co Md. Oak Grove Cemetery

DATE OF BURIAL 6/27/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

Spec.—0-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69959

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 19-27 ST. WARD)

REGISTERED NO. 69959

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Stephen Hershey

(a) RESIDENCE NO. 18 N. Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Hershey

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Elevator oper.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): York Co. Pa.

PARENTS

10 NAME OF FATHER: Henry Hershey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Barbara McBride

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Interment (Address): Records of Balto. City Hosp.

15 [illegible] Undertaker

[illegible] Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-24-31

17

I HEREBY CERTIFY, That I attended deceased from 6-1-31, 19, to 6-24-31, 19

that I last saw him alive on 6-24-31, 19

and that death occurred, on the date stated above, 11:35 P m.

The CAUSE OF DEATH* was as follows:

Carbuncle of neck

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) Septicemia & Broncho-Pneumonia (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-4-31

Was there an autopsy? Yes Excision of Infected

What test confirmed diagnosis?

(Signed) Arthur E Linke M. D.

6/27 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Cemetery — DATE OF BURIAL: 6/27 1931

20 UNDERTAKER: M. McCook — ADDRESS: 1217 St. Paul St.

JUN 26 1931 HAMPDEN JONES M.D. Registrar

Spec.—9-30—A. & Co.—250 Blks.

Ruby Price

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69960

CERTIFICATE OF DEATH

12 E 69960

1 PLACE OF DEATH 2h Mercy Hospital

CITY OF BALTIMORE: (No. 6 Carey St. Ward)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ruby Price

(a) RESIDENCE No. 2202 Ashton St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elmer Price

6 DATE OF BIRTH (month, day, and year): Dec 2nd 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Button Hole Operator

(b) General nature of industry, business, or establishment in which employed (or employer): Do

(c) Name of employer: Butler Bros.

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Beauregard Blankner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Annie Bruckmiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Annie Blankner 2450 Frederick Ave.

15 6-28-1931 Hamilton Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-23-31

17

I HEREBY CERTIFY, That I attended deceased from 6-18-31, 19, to 6-23-31,

that I last saw h alive on 6-23-31,

and that death occurred, on the date stated above, at 8 P.M. on

The CAUSE OF DEATH was as follows:

Acute Laryngeal Appendicitis Intestinal Obstruction (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Tuberculosis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6/19/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. B. Bradley M. D.

19 (Address) 2202 Ashton St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem	June 27th 1931
20 UNDERTAKER: Charles F. Dill	ADDRESS 3109 Frederick Ave

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69961 ✓ E 69961

REGISTERED NO. 97

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Riverside Ave ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret E. Foard

(a) RESIDENCE NO. 1512 Riverside Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Lloyd G. Foard

6 DATE OF BIRTH (month, day, and year) Oct 5 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER George Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Brown

(Address) 1511 Riverside Ave

15 Filed JUN 26 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-25-31

17 I HEREBY CERTIFY, That I attended deceased from May 24 1931 to June 25 1931

that I last saw her alive on June 25 1931

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis indefinite

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed W. E. L. Campbell M. D.

6/26 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	6/29 1931
20 UNDERTAKER D. Few McCully	ADDRESS 130 E. Fort

1-30—M & T.—100 B—50L

E 69962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 1-001 E 69962

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 4 W. Randall St. ST. 23-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nettye E. Baker.

(a) RESIDENCE NO 4 W. Randall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. ---- da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Vinton Baker.

6 DATE OF BIRTH (month, day, and year) April 12, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	55	2	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Frederick Co. Md.

PARENTS

10 NAME OF FATHER Lorenzo B. Norwood.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Virginia Fleming.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Co. Md.

14 Informant Vinton Baker. (husband)
(Address) 4 W. Randall St.

15 Filed NOV 26 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) I find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Illuminating gas poisoning.
Suicide.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm. F. Leonhardt Coroner, M. D.

6/24, 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL 6/27 1931

20 UNDERTAKER D. F. McGuire

ADDRESS 130 E. Fort

Rper.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69963

CERTIFICATE OF DEATH

157-004 E 69963

1 PLACE OF DEATH

CITY OF BALTIMORE: (No West Balto General Hosp St) 5-58 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby-Boy Hubberman

(a) RESIDENCE NO 25 n/ Bonnyview Ave St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 6-26-31

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.: 2 hrs. 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Louis Hubberman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rose Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto, Md.

14 Informant (Address): Mother — Rose Henderson 25 n/ Bonnyview Ave

15 Registrar: C. Hawley Jones, M.D.

N Feb 1931 3923

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-26-31

17 I HEREBY CERTIFY, That I attended deceased from 6/21, 1931, to 6/26, 1931

that I last saw h[illegible] alive on 6/26, 1931

and that death occurred, on the date stated above, at 5 [illegible] M.

The CAUSE OF DEATH* was as follows:

Fetal Monstrosity

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Respiratory Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) H Cashman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER: John [illegible] Sons Co.

ADDRESS JUN 26 1931

1-20—M. & T.—100 B—50L

E 69964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-0E 69964

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 McHenry ST. 70-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J. Hickman

(a) RESIDENCE NO. 2538 W. Pratt St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6 DATE OF BIRTH (month, day, and year) Dec. ?, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shirt Designer
(b) General nature of industry, business, or establishment in which employed (or employer): ----
(c) Name of employer: ----

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Conrad J. Hickman

11 BIRTHPLACE OF FATHER (city or town) (State or country): -- Maryland

12 MAIDEN NAME OF MOTHER: Mary C. Rimoser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): --- Maryland

14 Informant: Robert J. Hickman

(Address): 2506 McHenry Street

JUN 26 1931

H. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chronic Myocardial Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ----

(Signed) Guy N. Cromwell, M. D. Coroner

6/25, 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 6/29/31

20 UNDERTAKER: Mary Hulzke

ADDRESS: 1101 Eutaw

Ethyl Wood.

69965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 69965

1—PLACE OF DEATH Md. Gen. Hosp. REGISTERED NO. 19-28

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ethyl Wood

(a) RESIDENCE NO. 1424 W. Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): M

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Wood

7 DATE OF BIRTH (month, day, and year): June 9-1894

8 AGE: Years 37 | Months | Days 17 | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

11 NAME OF FATHER: Fedrick Thompson

12 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

13 MAIDEN NAME OF MOTHER: Mary Chaney

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Frank Wood

(Address) 1424 W Pratt St

15 Filed 6-29-1931 C. HAMPTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26. 1931.

17 I HEREBY CERTIFY, That I attended deceased from 6-12-31. 19 . to June 26. 1931.

that I last saw her alive on June 26. 1931

and that death occurred, on the date stated above, at 3:35 Am.

The CAUSE OF DEATH* was as follows:

Endocarditis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Gilbert R Wilkerson, M. D.

. 19 (Address) Md Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem.

DATE OF BURIAL: 6/29/31

20 UNDERTAKER: Harry A Kuntze, 410 Edmondson Ave

ADDRESS

AaCo. 5-31 2000

E 69966 **HEALTH DEPARTMENT CITY OF BALTIMORE** ✓

82-E 69966

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Aiken St. St. 9-46 Ward)

Length of residence in city or town where death occurred 60 - mos - ds. How long in U.S. If of foreign birth? 60 yrs mos ds.

2. FULL NAME Josephine. M. Ruzicka

(a) Residence: No. 2215 Aiken St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
(or) WIFE of The late Frank. J. Ruzicka

6. DATE OF BIRTH (month day year) Feb.-19-1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	72	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia.

FATHER

13. NAME Joseph Kasper
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Brabec
16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mr. Joseph Ruzicka
(Address) No. 2215 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery. Date June-29- 19 1931

19. UNDERTAKER Henry Hoeck Sons Inc.
(Address) 1301 E. Lager St.

JUN 26 1931 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) June-25-1931

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931 to June 25, 1931
I last saw her alive on June 23, 1931 death is said to have occurred on the date stated above, at 4;30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/25/31

Other contributory causes of importance: Cardio Nephritis 1 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William F. Bauer M. D.

(Address) 801 Aliceanna St.

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69967

CERTIFICATE OF DEATH

23 E 69967

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 Belgin Ave. St. 27-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John. J. Burlage

(a) Residence: No. 831 Belgin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug.-10-1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc W. H. Crawford Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 Years

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John. J. Burlage

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Coleman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Joseph. L. Burlage
(Address) 831 Belgin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cemetery 6/29/1931

19. UNDERTAKER Henry Hoeck Sons Inc.
(Address) 1301 E. Eager St.

20. FILED JUN 29 1931 C. KEMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-26-1931

22. I HEREBY CERTIFY, That I attended deceased from June 15 1931, to June 26 1931

I last saw h alive on June 24 1931 death is said to have occurred on the date stated above, at 7:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alan P. Brennan M. D.

(Address) 718 N. Patterson Park Ave.

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69968 814 CERTIFICATE OF DEATH 92-00 69968

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 8 N. Durham ST. 7-13 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anton Yonkel

(a) RESIDENCE NO. 8 N. Durham ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Caroline Yonkel

6 DATE OF BIRTH (month, day, and year): May 16 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemian,

PARENTS
10 NAME OF FATHER: James Yonkel
11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemian
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemian

14 Informant (Address): Michael Yonkel 8 N. Durham

15 6 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 24 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 19 31 to June 24 19 31
that I last saw h alive on June 24 19 31
and that death occurred, on the date stated above, at 3.30P m.
The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) [illegible] M. D.
(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bait Hill Cemetery — DATE OF BURIAL: June 27 19 31

20 UNDERTAKER: William J Schaffer — ADDRESS: 1516 Monument

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

69969

CERTIFICATE OF DEATH

1622 69969

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 2514 N. Calvert (Hospital, Institution or Street) 12-50 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Phebe E. Braly

(a) RESIDENCE NO. 2514 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin L. Braly

6 DATE OF BIRTH (month, day, and year): Jan. 24 1836

7 AGE: Years 95 Months 5 Days 1 If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hagerstown Md.

PARENTS

10 NAME OF FATHER: Stewart Herbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rebecca Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs. E. E. Willis 2514 N. Calvert St

15 Filed 19 WM. H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-25-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1930, to 6-25-, 1931

that I last saw him alive on 6-25-, 1931

and that death occurred, on the date stated above, at 11:45 P. M.

The CAUSE OF DEATH* was as follows:

Senile Marasmus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. E. Duvall M. D.

19 (Address) 3573 Liberty Hgts Av

*State the Disease Causing Death, or in deaths From Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rose Hill Cem. Hagerstown Md. DATE OF BURIAL: June 29 1931

SIGNATURE: Mrs. Nick Knee ADDRESS: Rose Hill Rd

Spec.—9-30—A. & Co.—250 Blks

69970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 69970

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 441 E. 27th. (ST.) 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph Emory Hess

(a) RESIDENCE NO. 441 E. 27th ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Married.

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Edith M. Hess.

6. DATE OF BIRTH (month, day, and year): Mar. 19. 1877

7. AGE — Years: 54 — Months: 3 — Days: 5 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Penna R.R.

9. BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10. NAME OF FATHER: Joseph Hess.

11. BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12. MAIDEN NAME OF MOTHER: Belinda Hill

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14. Informant (Address): Mrs. Edith M. Hess 441 E. 27th St.

15. Filed ____ 19__. G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): June 24 '31

17. I HEREBY CERTIFY, That I attended deceased from July 2 1930 to June 24 1931

that I last saw him alive on June 9 1931

and that death occurred, on the date stated above, at 3.10 A

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) yrs. mos. 11 ds.

CONTRIBUTORY (secondary): Pulmonary Tuberculosis

(Duration) 3 yrs. 4 mos. 5 ds.

18. Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Symptoms

(signed) R. M. Pillsbury M. D.

19 (Address) 415 Cedarcroft Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: June 27 1931

UNDERTAKER: Wm. H. Rickner Sons ADDRESS: North Pa

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69971 ✓ 134 E 69971

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Mid General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-61 ST. (OR WARD)

2—FULL NAME Charles M Hardy

(a) RESIDENCE NO. 3435 Piedmont ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Hardy

6 DATE OF BIRTH (month, day, and year) Apr 22, 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Gdl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Maria Mark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hospital Records
(Address)

15 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1931, to June 26, 1931, that I last saw h[illegible] alive on June 26, 1931, and that death occurred, on the date stated above, at 12.15 p m.

The CAUSE OF DEATH* was as follows:

Prostatic Obstruction
Bilateral Nephrolithiasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? Yes Date of June 1, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Albert R. Wilkerson, M. D.

, 19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Pk Cem	June 29 1931
20 UNDERTAKER	ADDRESS
H. J. Tucker, Sons	2 Pk Ave

Spec.—1-30—M. & T.—250 Bks.

E 69972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69972

23

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 2800 (WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2-FULL NAME Annie Louise Murphy

(a) RESIDENCE NO. Mt Hope Retreat ST. 2811 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — dys. How long in U. S., if of foreign birth? — yrs. — mos. — dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) July 30 - 1897

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
33	10	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Olney Md

PARENTS

10 NAME OF FATHER M J Murphy

11 BIRTHPLACE OF FATHER (city or town) Olney Md (State or country)

12 MAIDEN NAME OF MOTHER Caroline E. Biggs

13 BIRTHPLACE OF MOTHER (city or town) Columbia (State or country) Md

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md.

15 Filed JUN 26 1931 C. HEMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6th, 1923, to June 26, 1931, that I last saw her alive on June 25, 1931, and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH* was as follows:

Miliary Tuberculosis

Unknown (duration) — yrs. — mos. — da.

CONTRIBUTORY (Secondary) Anemia (duration) Life yrs. mos. da.

18 Where was disease contracted if not at place of death? Olney Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rockville Cem. DATE OF BURIAL June 28 19 31

20 UNDERTAKER William R. Cumpston ADDRESS Rockville Md.

Spec—1-30—M. & T.—250 Bks.

Bernard Wess
1216 N Calvert St

E 69973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 69973

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-12 WARD)

2-FULL NAME William H. Martin

(a) RESIDENCE NO. Preston + Valley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	W	Widower

5a If married, widowed or divorced HUSBAND of ~~or) wife of~~ Margaret L. Martin

6 DATE OF BIRTH (month, day, and year) June 7th 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84		19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Pool + Hunt Co

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Eustid. Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Maggie Logue

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address)

15 Filed 6-26-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to June 24, 1931, that I last saw him alive on June 24, 1931, and that death occurred, on the date stated above, at 12.30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis duration

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anasarca (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wess, M. D.

6/26 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 6/29 1931

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul

1-30—M & T—100 B—50L

E 69974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 004 E 69974

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1436 E. Fort Ave. ST. 24-35 WARD

2-FULL NAME John J. Coughlin.

(a) RESIDENCE NO 1436 E. Fort Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. [redacted] da. How long in U. S., if at foreign birth? 60 yrs. [redacted] da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If [redacted] widowed, [redacted] HUSBAND of [redacted] Mary Coughlin.

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired B. & O. R.R. 97
(b) General nature of industry, business, or establishment in which employed (or employer) Car checker.
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Ireland.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Edward T. Coughlin. (son)

(Address) 2920 Sylvan Ave.

15 JUN 28 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [redacted], M. D. Coroner

6/29 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Italy Cross Cem. Balto. DATE OF BURIAL Jun 27 1931

20 UNDERTAKER Thos. L. Stevens ADDRESS 1520 E. Fort Ave

TION is very important See instructions on

Spec.—2-23-29—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69975

CERTIFICATE OF DEATH

E 69975

1—PLACE OF DEATH Md. Gen. Hospital

REGISTERED NO. 45

CITY OF BALTIMORE: (No. 90-69 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Ryon

(a) RESIDENCE NO. 110 Poultston Rd. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Unknown

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56y	56y.	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country) Hartford Conn

PARENTS

10 NAME OF FATHER Peter Ryon

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anne (?) Ryon

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant Hospital Record

(Address)

15 DATE RECEIVED 26 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from 6/17/31, 19 , to 6/25/31, 19 ,

that I last saw h alive on 6/25/31, 19 ,

and that death occurred, on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of tongue with Metastasis

(duration) yrs. 6 (?) mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (chronic)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? yes Date of 11/30 & 4/5/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical Tests

(Signed) Albert P. Wilkerson, M. D.

19 (Address) M.d. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	6/27 1931
20 UNDERTAKER Henry W. Mears & Son	ADDRESS 806 N. Calvert

Form.—1-1021—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69976

CERTIFICATE OF DEATH.

E 69976

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1501 Abbottson ST. (WARD) 9-11

2. FULL NAME John H Thorn

(a) RESIDENCE NO. 1501 Abbottson ST. WARD N. A.

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary A Thorn

6 DATE OF BIRTH (month, day, and year): April 3rd 1853

7 AGE — Years: 78 — Months: 2 — Days: 23 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Miller - Oyster

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER: Josiah Thorn

11 BIRTHPLACE OF FATHER (City or town) (State or country): N. J.

12 MAIDEN NAME OF MOTHER: Caroline Haines

13 BIRTHPLACE OF MOTHER (City or town) (State or country): N. J.

14 Informant (Address): Catherine V Turner 1501 Abbottson St

Registrar: C. H. HAMPSON JONES, M. D.

JUN 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1931

17 I HEREBY CERTIFY, That I attended deceased from June 23 1931 to June 26 1931.

that I last saw h[illegible] alive on June 26 1931

and that death occurred, on the date stated above, at 10 30 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

myocarditis

hypertention

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) 5106 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Cem Long Green Md

DATE OF BURIAL: 6-29 1931

UNDERTAKER: Bernard C Harle

ADDRESS: 1000 S Paca St

TION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks. Margaret Parker ✓

69977. L 69977.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-023

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Patapsco St. 23-33 WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Parks.

(a) RESIDENCE NO. 1116 Patapsco ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. H.W. Parks.

6 DATE OF BIRTH (month, day, and year) March 22, 18[illegible].

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61.	3.	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Christian Taucht.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Tauch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Wm. H.W. Parks.
(Address) 1116 Patapsco St.

JUN 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 31

17
I HEREBY CERTIFY, That I attended deceased from June 1 - 31, to June 25 - 31

that I last saw him alive on June 24 - 31

and that death occurred, on the date stated above, at 8 20 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Nonuria

(duration) — yrs. — mos. 2 ds.

18 Where was disease contracted if not at place of death? no X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Henry Taucht M.D.

19 (Address) 1320 Chester St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem. DATE OF BURIAL: June 29 1931

20 UNDERTAKER C. Hand Evans ADDRESS 38 E. Fayette

Spec.—9-30—A. A Co.—250 Blks.

69978 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 69978

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B. 4-26 S WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO ST WARD)

2 FULL NAME John W. Walter

(a) RESIDENCE NO 733 W. Lexington st. ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs mos ds How long in U. S. (if of foreign birth) yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 4, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER Joseph E. Walter
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER Anna Creswell
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Interment: Hospital Records
(Address)

26 1931 C. HAMPSON JONES, M. D.
(Undertaker) H.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931

17
I HEREBY CERTIFY, That I attended deceased from Dec. 19 1930 to June 25 1931
that I last saw h im alive on June 25 1931
and that death occurred, on the date stated above, at 1.20 A. m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical and autopsy

(Signed) David Seaver M. D.
6-25 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington M. E. Churchyard — DATE OF BURIAL: June 27 1931
20 UNDERTAKER: C. Howard Evans — ADDRESS: 3[illegible] E. Fayette Ave

Cor.—10-18-29—A Co.—100 Blks. Coroner Francis 2939 Mt Elderry St ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69979

CERTIFICATE OF DEATH

210-02 E 69979

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Mem. Hospital 12-49 Ward)

2-FULL NAME Henry E. Schradieck

(a) RESIDENCE NO. Cleveland Ohio. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

6a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Clara Schradieck

6 DATE OF BIRTH (month, day, and ~~year~~) June 4th 1886

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
45	0	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Professor
(b) General nature of industry, business, or establishment in which employed (or employer) Languages
(c) Name of employer Ohio Wesleyan College Ohio

9 BIRTHPLACE (city or town) Cincinnati Ohio
(State or country)

PARENTS

10 NAME OF FATHER Henry Schradieck

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Alice Bechta

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New York

14 Informant Martha Taube
(Address) 2245 N. Calvert St

Date 19 C. HAMPSON JONES, M.D. Registrar

26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Due to he was driving & ran from the road & crashed into a Telegraph pole as he apparently was ill and asleep (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) C. C. (Syph) Heart Trouble
(a) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Reese Carroll's Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. Strauss Jr. M. D.

6/29, 1931 (Address) 1139 Cathedral Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	6/27 1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

IMPORTANT. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 69980 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V 69980

CERTIFICATE OF DEATH

1 PLACE OF DEATH University of Maryland Hospital 107-001 REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 21-24 ST. WARD)

2 FULL NAME Rita Oliver

(a) RESIDENCE NO. 1037 W Baltimore ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6 DATE OF BIRTH (month, day, and year) Nov 2nd 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS
10 NAME OF FATHER John A. Oliver
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Clara C. Mahoney
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Interment (Address) Mt. John A. Oliver 1037 W Baltimore St

15 Filed JUL 2 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931.

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1931, to June 25, 1931
that I last saw h[illegible] alive on June 25, 1931
and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:
Bronchopneumonia with complication of empyema right lung
(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? yes Date of June 5, 1931.
Was there an autopsy? Yes
What test confirmed diagnosis? Suppuration, section & autopsy

(Signed) [illegible] M. D.
(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Giles Cemetery — DATE OF BURIAL 6/28/31
20 UNDERTAKER John J. Cowan & Son — ADDRESS 901 Hollins St.

Spec.—1-30—M. & T.—250 Bks.

E 69981 HEALTH DEPARTMENT—CITY OF BALTIMORE E 69981

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Walbrook Ave ST.) 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Joseph Spicer

(a) RESIDENCE NO. 2032 Walbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma Spicer

6 DATE OF BIRTH (month, day, and year) Oct 6-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nathaniel Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Matilda Cockey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Chas. F. Isenbrite (Address) 2032 Walbrook Ave.

15 JUN 27 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/31

17 I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to June 26, 1931, that I last saw h[illegible] alive on June 26, 1931, and that death occurred, on the date stated above, at 730 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 9 mos da.

CONTRIBUTORY (Secondary) Senility

(duration) yrs mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual & obstruct

(Signed) W W Peasley M. D.

June 27, 1931 (Address) 2105 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown Cemetery Balto Md

DATE OF BURIAL June 30 1931

20 UNDERTAKER Hortenstein & Horsemake

ADDRESS Md Dire Md

Spec.—9-30—A. & A. Co.—250 Fls

E 69982 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 69982

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2825 Raynor Ave (WARD) 46-68

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Kelly

(a) RESIDENCE NO. 2825 Raynor Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 6 69

7 AGE — Years: 61 — Months: 4 — Days: 20 — If LESS than day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Tom Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ger.

12 MAIDEN NAME OF MOTHER: Christina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant: Mrs A. M. Edwards

(Address) 318 Augusta Ave

15 C. HAMPSON JONES, M. D.

Registrar

N 27 1931 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26/31

17

I HEREBY CERTIFY, That I attended deceased from May 17. 1931, to June 26 1931

that I last saw h[illegible] alive on June 26 1931

and that death occurred, on the date stated above, at 8 3/4 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

about 2 yrs 3 mos

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac failure

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Geo A Kyle M. D.

19 (Address) 2830 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk

DATE OF BURIAL: 6/29 1931

UNDERTAKER: Philip Herwig

ADDRESS: 2016 Aisquith

TION is very important. See instructions on

Spec.—9-30—A. & Co.—250 Blks.

69983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C.D. 69983

82-001

1 PLACE OF DEATH Baltimore City Hospitals 6-4 REGISTERED NO.

CITY OF BALTIMORE: (No.) St. (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Martin

(a) RESIDENCE NO. 218 N. Durham St. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Martin

6 DATE OF BIRTH (month, day, and year)?

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	55 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Alek Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Jane ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 6-27-1931 16 Registrar: C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-24-31

17

I HEREBY CERTIFY, That I attended deceased from 4-23-30, 19__, to 6-24-31, 19__

that I last saw him alive on 6-24-31, 19__

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1. Home 2 Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Podzi M. D.

6-25-19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem.

DATE OF BURIAL: 6-27 1931

20 UNDERTAKER: Byron Wright 1218 McCulloh St

ADDRESS

AACo. 5-11 2502

HEALTH DEPARTMENT—CITY OF BALTIMORE

69984 69984

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital 59 Registered No. 13-59

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Life St. Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Catherine Franklin (Katie)

(a) Residence: No. 1112 Clendenning St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER
13. NAME John H. Cooper
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER
15. MAIDEN NAME Emma Darby
16. BIRTHPLACE (city or town) Centreville
(State or country) Maryland

17. INFORMANT Mrs Annie Thomas
(Address) 2110 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Evergreen Cemetery Date June 28 1931

19. UNDERTAKER Mrs Chas G. Bailey
(Address) 1421 Jefferson St

Date Received 6-27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to June 24, 1931
I last saw h alive on June 24, 1931 death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Diabetes mellitus	1928
Cellulitis of right arm	6/10/31
Lobar pneumonia	6/20/31

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph H Faulkaitis, M. D.
(Address) 1213 Light St

1-20—M. & T.—100 B—50L

E 69985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69985

CERTIFICATE OF DEATH

107 yoE 69985

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary George Wright

(a) RESIDENCE NO 206 N. Gilmer ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 22/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Leon Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Mary Scrivey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Mary Wright

(Address) 1402 W. Saratoga St

15 [illegible] 27 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos Mann, M. D. Coroner

6/27/31 (Address) 606 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem DATE OF BURIAL 6/27 1931

20 UNDERTAKER Samuel Hensley ADDRESS [illegible]

THON is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—200 Blks.

E 69986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69986

CERTIFICATE OF DEATH

160-002

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hosp. 2300 WARD) 20-27

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter Hathaway

(a) RESIDENCE NO. Randallstown Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26 1931

7 AGE Years Months Days 2 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Hathaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Robertson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment (Address) Hope Retreat

15 Date received

C. HAMPSON JONES, M. D. Registrar

JUN 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1931

17

I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to June 26, 1931

That I last saw h[illegible] alive on June 26, 1931

and that death occurred, on the date stated above, at 1155 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Laboratory

(Signed) Chas. Sutherland M. D.

19 (Address) Bon Secours Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 6/29/31

UNDERTAKER: Geo. A. Lilly Sullivan & Lilly

(ADDRESS)

Spec.—8-16-29—L. F. S.—100 Blks.

E 69987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-004 E 69987

REGISTERED NO. 18-26

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 W. Lexington ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. Barnes

(a) RESIDENCE NO. 920 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	S.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 20, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm. Barnes

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Pearl Shemicka

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Jos Thompson (Address) 920 Lexington St. HAMPSON STREET, M.

15 Filed JUN 27 1931, 19 By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 '31

17 I HEREBY CERTIFY, That I attended deceased from June 23, 1931, to June 25, 1931, that I last saw h alive on June 25, 1931 and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Infantile Tetany

CONTRIBUTORY (Secondary) Pulm. Tuberculosis (duration) yrs. mos. 1 da.

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Norwood, M. D.

June 26/31, 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: D. Hill Cemetery — DATE OF BURIAL: June 27, 1931

20 UNDERTAKER Mrs. H. G. Elliott — ADDRESS 1225 Eastern Ave

Spec.—8-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69988

CERTIFICATE OF DEATH

59 E 69988

1 PLACE OF DEATH Baltimore City Hospitals ST. 26-37 WARD

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No

2 FULL NAME Baby Boy Cresta

(a) RESIDENCE NO 413 S. Conkling ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 8 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Cresta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Anna Vusine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-24-31

17
I HEREBY CERTIFY, That I attended deceased from 6-24-31, 19, to 6-24-31, 19,
that I last saw him alive on 6-24-31, 19
and that death occurred, on the date stated above, at 1:30 A. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Lived 7 min

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lucius E. Kirk M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Thomas Cemetery	June 27, 1931

20 UNDERTAKER ADDRESS
Randall & Heppe 320 W. Lexington

Spec—1-30—M. & T.—250 Bks

E 69989 HEALTH DEPARTMENT—CITY OF BALTIMORE. 154 E 69989

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 600 N Linwood ST. (WARD)

2-FULL NAME Fetus (two) Wingfield

(a) RESIDENCE NO. 600 N Linwood ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-26-31

7 AGE: Years | Months | Days | If LESS than 1 day, hrs or

Twin Fetus

8 OCCUPATION OF DECEASED: Fetus

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER Carol Wingfield

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER Lettie Hamby

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va.

14 Informant (Address): Mrs. Carl Wingfield

15 [illegible] 27 1931

C. HAMPSON JONES, M. D. Registrar

5924

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-27-31

17 I HEREBY CERTIFY, That I attended deceased from 6-27-1931 to 6-27-1931

that I last saw him alive on 6-27-1931

and that death occurred, on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH* was as follows:

Uterine Hemorrhage

Premature Birth

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? undetermined

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M.D.

(Address) 600 N Linwood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

19 UNDERTAKER Baltimore City Health Department

JUN 27 1931

1-30—M A T—100 H—501.

E 69990

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69990

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1 Division St (St.) (Ward) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Stroud

(a) RESIDENCE NO. 1508 W North Ave (St.) (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant N. H. Poindexter

(Address)

15 Filed 2 7 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the date stated above, as the result of the following cause:

THE CAUSE OF DEATH* was as follows: Homicide Hemorrhage due to bullet wound of spleen. Lungs & Stomach. (duration) yrs. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1100 Block Pink St

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jos. Leitch Jr. M. D. Coroner

(Address) Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 6/27 1931

20 UNDERTAKER: Jesse A. Redden

ADDRESS: L 36 N. Eutaw

TION is very important. See instructions on back of certificate.

Spec.—1-1021—MAT—1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69992

CERTIFICATE OF DEATH.

48 E 69992

REGISTERED NO. 27-44

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4810 Arabia Ave (Str.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Blanche V. Whitmer

3a RESIDENCE NO. 4810 Arabia Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Milton B. Whitmer

6 DATE OF BIRTH (month, day, and year): Nov 22. 1875

7 AGE — Years: 65 — Months: 7 — Days: 4 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Belair Md.

PARENTS

10 NAME OF FATHER: James Beall

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Susan Wilgis

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant (Address): Milton B. Whitmer 4810 Arabia Ave.

15 6-27-1931

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 17 1930 to June 26 1931.

that I last saw her alive on June 26 1931.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) yrs. 9 mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) Lucy Fisher, M. D.

6/28 1931 (Address) 1823 N. Mast St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem. Harford Co

DATE OF BURIAL: June 28 1931

20 UNDERTAKER: Mr. & Mrs. J. W. Tenfel & Son

ADDRESS: 701 W. Fayette

See instructions on back of certificate. TION is very important

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69992

16 VE 69992

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hosp. St. 42-51 Ward)

2-FULL NAME Howard A. Hooper

(a) RESIDENCE NO. 125 West 27th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 28 1902

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	28	8	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Am Ice Co

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Edmond E Hooper

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Lonia Hamilton

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md
(State or country)

14 Informant N. W. Brattensieper
(Address) 2410 Loraine Ave

15 Filed 19 MAR. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy ~~or inquest~~) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Laceration Neck (Cause) Suicide

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Hoff Norris M. D.

6/27 19 31 (Address) 5632 Roland Ave

(Specify the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Presbyterian, Govans

DATE OF BURIAL 6/29 1931

20 UNDERTAKER Wm Cook

ADDRESS 1212 Light St

OF DEATH in plain terms, so that it may be properly classified. FAILURE to state the cause correctly may cause delay in issuance of certificate. important. See instructions on back of certificate.

1-30—M. & T.—100 B—58L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 69993

REGISTERED NO. 94-001 E 69993

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Holbrook St ST. 9-18 WARD)

2-FULL NAME John Thomas

(a) RESIDENCE NO 1521 Holbrook St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Thomas

6 DATE OF BIRTH (month, day, and year) Aug 27/1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pressman
(b) General nature of industry, business, or establishment in which employed (or employer) Lord Baltimore
(c) Name of employer Printing Press

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John R. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Born

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Eva Thomas

(Address) 1521 Holbrook St

15 Dec'd 12 Nov'd 1931 C. HAMPTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Coronary Thrombosis
(Report of Angina Pectoris)

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

6/26/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 6/29/31

UNDERTAKER [illegible] Cook

ADDRESS 1217 St Paul St

(On back of certificate.) See instructions on back. IMPORTANT is very important

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

3693 62 — 3d 69994 — E. 69994 — 15-65 — 51

1 PLACE OF DEATH Johns Hopkins Hospital — REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward ____)

2 FULL NAME William Orndorf

(a) RESIDENCE NO. 3923 Norfolk Ave (Usual place of abode) ST. ____ WARD ____ (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of ~~or WIFE of~~ Bertha Orndorff

6 DATE OF BIRTH (month, day, and year) ~~Mar~~ Apr 4th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Griffith Boyd Co

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER George Orndorf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cecilia Bush

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Private JOHNS HOPKINS HOSPITAL

15 Filed ____ 19 ____ [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27/31

17 I HEREBY CERTIFY, That I attended deceased from June 6 1931 to June 27 1931

That I last saw h[illegible] alive on June 27 1931

and that death occurred, on the date stated above, at 6 55 P. M.

The CAUSE OF DEATH* was as follows: Carcinoma of bladder urinary

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Upper urinary tract infection (duration) ____ yrs. 2 mos. ____ ds.

18 Where was disease contracted if not at place of death? ____ Was an operation performed? Suprapubic cystotomy Did an operation precede death? yes Date of April 1931

Was there an autopsy? yes

What test confirmed diagnosis? Biopsy section

(Signed) H R Smith M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 6/29/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION IS very important. See instructions on back of certificate

[illegible] HAMPSON JONES, M. D.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69995

E 69995

CERTIFICATE OF DEATH.

REGISTERED NO. 82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 409 N Fremont ST. 17-16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Ellen Brown

(a) RESIDENCE NO. 409 N Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	col	widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Charles Brown

6 DATE OF BIRTH (month, day, and year) July 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H.W 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER John Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va

12 MAIDEN NAME OF MOTHER Virginia Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant (Address) Mrs. Edna Brown Patapsco Park

15 Filed JUN 26 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 25. 1931. to June 27. 1931.

that I last saw h[illegible] alive on June 27. 1931.

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Pancreas

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Biopsy

(Signed) [illegible], M. D.

, 19 (Address) 1 E 39 Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL June 30 1931

UNDERTAKER James E Mayfield

ADDRESS 700 N Carrollton Ave

Spec.—1-30—M. & T.—250 Blks

E 69996 HEALTH DEPARTMENT—CITY OF BALTIMORE 82-001 E 69996

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Edgewood Sanatarium-

CITY OF BALTIMORE: (NO. 6000 Belona ST. 14-21 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Katten

(a) RESIDENCE NO. 2331 Pinesetown Road WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) July 7 72

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto-Md

PARENTS

10 NAME OF FATHER Levi Katten

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Lackenham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto-Md

14 Informant (Address) Sister Regina Katten 2331 Pinesetown Rd

15 Filed 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27/31

17 I HEREBY CERTIFY, That I attended deceased from April 8 1931 to June 27 1931

that I last saw her alive on June 27 1931

and that death occurred, on the date stated above, at 9 30P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos 18 ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis - Hypertension yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2331 Pinesetown Rd,

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roentgenized Brain

(Signed) Milford Levy M. D.

19 (Address) 812 - Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cemetery	6/30/31
20 UNDERTAKER J. Abrams & Co	ADDRESS 3433 Pinesetown Rd

1-30—M. & T.—100 B—50L

E 69997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118 E 69997

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 W. Franklin St. 18-76 WARD)

2-FULL NAME Wm Long.

(a) RESIDENCE NO 1104 W Franklin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced (or) WIFE of Mary Long

6 DATE OF BIRTH (month, day, and year) Mar 9-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer Gas Co
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Calvert Co

9 BIRTHPLACE (city or town) (State or country) Calvert Md

PARENTS

10 NAME OF FATHER Jas Long

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Sophia Freeland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co Md

14 Informant Mary Long

(Address) 1104 W. Franklin St

15 Filed ____ 192 ____ C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) 2 yrs 2 mos 2 ds

CONTRIBUTORY (Secondary) Error of diet.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Hampson Jones, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Co Huntingtown Md

DATE OF BURIAL June 24 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1363 Preston St

CAUSE OF DEATH: (See instructions on back of certificate. TION is very important!

AaCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69998

CERTIFICATE OF DEATH

23 E 69998

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1034 Leadenhall St. 23-31 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Gross

(a) Residence: No. 1034 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	42	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

MOTHER FATHER

13. NAME John Major Gross
14. BIRTHPLACE (city or town) (State or country) Ga
15. MAIDEN NAME Oswanda Smith
16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Mary Smith
(Address) 1034 Leadenhall

18. BURIAL, CREMATION, OR REMOVAL Date 6/28 1931
Place Mt Auburn

19. UNDERTAKER Samuel Newgate
(Address) 578 McCulloh St

Filed JUN 26 1931 19 M. P. JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1930 to June 1931

I last saw her alive on June 18 1931 death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	(?)

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No, so, specify

(Signed) John W. Gaines M.D.

(Address) 615 S. Paca St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. S. T.—100 B—50L

E 69999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 69999

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp ST., 70-28 WARD

2-FULL NAME David Schuman

(a) RESIDENCE NO 2046 Welkens Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Schuman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Lewis 1439 E. Balto St

15 Filed ..... 192. HAMPSON JONES, M. D. Registrar

JUN 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death

on the day stated above.

The CAUSE OF DEATH was as follows:*

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Jack Lewis M. D.
Coroner

19 (Address) 1439 E. Balto St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Washington Rd	6/28/31

20 UNDERTAKER ADDRESS

Jack Lewis 1439 E. Balto St

CAUSE OF DEATH must be filled in by the attending physician, and the certificate must be signed and returned to the Registrar of the district in which death occurred within 24 hours after death. TION is very important See instructions on back of certificate.

1-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70000 — E 70000

REGISTERED NO. 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Audrey Kramer

(a) RESIDENCE No 3465 Cottage Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Jan. 18th, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Maryland

PARENTS

10 NAME OF FATHER Samuel Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mary Reichlyn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant J. Lewis

(Address) 1439 E. Balto. St.,

N 28 1931 C HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Primary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D. Coroner

6/28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Workmen Circle, Mt. Carmel.

DATE OF BURIAL 6-28 - 1931

20 UNDERTAKER C. Lewis Inc.

ADDRESS 1439 E. Balto St.,

TION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

E. 70001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Madison St., 11-24 WARD)

REGISTERED NO. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Ames

(a) RESIDENCE NO. 1007 Madison ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alexander

6 DATE OF BIRTH (month, day, and year) Sept. 16-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	54	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Edward Finley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Lee Ames

(Address) 1007 Madison Ave

UN 28 1931 15 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25 1931

17 I HEREBY CERTIFY, That I attended deceased from April 10, 1930, to June 25, 1931,

that I last saw her alive on June 25, 1931,

and that death occurred, on the date stated above, at 830 p. m.

The CAUSE OF DEATH* was as follows:

Diabetic Coma

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Stenosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. J. Buck, M. D.

, 19 (Address) 610 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savageville, Va.

DATE OF BURIAL 6/28/19 31

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1611 Druid Hill Ave

G. HAMILTON JONES, M. D.

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70002 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70002

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH Union Hosp — REGISTERED NO. 15-78

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Hyman Caplan

(a) RESIDENCE NO. 2702 Oswego Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosh Caplan

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE — Years: 54 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Oil
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Hatz Caplan
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Minnie —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: L. Lewis
(Address): 431 Eutaw St

15 Filed JUN 28 1931 WM. J. C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 27/31

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to June 27, 1931
That I last saw him alive on June 27, 1931
and that death occurred, on the date stated above at 7 P. m.
The CAUSE OF DEATH* was as follows:

Coma to pleuric Catrel Abscess
2 Bulbar palsy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Milton B. Lerch M. D.
, 19 (Address) Union Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cem.
DATE OF BURIAL: 6-29-1931

20 UNDERTAKER: Isaac Lewis Inc.
ADDRESS: 431 E. Eutaw St

INFORMATION IS A PERMANENT RECORD. EVERY BLANK SPACE must be filled with the required information or the word UNKNOWN, if impossible to obtain it. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spar.—8-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70003 — E 70003

REGISTERED NO. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1608 McKean (St.) 15-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rebecca Kushner

(a) RESIDENCE NO. 1608 McKean area (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Israel Kushner

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jake Feather

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Louis Inc 1439 E. Balto st

15 Filed JUN 28 1931 Registrar: H. C. HAMPSON JONES, M.D. P&C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/27/31

17 I HEREBY CERTIFY, That I attended deceased from 7/15 1931 to 6/27 1931

that I last saw alive on 6/27 1931

and that death occurred, on the date stated above, at 11:15 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. Zinberg M. D.

6/27 1931 (Address) 1515 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rt Carroll

DATE OF BURIAL: 6/28 1931

20 UNDERTAKER: Jack Louis Inc

ADDRESS: 1439 E. Balto st

N. B.—WRITE PLAINLY, WITH UNFADING INK. This is a permanent record. Every item of information should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spon.—9-30—A. & Co.—250 Blks.

70004 HEALTH DEPARTMENT—CITY OF BALTIMORE 70004

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 N. Payson St.) (WARD) 15-21

2-FULL NAME Louis Belsky

(a) RESIDENCE NO. 1637 N. Payson ST. WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Robber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Yasef Belsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Reba —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Esther Belsky

(Address) 1637 N. Payson St.

15 C. HAMILTON JONES, M. D. Registrar

JUN 28 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27/31

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1931 to June 27, 1931

that I last saw h in alive on June 27 1931

and that death occurred, on the date stated above, at 9:30 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical data

(Signed) Nicholas L. Levy M. D.

June 30 1931 (Address) 2324 Eastern Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — DATE OF BURIAL: June 28 to 31

20 UNDERTAKER: Sol Levinson & Bro — ADDRESS: 1127 E Balto St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E. 70005

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 14 N. Carey St. (ST.) (WARD) 19-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank M. Hagaman

(a) RESIDENCE NO. 14 N. Carey St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Buckland

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe cutter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) N. J.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Ella B. Hagaman
(Address) 14 N. Carey St.

15 Filed JUL 6 1931 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27/31

17

I HEREBY CERTIFY, That I attended deceased from June 26, 19 31, to June 27, 19 31

that I last saw him alive on June 27, 19 31

and that death occurred, on the date stated above, at 9.30 m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

20 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry P. Cole M. D.

6/27, 19 31 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Canan Cornors, Penna.

DATE OF BURIAL: 6/29/ 19 31

UNDERTAKER: Wm C Mitchell

ADDRESS: 1900 Eutaw Pl.

HAMILTON JONES, M. D.
Registrar

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I-30—M & T.—100 B—10L

E 70006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70006

REGISTERED NO. 163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (ST.) 7-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME MARYANNA . Janczewska

(a) RESIDENCE NO. 1900 E. Pratt ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Janczewska

6 DATE OF BIRTH (month, day, and year) July 6/1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	11	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Syracuse, N.Y.

PARENTS

10 NAME OF FATHER Adolfe Salachowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Teofilia Trzesniewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Alexander Janczewski

(Address) 241 S. Washington St

15 Filed JUN 28 1931

C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning
Suicide (Taken on Jun 17/31)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Mace, M. D. Coroner

6/26, 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bay View Cemetery	June 29, 19 31
20 UNDERTAKER	ADDRESS
Chas. W. Wieber & Co.	Chester St.

I-30—M & T.—100 B—10L. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70007

1 PLACE OF DEATH Woman's Hospital

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No) (WARD)

2 FULL NAME Catherine Beatrix Bryan McKinsey

(a) RESIDENCE NO. 700 Woodbourne Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James McKinsey

6 DATE OF BIRTH (month, day, and year) June 20, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Mechanicsburg, Pa

PARENTS
10 NAME OF FATHER Charles Bryan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Mechanicsburg, Pa.
12 MAIDEN NAME OF MOTHER Catherine N. Arnold
13 BIRTHPLACE OF MOTHER (city or town) (State or country) York County Pa

14 Informant James McKinsey (Husband)
(Address) 700 Woodbourne Ave City

15 Filed 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17
I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to June 27, 1931
that I last saw her alive on June 27, 1931
and that death occurred, on the date stated above, at 7 01 A m.
The CAUSE OF DEATH* was as follows:

Cesarean Section at Term
May 28, 1931
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Infarction, Lung Abcess (4 days)
(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of May 28, 1931
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) John G. Murray Jr. M. D.
6/29/31 (Address) 9 East Chase Street.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mechanicsburg Pa DATE OF BURIAL June 30
20 UNDERTAKER Gf Fredericks ADDRESS Mechanicsburg Pa

CLERK HAMILTON JONES, M. D.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

E 70008

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3141 Elmora Avenue (Ward) 8-40

2. FULL NAME William P. Barton

(a) RESIDENCE NO. 3141 Elmora Avenue (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie May Barton

6 DATE OF BIRTH (month, day, and year) July 2 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) B&O

(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) (State or country) Wellington Md

PARENTS

10 NAME OF FATHER Joshua Barton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Warren Md

12 MAIDEN NAME OF MOTHER Ann Dorr

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Lilly M Barton (Address) 3141 Elmora Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27-1931

17 I HEREBY CERTIFY, That I attended deceased from May 14th, 1930, to June 27th, 1931

That I last saw him alive on June 25th, 1931

and that death occurred, on the date stated above, at 11-30 A m.

The CAUSE OF DEATH* was as follows:

Myelogenic Leukocythemia

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Blood

(Signed) H. D. Kammer M. D.

(Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	June 30 1931
20 UNDERTAKER Hurt & Redmon Sons	ADDRESS Pratt

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 29 1931 HERMAN JONES, M.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70009

CERTIFICATE OF DEATH

53 E 70009

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 2401 Lakeview ave ST. 13 54 WARD

2 FULL NAME Samuel Schumann

(a) RESIDENCE NO. 2401 Lakeview ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailoring

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Morris Schumann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rachel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Jennie Schumann 2401 Lakeview ave

15 Filed JUN 25 1931 19 MC Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28/31

17

I HEREBY CERTIFY, That I attended deceased from May 24 1930 to June 28 1931

that I last saw h alive on June 28 1931

and that death occurred, on the date stated above, at 5 P. M.

THE CAUSE OF DEATH* was as follows:

Carcinoma of leg

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Dilated Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Signs, Symp. Lab.

(Signed) W. C. Riddoch M. D.

6/29 1931 (Address) 2225 Linden ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew Cemt. DATE OF BURIAL 6/29 1931

20 UNDERTAKER Jos. Levinson & Bro ADDRESS 127 E Balto St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 25 1931 SHARON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 70010 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70010

CERTIFICATE OF DEATH

53

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL — REGISTERED NO

CITY OF BALTIMORE (No. 14-20 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Geneva Gilmore

(a) RESIDENCE NO 1732 E Madison ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2mo 4ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm

6 DATE OF BIRTH (month, day, and year): Mar-11-1895

7 AGE — Years: 36 — Months: 3 — Days: 15 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H W

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): [illegible] Va

PARENTS

10 NAME OF FATHER: Ashley Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Nattie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

JUN 29 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26-31

17

I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to June 26, 1931

That I last saw her alive on June 26, 1931

and that death occurred, on the date stated above, at 12 30 A.M.

The CAUSE OF DEATH* was as follows:

Hypernephroma, R.

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 6-17-31

Was there an autopsy? No

What test confirmed diagnosis? biopsy

(Signed) Conrad Acton M.D. M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: June 29 1931

20 UNDERTAKER: Robert F. Wickens — ADDRESS: 1515 N. Eden St

AGE should be stated EXACTLY. PHYSICIANS should state what it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 70011 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 70011

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Johnson

(a) RESIDENCE NO. 731 N. Biddle ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) Sept 6, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Willie Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Letitia Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Letitia Johnson (Address) 731 N. Biddle St.

15 Filed JUN 29 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to June 27, 1931, that I last saw h alive on June 27, 1931, and that death occurred, on the date stated above, at 5 45 p. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) 0 yrs. 0 mos 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 2 ds.

18 Where was disease contracted if not at place of death? 731 N. Biddle St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) L. Peter Miranda, M. D.

, 19 (Address) Lyden ham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Mt Auburn Cem	6/28/31
18 UNDERTAKER Samuel Housley	ADDRESS 5?6 N Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Spec.—1-30—M. & T.—250 Blks.

E 70012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

9 E 70012

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St. 9-18 WARD)

2-FULL NAME Eileen Quigley

(a) RESIDENCE NO. 1305 Hillman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced (or) WIFE of /

6 DATE OF BIRTH (month, day, and year) April 19, 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
0	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Quigley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Isabel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) John Quigley 1305 Hillman St

15 Filed JUN 29 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to June 28, 1931, that I last saw her alive on June 28, 1931, and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) 0 yrs. 0 mos 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) 0 yrs. 0 mos. 6 ds.

18 Where was disease contracted if not at place of death? 1305 Hillman St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) J. Peter Meranze, M. D.

, 19 (Address) Lyden Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Vincent Cemetery	June 29, 1931

20 UNDERTAKER Elmer W Conklin ADDRESS 924 E Eager St

IMPORTANT—Every question should be carefully answered. AGE, PLACE OF DEATH and CAUSE OF DEATH should be stated EXACTLY. PHYSICIANS should give special attention to this certificate, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9-30—A & Co—250 Blks

70013 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70013

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 2600 Eutaw) (or) (WARD) 6-10

2 FULL NAME Mabel Sampson

(a) RESIDENCE NO. 2267 Montford ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Sampson

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE: Years 36; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: William Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: William A. Sampson
(Address): 226 N. Montford Ave

15 Filed JUN 26 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 31

17 I HEREBY CERTIFY, That I attended deceased from June 22, 19 31, to June 26, 19 31
That I last saw h alive on June 26, 19 31
and that death occurred, on the date stated above, at 12:30 p m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Appendicitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of June 26
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Path.

(Signed) J. Ba[illegible] Magruder M. D.
, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbury Cem.
DATE OF BURIAL: 6 29 19 31

20 UNDERTAKER: Byrow Knight
ADDRESS: 1218 McElderry St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 70014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 931 Mason ST. 11-24 (WARD)

2-FULL NAME Wm. Armstrong.

(a) RESIDENCE NO. 931 Mason ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: Public rd

PARENTS

9 BIRTHPLACE (city or town) (State or country): Penn

10 NAME OF FATHER: Wm Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Lettie Ackworth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Lillie Walker

(Address): 314 N. Bentz

15 Filed JUN 25 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Heat Prostration

(duration) 2 hrs

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Jas. H. Hoffman, M. D. (Coroner)

June 29, 19 31 (Address) Laurel

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 6-29, 1931

20 UNDERTAKER: Lemmon Carlson

ADDRESS: 516 Dr

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 70015 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70015

CERTIFICATE OF DEATH 1315

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 811 Vine ST. 18-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm. Sneed

(a) RESIDENCE NO. 811 Vine ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

Nation should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Wid

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Nellie Taylor.
(Address) 811 Vine St

15 Filed JUL 2 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 31

17 I HEREBY CERTIFY, That I attended deceased from April 17, 1931, to June 28, 1931, that I last saw h alive on June 28, 1931 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart
Chronic Nephritis
Uremia

(Duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of No

Was there an autopsy?

What test confirmed diagnosis? W J Norwood

(Signed) W J Norwood, M. D.

June 29/31, 19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	6-29, 1931
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Pratt

Spec.—9-30—A. & Co.—250 Blks

E 70016 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70016

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 10-182-001 St. Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Bryson

(a) RESIDENCE NO. 805 McKim St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie

6 DATE OF BIRTH (month, day, and year) Apr. 8 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51 ?	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cross Hill S.C.

PARENTS

10 NAME OF FATHER Dandy

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Charity Fuller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed 6-26, 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26-31

17
I HEREBY CERTIFY, That I attended deceased from 6-19-31, 19, to 6-26-31, 19
that I last saw him alive on 6-26-31, 19
and that death occurred, on the date stated above, at 4:40 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

1/2 Hour (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? yes (autopsy)

(Signed) J. Hodsden-Reid, M. D.

6-26, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: 6-29, 1931

20 UNDERTAKER: Daniel Carter — ADDRESS: 916 Pa ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[illegible] HAMPTON JONES, M. D.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70017

CERTIFICATE OF DEATH.

E 70017

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Estelle Provost

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9th 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Aimé Provost

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Julie ..

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston & Valley Sts

15 Filed ——— 19 ——— Registrar

JUN 29 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1. 1931. to June 28. 1931.

that I last saw h alive on June 27. 1931.

and that death occurred on the date stated above, at 6.30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Lowe, M. D.

6/29/31 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL June 30 1931

20 UNDERTAKER Wm A Mudefield — ADDRESS 17 Fremont Ave

CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A Co.—250 Blks

E 70018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

231 E 70018

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3-A S. Ward)

2 FULL NAME Adam Jackson

(a) RESIDENCE NO. 220 S. Spring st. St. Ward
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Richmond Virginia

PARENTS

10 NAME OF FATHER: Joe Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Susan Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Hospital Records

15 [illegible] 19 [illegible] Registrar

[illegible] C. HARRISON JONES, M. D. JUN 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 28, 19 31, to June 26, 19 31

that I last saw h im alive on June 26, 19 31

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Unknown

What test confirmed diagnosis? No

(Signed) David Lewis M. D.

6-27 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Edwin S. Autry — DATE OF BURIAL: June 22 1931

20 UNDERTAKER: Kendall & Lloyd — ADDRESS: 300 Eden

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Widgeon

E 70019 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70019

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE (No. 154 Division St. WARD) 9th

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gordon Widgeon

(a) RESIDENCE No. 518 W. Cross ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Minnie Widgeon

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: William Widgeon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Addey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Minnie Widgeon 518 W. Cross St

15 Date: JUN 29 1931 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 31

17 I HEREBY CERTIFY, That I attended deceased from June 3, 19 31, to June 26, 19 31

that I last saw h[illegible] alive on June 26, 19 31

and that death occurred, on the date stated above, at 1130 a.m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-25-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical Operation

(Signed) [illegible] M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: June 29 31

20 UNDERTAKER: John H. Toadvine — ADDRESS: 1927 Lemmon Hill

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CHARLES H. JONES, M. D.

1-30—M & T—100 B—50L

E 70020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 3-5 WARD)

REGISTERED NO 186 001 E 70020

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Shifran

(a) RESIDENCE NO 234 S. High St., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Shifran

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Moses Shifran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Celia ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Nathan Shifran (Son)

(Address) 2658 Oswego Ave.,

15 Filed NOV 23 1931, 192 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to h.e death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia--Pneumothorax
(Accidently fell in home on Jun 25
and fractured ribs left sidde)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

6/29/31 (Address) 100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Fri Carroll	6/29 1931
20 UNDERTAKER Jack Levin	ADDRESS 1939 E Balt

MATION—Causes of death should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 70021

CERTIFICATE OF DEATH.

93-003 E 70021

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 E. Chase ST. 23-31 WARD)

2-FULL NAME Emma V. Fowler

(a) RESIDENCE NO. 1226 E. Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of William L. Fowler

6 DATE OF BIRTH (month, day, and year) 3-4-1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Christian Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Edwin Jennings

(Address) 1226 E. Chase St.

15 Filed JUN 29 1931, 19 H. HAMILTON JONES, M. D. Registrar

UN 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26-31

17 I HEREBY CERTIFY, That I attended deceased from May 15, 19 31, to June 26, 19 31, that I last saw h[illegible] alive on June 26, 19 31, and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Schmuck, M. D.

, 19 (Address) 1337 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	6 [illegible] 19 31
20 UNDERTAKER L. J. Rusch	ADDRESS Baltimore

CAUSE OF DEATH in plain terms. Abbreviations not allowed. Name disease causing death, or in deaths from violent causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70022

CERTIFICATE OF DEATH

140 ✓ E 70022

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Flora M. Fritz

(a) RESIDENCE NO 1501 Covington St. ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julius Fritz

6 DATE OF BIRTH (month, day, and year) September 3, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	9	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Restaurant

9 BIRTHPLACE (city or town) Frederick
(State or country) Maryland

PARENTS

10 NAME OF FATHER Cyrus L. Bidle

11 BIRTHPLACE OF FATHER (city or town) Braddock
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lily Bender

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Ella Bradley
(Address) 806-1/2 W. Lombard St.

JUN 28 1931

[illegible] HARRISON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Septicemia- Self induced abortion
(Passed bougie)
(duration) yrs. mos da

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

6/27/31 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL June 29 1931

UNDERTAKER Joseph B Cook

ADDRESS 1003 W. Baltimore St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70023

CERTIFICATE OF DEATH

160-002

REGISTERED NO. E 70023

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3907 Walnut Ave. (ST. OR WARD) 27-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michael Koyne, Jr.

(a) RESIDENCE NO. 3907 Walnut Ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Michael J. Koyne, Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Loretta M. Ellis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr. Michael J. Koyne, Jr.

(Address) 3907 Walnut Ave.

15 Filed JUN 29 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 28, 19 31, to June 29, 19 31, that I last saw h alive on June 29, 19 31, and that death occurred, on the date stated above, at 5-15 A m.

The CAUSE OF DEATH* was as follows:

Difficult Labor - Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward W Jenner, M. D.

6/29, 19 31 (Address) Overlea Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL June 29, 1931

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001 E 70024

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 14-30 ST.) (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ruth Gray

(a) RESIDENCE NO. 545 Lawrence ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Separated

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Sanders Gray

6 DATE OF BIRTH (month, day, and year) Sept. 5 ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER Levi Davis
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER Georgia Green
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of
(Address): Balto. City Hosp.

15 Registrar

N 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26-31

17
I HEREBY CERTIFY, That I attended deceased from 6-25-31, 19, to 6-26-31, 19
that I last saw her alive on 6-26-31, 19
and that death occurred, on the date stated above, at 7 P. m.
The CAUSE OF DEATH* was as follows:

Myocarditis, acute

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical exam.
(Signed) Paul Padgett. M. D.
(Address) Balto. City Hosp. 6-27 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetary — DATE OF BURIAL: June 29 1931

20 UNDERTAKER: Thomas L. Kelson — ADDRESS: 1303 Pressman st

Spec.—9-30—A. & Co.—250 Blks.

E 70025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70025

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2526 (St.) Keyworth Ave (Ward) 15-58

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fred H. Brown

(a) RESIDENCE NO. 2526 (St.) Keyworth Ave (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S., if foreign-born? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word): Married.

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret L. Brown

6 DATE OF BIRTH (month, day, and year): Oct 23 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of Industry, business, or establishment in which employed (or employer): Machinery

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Warren Mass

PARENTS

10 NAME OF FATHER: Lorin Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Warren Mass

12 MAIDEN NAME OF MOTHER: Sprowles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Worcester Mass

14 Informant (Address): Francis L. Brown 2526 Keyworth Ave

15 JUN 29 1931 R.S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28-1931

17 I HEREBY CERTIFY, That I attended deceased from June 25 1931 to June 28 1931

that I last saw h alive on June 28 1931

and that death occurred, on the date stated above, at 5.45 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Dreany Thomas M. D.

June 29 31 (Address) Med Art Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rivard Ridgelawn DATE OF BURIAL: June 30 1931

20 UNDERTAKER: P. Ortmann & Co ADDRESS: 1323 W Lafayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70026

CERTIFICATE OF DEATH

E 70026

121

1-PLACE OF DEATH

CITY OF BALTIMORE. (No) West Balto Gen Hosp. (St) 70-69 (Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Weichert (Wiechert)

(a) RESIDENCE NO. 2134 W Pratt St (St) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs 11 mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of: Otto H. Weichert

6 DATE OF BIRTH (month, day, and year): July 21-1877

7 AGE — Years: 53 — Months: 11 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: F. J. Wolff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mathilda Schulke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Otto H. Weichert, 2134 W. Pratt St

15 6-29 1931 19

Registrar: C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/26/31

17
I HEREBY CERTIFY, That I attended deceased from 6/13, 1931, to 6/26, 1931

that I last saw h[illegible] alive on 6/26, 1931

and that death occurred, on the date stated above, at 6 05 a.m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis
Chr. Leg Thrombosis (duration unknown) (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Cerebral Embolism
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 6/13/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Cashman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 6/30/31

UNDERTAKER: J. Wilfred Boos — ADDRESS: 1300 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-36—A. & Co.—250 Blks.

1644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70027 — CERTIFICATE OF DEATH — E 70027

92-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 2229 N. Bolto (St.) 90-64 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Wm Schlappi

(a) RESIDENCE No. 2229 N. Baltimore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Kenneth Schlappi

6 DATE OF BIRTH (month, day, and year) June 5 — 187[illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56		21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Timonium, Md.

PARENTS
10 NAME OF FATHER: Wm. Schlappi
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address) Mrs. Kenneth Schlappi 2224 N. Calvert

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/26/31

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1931 to June 26, 1931
That I last saw him alive on June 26, 1931
And that death occurred, on the date stated above, at 5-a m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation and Bells Facial Paralysis
(duration) yrs. mos. 21 ds.
CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No.
What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell M.D.
1-29 1931 (Address) 7644 Hamon

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 6/29/1931
UNDERTAKER: F. B. Wehrpert — ADDRESS: 300 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should also be

1-29—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70028 — 1-PLACE OF DEATH

93-003 ✓

E 70028 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) nr Biddle & Haven ST. 7-11 WARD)

2-FULL NAME Orlando Snyder

(a) RESIDENCE NO. 2811 Ashland ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna E. nee Stevenson

6 DATE OF BIRTH (month, day, and year): Jan 18/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Scranton, Pa.

PARENTS

10 NAME OF FATHER: Cornellis Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Susanna Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant: Donald Snyder

(Address): 2811 Ashland Ave

15 Filed ____, 192__ C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Bates Coroner, M. D.

6/29/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: June 30/31

20 UNDERTAKER: John A Moran

ADDRESS: 3000 E Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spm.—6-16-29—L. F. S.—100 Blks.

E 70029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-002 E 70029

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 523 Ready Ave ST. 27-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Betty Lucille Dawson

(a) RESIDENCE NO. 523 Ready Ave ST. WARD
(Usual) place of abode)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George B. Dawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Margaret E. Postin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant George B. Dawson
(Address) 523 Ready Ave

15 Filed — — — 19 — THOMPSON JONES, M. D. Registrar

JUN 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27/31

17 I HEREBY CERTIFY, That I attended deceased from June 21st 1931. to June 27 1931.

that I last saw her alive on June 27 1931.

and (hat death occurred, on the date stated above, at 3:50 P m.

The CAUSE OF DEATH* was as follows:

Pneumococcic Septicaemia
meningitis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cerebral Abscess

(duration) yrs. mos 6 ds.

18 Where was disease contracted if not at(place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What(test confirmed diagnosis?

(Signed) John Patrick M. D.

6/28 1931 (Address) 936 Monument W

*State the Disease Causing Death, or if Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	June 30, 31
20 UNDERTAKER	ADDRESS
Hughes & Sons Inc	Fred W Bodt

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-17-26—A Co.—200 Blks.

E 70030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 70030 REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 639 Mulberry St. W-25 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Zamartino

(a) RESIDENCE NO. 639 W Mulberry St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Wd.

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Vincenza Zamartino

6 DATE OF BIRTH (month, day, and year): Aug 6 59

7 AGE: Years 76 Months 10 Days 22 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fruit Merchant

(b) General nature of industry, business, or establishment in which employed (or employer): Ret

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Charles Zamartino

11 BIRTHPLACE OF FATHER (City or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Liberto

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Undertaker: W M Coulson

(Address): 2223 Eastern Ave

15 Filed JUN 29 1931 19

C. HAMILTON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: June 28 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 1931 to June 29 1931

that I last saw h alive on June 27 1931

and that death occurred, on the date stated above, at 10 PM

The CAUSE OF DEATH* was as follows: Laryngeal Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. [illegible], M. D.

19 (Address) 1546 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — Date of Burial: July 1 1931

20 UNDERTAKER: W M Coulson — ADDRESS: 2238 W North

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70031 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001 E 70031

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE. (No Baltimore City Hospitals ST 3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Stasinauskas (alias Wm Jasonowski)

(a) RESIDENCE NO 819 E Pratt (Usual place of abode) ST WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant deceased (Address)

Jun 29 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17

I HEREBY CERTIFY, That I attended deceased from June 18th, 19 31, to June 28th, 19 31

that I last saw h[illegible] alive on June 28th, 19 31

and that death occurred, on the date stated above, at 9:35 A.M.

The CAUSE OF DEATH* was as follows:

Lymphosarcoditis, acute

unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Pemphigus

unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) T. J. Aldridge-Reid. M. D.

Jun 29 1931 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
HOLY REDEEMER	JULY 2 1931 19

20 UNDERTAKER JOHN GRIBLIAUCKAS ADDRESS 423 S PACA ST.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70032 ✓

E 70032

CERTIFICATE OF DEATH.

131

REGISTERED NO. 11947

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U.S. Marine Hospital, (St.) Balto (Ward) 23 33 Md

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry Bergtold

(a) RESIDENCE NO. 1402 Patapsco St., St. Balto Ward Md.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jane Nelson

6 DATE OF BIRTH (month, day, and year) Aug 29, 1862

7 AGE	Years	Months	Days	If LESS than 1 day 31 hrs 20 min
	68	10	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Master of Vessel

(b) General nature of industry, business, or establishment in which employed (or employer) Master Tug City of Balto

(c) Name of employer Mayor & City Council, Balto, Md.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Christopher Bergtold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Karlsbad Germany

12 MAIDEN NAME OF MOTHER Margaret Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hamburg Germany

14 Informant C. H. Bergtold

(Address) 4305 Forest View Ave, Balto Md

15 Filed , 19 , Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/30, 1931, to 6/27, 1931, that I last saw him alive on 6/27, 1931 and that death occurred, on the date stated above, at 7:20 P m

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos. 27 ds.

CONTRIBUTORY (Secondary) Hypertrophy of Prostate

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 4/8/31

Was there an autopsy? No

What test confirmed diagnosis? P.S.P.+ U.P.N.

(Signed) Emil J. P. Hildenbrand, M. D.

, 19 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 6/30 1931

20 UNDERTAKER J. Fow McCully

ADDRESS 1282 Fort Ave., Balto., Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70033

CERTIFICATE OF DEATH

93-003
REGISTERED NO.

1 PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 636 N. North ave (Ward) 13-20

2 FULL NAME Charles R. Coates Sr.

(a) RESIDENCE NO. 636 N. North ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~wife~~ Mrs Margaret R. Coates

6 DATE OF BIRTH (month, day, and year) Sept. 9 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	8	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS
10 NAME OF FATHER Israel Coates
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md
12 MAIDEN NAME OF MOTHER Wilhelmina Hartmann
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm George A. Coates
(Address) 2701 Talbot ave

JUN 29 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/27/31

17 I HEREBY CERTIFY, That I attended deceased from 6/15 19 31 to 6/27 19 31
that I last saw ~~him~~ her alive on 6/26 19 31
and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Uremic Poisoning
(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? —

Signed W J Gorry M. D.
(Address) 622 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL June 30 19 31
20 UNDERTAKER Henry Hoeck Sons Inc. ADDRESS 1301 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70034 E 70034

CERTIFICATE OF DEATH. 121

1 PLACE OF DEATH Baltimore City Hospitals 26-1 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2 FULL NAME C. Edward Dimick

(a) RESIDENCE NO. 902 S. Baylis St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) Sept. 6, 1908

7 AGE: Years 22 Months 9 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer ~~none~~

(b) General nature of industry, business, or establishment in which employed (or employer): Can Factory

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Dimick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Anna Barthel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Records of

(Address): Balto. City Hosp.

15 Filed JUN 29 1931 HAMPSHIRES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-29-31

17 I HEREBY CERTIFY, That I attended deceased from 6-17-31, 19 to 6-29-31, 19

that I last saw him alive on 6-29-31, 19

And that death occurred, on the date stated above, at 12:10 A m.

The CAUSE OF DEATH* was as follows:

Acute Gangrenous Appendicitis
& Diffuse Peritonitis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary): Acute Intestinal Obstruction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6-17-31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther E. Linthicum M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: July 1 1931

20 UNDERTAKER: John Ellrich — ADDRESS: 2008 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70035 E 70035

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 36-36 50 REGISTERED NO.

CITY OF BALTIMORE: (No. Lydia, ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME ~~Lillian~~ Dale

(a) RESIDENCE NO. 6543 Baltimore Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Mechanichsburg Pa.

PARENTS

10 NAME OF FATHER Bernard Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Pa

12 MAIDEN NAME OF MOTHER Mary Frostel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Pa

14 Informant (Address) Records of Balto. City Hosp.

15 [illegible] JONES, M. D.

JUN 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26-31

17

I HEREBY CERTIFY, That I attended deceased from 3-28 1931 to 6-26 1931

that I last saw her alive on 6-26 1931

and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma R. Br. Breast

C Metastasis to Lungs and Liver

(duration) 3 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Acute Heart Failure (myocarditis)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C.

(Signed) Luther E. Leider M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Carmel — DATE OF BURIAL June 30 1931

20 UNDERTAKER John Ullrich — ADDRESS 2000 Biddle

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70036

CERTIFICATE OF DEATH

85

E 70036

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 N. Castle ST. 7-9 WARD)

2 FULL NAME Florentina Wilburger Werner

(a) RESIDENCE NO. 508 N Castle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 21 - 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis Werner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Stallnke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis Werner

(Address) 508 N Castle

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1931

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 27, 1931

That I last saw h alive on June 27, 1931

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Heart failure during Convulsion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Woolf M. D.

1/2, 1931 (Address) 413 N. Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cem

DATE OF BURIAL June 30, 1931

20 UNDERTAKER John Ulrich

ADDRESS 2008 Aliceanna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 70037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 70037

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) 228 Amity ST. 18-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hallie Chambers.

(a) RESIDENCE NO 228 amity ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Chambers

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic 67
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Edward W. Hite

(Address) 1011 W. Fayette St

15 Filed JUN 29 1931, 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Inquest find that said deceased came to death on the day stated above. (Inquest, autopsy or inquiry)

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

CONTRIBUTORY (Secondary) Broken Down Heart (duration) yrs. mos. ds.

(duration) yrs. 4 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) C. C. Yates Coroner, M. D.

, 19 (Address) 1436 Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	June 30, 19 31
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 Schroeder St

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M A T.—100 B—50L

E 70038

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-401 E 70038

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 19.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) Balto City Hosp ST. 4823 (WARD)

2-FULL NAME Helen C Wheatley

(a) RESIDENCE NO 710 N Carrollton ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Sing[illegible]

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Ray Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Annie Moody

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant Lelia Wheatley

(Address) 710 N Carrollton Ave

15 Filed JUN 29 1931 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds. 6

CONTRIBUTORY (Secondary) Tracheo Bronchitis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ——→

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) James M Bulos, M. D. (Coroner)

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	June 30, 1931
20 UNDERTAKER: Mrs Katie R Williams	ADDRESS 322 Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A A Co.—250 Blks.

E 70038 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70039

CERTIFICATE OF DEATH

1-PLACE OF DEATH Mercy Hospital — REGISTERED NO 15-62 177-001

CITY OF BALTIMORE (No.) Calvert & Saratoga (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Emma E Witter (WITLER)

(a) RESIDENCE NO 3706 Barrington Road ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred About 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed or divorced HUSBAND of (or) WIFE of Edwin E. Witter

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lynchburg Va

PARENTS

10 NAME OF FATHER ? Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lynchburg Va

12 MAIDEN NAME OF MOTHER Hampton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lynchburg Va

14 Informant (Address) Rep. Potter Lane 3706 Barrington Rd

15 JUN 29 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28/31

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1931, to June 28, 1931

that I last saw her alive on June 28, 1931

and that death occurred, on the date stated above, at 9.15 a.m.

The CAUSE OF DEATH* was as follows:

Strangulated Ventral Hernia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis & Chronic Nephritis (duration) Not determined yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? yes Date of June 21

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Edward Robert M. D.

19 (Address) Keyser Post

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	6/30 1931
20 UNDERTAKER J. F. Hahn & Bro	ADDRESS 138 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 70040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70040

CERTIFICATE OF DEATH.

29-007

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST. 18-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Kurtz

(a) RESIDENCE NO. 1132 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md.

PARENTS

10 NAME OF FATHER Carl Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Klein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md.

14 Informant Carl Kurtz

(Address) 1132 W. Lombard St.

Filed JUN 29 1931 G. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to June 27, 1931, that I last saw him alive on June 27, 1931, and that death occurred, on the date stated above, at 7:00 p m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis (Pneumococcus)

(duration) 0 yrs. 0 mos 5 ds.

CONTRIBUTORY (Secondary) / (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1132 W. Lombard St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal Punctures

(Signed) L. Peter Wyeranski, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olive Cem Randall md

DATE OF BURIAL Jun 31 1931

20 UNDERTAKER Jer A Early

ADDRESS 1901 W Fayette

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

(Edward Hetherington) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70042 E 70041

CERTIFICATE OF DEATH

122-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital) (Ward) 25

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Brother Declan

(a) RESIDENCE NO Calvert Hall College WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3, 1878

7 AGE — Years: 53 | Months: 0 | Days: 25 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Teacher
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Castle Comer Ireland

PARENTS

10 NAME OF FATHER: Edward Hetherington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Castle Comer Ireland

12 MAIDEN NAME OF MOTHER: Margaret Comerford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Castle Comer Ireland

14 Informant (Address): Brother Fr. John Calvert Hall Baltimore

15 C. HAMPSON JONES, M. D. Registrar

JUL 29 1931 By: Judith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, '31

17
I HEREBY CERTIFY, That I attended deceased from June 18, 1931, to June 28, 1931

That I last saw him alive on June 28, 1931

and that death occurred, on the date stated above, at 8:40 a.m.

The CAUSE OF DEATH* was as follows:

Ventral Hernia, Post Operative

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At Long

Did an operation precede death? Yes Date of 6/27/31

Was there an autopsy? No 6/26/31

What test confirmed diagnosis? Clinical & Operative

I (Signed) Chas. A. Tolley M. D.

19 (Address) Bon Secours Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes state: (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ammendale Md — DATE OF BURIAL: June 30 1931

20 UNDERTAKER: Mary Mc Wedefeld — ADDRESS: 501 E 23rd St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70042 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112 E 70042

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 11-24 St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lawrence Batiste

(a) RESIDENCE NO. 448 W. Biddle St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cook

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Chicago Ill.

PARENTS

10 NAME OF FATHER: Alexander Batiste

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ala.

12 MAIDEN NAME OF MOTHER: Anna Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ill.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 19 Registrar C. HAMPSON JONES, M. D.

5925

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-25-31

17 I HEREBY CERTIFY, That I attended deceased from 6-20-31, 19, to 6-25-31, 19

That I last saw him alive on 6-25-31, 19

And that death occurred, on the date stated above, at 8:15 P.M.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1. Home 2. Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Popat. M. D.

6-27 19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

Commissioner Health.

JUN 29 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70043

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md. ST. 36-37 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lawrence Williams

(a) RESIDENCE NO. Unknown ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE: Years 36 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Balto City Hospitals

15 G. HAMPSON JONES, M. D. Registrar

JUN 29 1931 5928

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-26-31

17
I HEREBY CERTIFY, That I attended deceased from 3-28, 1930, to 6-26, 1931

That I last saw h(SS) alive on 6-26, 1931

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lueti Infection
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) Mary Howard M. D.

6-26, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner of Health, JUN 29 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-23-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70044

CERTIFICATE OF DEATH

E 70044

1—PLACE OF DEATH Mary General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1938 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen Feiler

(a) RESIDENCE NO. 1803 Hollins ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 26 1922

8 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
8	11	2	

9 OCCUPATION OF DECEASED: School

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Princeton
(State or country) West Virginia

PARENTS

11 NAME OF FATHER John L. Feiler

12 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

13 MAIDEN NAME OF MOTHER Pearl Braden

14 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

15 Informant Hospital Records
(Address) (Father)

Filed 2 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1931, to June 28, 1931,
that I last saw h[illegible] alive on June 28, 1931
and that death occurred, on the date stated above, at 8 30 p. m.
The CAUSE OF DEATH* was as follows:

Endocarditis & Myocarditis (Acute)

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Robert F. Chenault M. D.

Asst. General Supt.

(Address) , 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 6/30/1931

20 UNDERTAKER: Sam Weber & Son — ADDRESS: 2503 Edmondson

important. See instructions on back of certificate.

1-30—M. & T.—100 B—60L

E 70045

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 E 70045

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Patapsco River opposite 7th St. Brooklyn. ST. 24-34 WARD

2-FULL NAME Henry F. Eidman.

(a) RESIDENCE NO. 1717 Covington St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. 10 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND OF (WIFE OF) Edna Eidman.

6 DATE OF BIRTH (month, day, and year) August 8, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Eidman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Griffin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Edna Eidman. (wife)
(Address) 1717 Covington St.

15 Filed 6 29 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Occidental Drowning.
Jumped into the water to save hisson.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, Coroner M. D.

6/29 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	June 30, 1931
20 UNDERTAKER Charles L. Steuart	ADDRESS 1729 E. Fort Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70046 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70046

CERTIFICATE OF DEATH

24

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1410 Hull St ST. 24-35 WARD)

2 FULL NAME Elizabeth Windling

(a) RESIDENCE NO. 1410 Hull St ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? — yrs. — mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Daughter

6 DATE OF BIRTH (month, day, and year) June 6 1917

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	14	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Windling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Susana Yost

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant Mrs Susana Windling
(Address) 1410 Hull St

15 Filed ___, 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 26 1931

17

I HEREBY CERTIFY, That I attended deceased from June 24 1931 to June 26 1931

that I last saw h[illegible] alive on June 26 1931

and that death occurred, on the date stated above, at 10:20 p m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) ___ yrs. 1 mos. ___ ds.

CONTRIBUTORY (Secondary) —

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no (Date of ___

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) E. S. Thurston M. D.

6-29 1931 (Address) 176 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- | DATE OF BURIAL
Holy Cross Cem 6614 | June 30 1931

20 UNDERTAKER Charles A. Sterne | ADDRESS 1317 E Fayette St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HAMPSON JONES, M. D.

1-30—M & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70042 — 183 E 70042 — REGISTERED NO.

1-PLACE OF DEATH — CITY OF BALTIMORE: (No.) Patapsco River opposite 7th St. Brooklyn. ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John E. Eidman.

(a) RESIDENCE NO. 1717 Covington St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs 4 mos 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 4, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry F. Eidman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Edna France.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Edna Eidman. (mother)

(Address) 1717 Covington St.

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Occidental Drowning.
Fell from a boat while crabbing

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Rosenhardt, Coroner, M. D.

6/29 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westlawn — DATE OF BURIAL: Jun 30 1931

20 UNDERTAKER: Charles L. Stevens — ADDRESS: 147 S. Fort Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Bks

E 70048

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 70048

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No 5-8 ST WARD)

2 FULL NAME Mary Boyde

(a) RESIDENCE NO. 1323 E. Fayette st. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William Boyde

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown 031
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS
10 NAME OF FATHER David Garrett
11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina
12 MAIDEN NAME OF MOTHER Susie Felton
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment Hospital Records
(Address)

15 JUN 4 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28, 1931

17
I HEREBY CERTIFY, That I attended deceased from June 20, 1931 to June 28, 1931
that I last saw her alive on June 28, 1931
and that death occurred, on the date stated above, at 5.55 p.m.
The CAUSE OF DEATH* was as follows:

Caseous pneumonia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis Clinical & autopsy

(Signed) David Seume M. D.
6-29 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbury Evergreen — DATE OF BURIAL: June 3 '31
20 UNDERTAKER: John C Miller — ADDRESS: 2033 E Eliza... st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 2 1931

REG

1-20—M. & T.—100 B—50L

E 70049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70049

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Broadway & Thames ST. 3-4 93-004 (WARD)

2-FULL NAME Anthony Trentowski

(a) RESIDENCE NO. 863 S. Dallas ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Trentowski

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Joseph Trentowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Bartosiewicz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Frances Trentowska (wife)

(Address) 2541 Fleet St

15 Filed ..... 192 ..... Registrar

N 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

6/29/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary June 30 19 31

DATE OF BURIAL

20 UNDERTAKER [illegible]

ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—St. & T.—100 B—50L

E 70050

HEALTH DEPARTMENT—CITY OF BALTIMORE

169 E 70050

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lexington Building. (ST.) Lexington & Liberty Sts (WARD) 1-1

2-FULL NAME Joseph C. Swiec.

(a) RESIDENCE NO 1228 S. Elwood Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred) 22 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 14th. 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	6	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: U.S. Marine.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Swiec.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Anna Mikulski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Leocadia. Swiec. (sister)
(Address) 1228 S. Elwood Ave.

15 JUN 30 1931 H. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull, fractad from the 20th story window of the Lexington Building. Suicide while temporarilly deranged. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D.
Coroner

6/26 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem	June 29, 31

20 UNDERTAKER F. W. Bazenski 1930 E. Eastern Ave.
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. A. Co—200 Blks.

5106 Harford Rd
Hamilton 0816

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70051

CERTIFICATE OF DEATH

93-002 E 70051

27-44

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5225 Harford Road ST. WARD

2 FULL NAME Charles E. F. vanReuth

(a) RESIDENCE NO. 5225 Harford Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Felix vanReuth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Catharine Apholian

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Felicia Bell
(Address) 3101 Echodale Ave

15 [illegible] 1931 16 H. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) June 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to June 28, 1931

that I last saw h 17 alive on June 28, 1931

and that death occurred, on the date stated above, at 7.30A m.

The CAUSE OF DEATH* was as follows:

myocarditis
arteriosclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Herman A Voght M D M. D.

6/27/1931 (Address) 5106 Harford Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 6/30/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

JUN 30 1931

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70052

E 70052

CERTIFICATE OF DEATH

176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore St., (Ward) 24-34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary A Shipley

(a) Residence: No. 1809 Bell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Shipley

6. DATE OF BIRTH (month, day, year) Mar 2 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Fletcher Shockley
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Mary Walters
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edgar C. Shipley
(Address) 1811 Bell St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date June 2nd 1931

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to June 29, 1931

I last saw her alive on June 29, 1931, death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	June 29-31

Other contributory causes of importance:

Chronic Colitis Cholecystitis	1923

Name of operation Cholecystotomy Date June 9 31

What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm J Sullivan M. D.
(Address) 10 Baltimore ave

MAKE CAUSE OF DEATH as plain terms, as that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70053

CERTIFICATE OF DEATH

E 70053

REGISTERED NO. 122-002

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Agnes Hospital St. 7-11 Ward)

2-FULL NAME William Bonsal

(a) RESIDENCE NO. 508 N. Streeper St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1898

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	32	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Heck Bros.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George W. Bonsal

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Bertha Frank

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Bertha Bonsal
(Address) 508 N. Streeper St.

15 Filed ..., 19.., H. HAMILTON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Coroner's autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of June 27/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs & operation

(Signed) Guy N. Cromwell, M. D.

6.27. 1934 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 6/30 19 31

20 UNDERTAKER William Cook

ADDRESS 1217 St. Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70054

E 70054 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161 1001

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Balto City Hospitals 6-27 (WARD)

2 FULL NAME Infant Baby Boy Pretty

(a) RESIDENCE NO. 3 E A Baylis St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6-24-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	(0)		4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS
10 NAME OF FATHER Geo. Pretty
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Ruth Evans
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Thomas Pretty
(Address) 315 S Bayliss St.

15 JUN 30 1931 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-27-31

17
I HEREBY CERTIFY, That I attended deceased from
6-24 , 19 31 , to 6-27 , 19 31
that I last saw him alive on 6-27 , 19 31
and that death occurred, on the date stated above, at 7:15 A.m.
The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY ...
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted —
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Ludlow E. Little M. D.
6-29-1931 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvert — DATE OF BURIAL 6/30 1931

20 UNDERTAKER J. M. Cook — ADDRESS 1211 Eutaw St

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—501.

E 70055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70055

CERTIFICATE OF DEATH

140 5-9

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. WARD)

2-FULL NAME Alice Sanson.

(a) RESIDENCE NO 33 N. Eden St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. ---- ds. How long in U. S., if of foreign birth? 21 yrs. ---- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married (or) Wife of Manuel Sanson.

6 DATE OF BIRTH (month, day, and year) April 12, 1909.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Alex Sobotka.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Jubrisky.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Manuel Sanson. (husband)

(Address) 33 N. Eden St.

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Generatized Peritonitis, Toxemia.
Infected abortion, Non. criminal.
Pulmonary embolism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 33 N. Eden St. June 15, 1931

Did an operation precede death? Yes. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

6/29 1931 (Address) 917 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetary

DATE OF BURIAL 6/30/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUN 30 1931

Rpm—1-30—M.A.T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70056 115 E 70056

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 N Carolina St. 7-13 WARD)

2. FULL NAME Richard Young

(a) RESIDENCE NO. 715 N Caroline St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer) Barrel factory

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Geo. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susie Rhodes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Fannie Lewis (sister)

(Address) 715 N Carolina St

Filed JUN 30 1931 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I attended deceased from March, 19 31, to June 28 19 31, that I last saw h[illegible] alive on June 27, 19 31, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Pericarditis & Effusion.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Tonsillitis and Acute Rheumatic fever (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. Young, M. D.

6/30, 19 31 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL June 30 19 31

20 UNDERTAKER Wm J. Y. Socks.

ADDRESS 1302 Jefferson

TION is very important See instructions on back of

Spec.—1-12-29—MAT—500 Blks.

E 70057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 ✓ E 70057

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214- W. Chase St. 11-24 WARD)

2-FULL NAME Carrie Thomas

(a) RESIDENCE NO. 214- W Chase ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: unk

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laun

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-27- 1931

17 I HEREBY CERTIFY, That I attended deceased from 5-10-, 1931, to 6-27, 1931,

that I last saw her alive on 6-27-, 1931

and that death occurred, on the date stated above, at 4.40 p m

The CAUSE OF DEATH* was as follows:

Carcinomatosis

Chronic Stomach

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

6/29 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Interment Annie Richardson

(Address) 214 W Chase St Baltimore Md

15 JUN 30 1931 19 [illegible] Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: June 30 1931

20 UNDERTAKER: Archibald A. Hubbs — ADDRESS: 1840 W. Baltimore St.

CAUSE OF DEATH must be properly certified. Information on back of certificate. ATION is very important. See instructions on back.

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70058

CERTIFICATE OF DEATH

47 E 70058

1 PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No 15-61 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William French

(a) RESIDENCE NO. 3301 Pawhattan ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lula French

6 DATE OF BIRTH (month, day, and year) 7/11

7 AGE — Years: 70 years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: Joseph Goeller

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: William French
11 BIRTHPLACE OF FATHER (city or town) (State or country): ———
12 MAIDEN NAME OF MOTHER: ———
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Julia Goeller 3301 Powhatan ave

15 Filed JUN 30 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29, 1931.

17
I HEREBY CERTIFY, That I attended deceased from April 13, 1931. to June 28, 1931.
that I last saw h/m alive on June 28, 1931
and that death occurred, on the date stated above, at 11.55 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of larynx; with metastasis to lymphglands of structure of right neck.
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6/22/31

Was there an autopsy? Yes

What test confirmed diagnosis? Examination history, autopsy

(Signed) Robertson M. D.

6/29 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: June 30 1931

20 UNDERTAKER: Frank V. Pipitone — ADDRESS: 228 E. Balto

Registrar

TION is very important. See instructions on back of certificate.

Cor—10-10-29—A Co—100 Blks.

70059

HEALTH DEPARTMENT—CITY OF BALTIMORE

94 Vol 1 E 70059

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 710 S Potomac St. 1-1 Ward)

2-FULL NAME Paul P. Eckrandt

(a) RESIDENCE NO. 710 S. Potomac St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	white	Married

3a If married, widowed, or divorced — HUSBAND of (or) WIFE of Julia Hedd

6 DATE OF BIRTH (month, day, and year) June 2 1862

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	69		27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common
(c) Name of employer: do

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Paul P Eckrandt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Augusta Block.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Gertrude O'Keefe Parkton Md R D

15 Filed ..... 19 ..... Registrar

UN 30 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Coryza Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Tenson, M. D.

6/22 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: All Saints Cemetery — DATE OF BURIAL: 7/1/31

20 UNDERTAKER: H. Sauder & Son — ADDRESS: Eutaw & Baltimore

Be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70060

CERTIFICATE OF DEATH.

107-001 E 70060

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Jefferson at ST.) 6-9 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Spady

(a) RESIDENCE NO. 1731 Jefferson at ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thomas Spady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mattie Sexton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Mattie Spady mother

15 Registrar

JUN 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1931

17

I HEREBY CERTIFY, That I attended deceased from June 20 1931 to June 29 1931

that I last saw h alive on June 28 1931

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Catharral jaundice

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Secondary Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Spady M. D.

6/29 1931 (Address) 14 W Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL: 6-30 1931

20 UNDERTAKER: Jas. Bx. Steiner 1611 E Mad st — ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—B-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70061

CERTIFICATE OF DEATH

46

13-59

REGISTERED NO. E 70061

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Whittier Ave., ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Israel M. Schwartzman

(a) RESIDENCE NO. 2213 Whittier Ave., ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Schwartzman

6 DATE OF BIRTH (month, day, and year) May 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate Dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: O.K. [illegible]

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Louis Schwartzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Deborah -----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment (Address) J. Lewis Long E. Balto. St.

15 [illegible] 16 [illegible] Registrar

M 30 1931 H. HARRISON JONES, M. D. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6- 29- 31

17

I HEREBY CERTIFY, That I attended deceased from 11/1, 1930, to 6/29, 1931

that I last saw h[illegible] alive on 6/29, 1931

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma
Rectum

(duration) 1 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary):

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Consultation

(Signed) Jas Crawford M. D.

6/30 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship	6-30- 19 31
20 UNDERTAKER	ADDRESS
Jace Rains, Inc.	1439 E. Balto. St.,

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—60L

E 70062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169 ✓ E 70062

1-PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedre Ave. & Greenspring) STREET 27-54 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Wachs

(a) RESIDENCE NO Belvedere Ave. & Greenspring STREET WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Wachs

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Aged Home Records

(Address)

15 Filed , 192 Registrar

JUL 30 1931 HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fall Down Stairs in Widow
Multiple Fractures

(duration) yrs. mos — ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) [illegible], M. D. Coroner

, 19 (Address) 436 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel, Workmen Circle	6-30- 19 31

20 UNDERTAKER Jos Lewis, Inc. ADDRESS 1439 E. Balto. St.,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

E 70063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106-002 E 70063

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 102 Edgar St. 5 Ward) 58

2-FULL NAME Samuel Bullock

(a) RESIDENCE NO. 102 Edgar St. 5 Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bullock

6 DATE OF BIRTH (month, day, and year): 1902

7 AGE: Years 29; Months —; Days —; IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardener

(b) General nature of industry, business, or establishment in which employed (or employer): Home Line

(c) Name of employer: Weems Line

9 BIRTHPLACE (city or town)

(State or country): North Carolina

PARENTS

10 NAME OF FATHER: Louis Bullock

11 BIRTHPLACE OF FATHER (city or town)

(State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Sophia

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): North Carolina

14 Informant: Mary Bullock

(Address): 102 Edgar

15 Filed ... 19 ... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 19 1931

17 I HEREBY CERTIFY, That I attended deceased from June 9 1931, to June 22, 1931, that I last saw h. alive on June 19, 1931, and that death occurred, on the date stated above, at 430 A. m.

The CAUSE OF DEATH* was as follows:

Subacute Bronchitis

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) H. A. Bmaick M. D.

June 22 1931 (Address) 2221 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon County Va. Date of Burial June 24 1931,

20 UNDERTAKER: Wendell & Heflin ADDRESS 300 E Eden St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70064

CERTIFICATE OF DEATH.

1085 E 70064

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1238 Argyle Ave ST. 17-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Duncan Jr

(a) RESIDENCE NO. 1238 Argyle Ave ST., 17 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14 1897

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
34	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Prato Italy

PARENTS

10 NAME OF FATHER: William Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant (Address): Wife 1238 Argyle Ave

15 Filed [illegible] 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/1931

17 I HEREBY CERTIFY, That I attended deceased from 6/9, 1931, to 6/29, 1931, that I last saw him alive on 6/29, 1931, and that death occurred, on the date stated above, at 1220 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation, Acute Coronary Thrombosis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): Lobar Pneumonia (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical History

(Signed) W. L. C. Bishop M. D.

(Address) 709 Sharp St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: WM. Aubrey — DATE OF BURIAL: July 2 1931

20 UNDERTAKER: Leonard W. Hasselbach — ADDRESS: 2038 W. Gilmor

TION is very important. See instructions on back of certificates.

DC N00

Spec.—1-30—M. & T.—250 Bks

70065 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70065

CERTIFICATE OF DEATH. 111-002

1-PLACE OF DEATH Jenkins Memorial Hospital REGISTERED NO. 25-72

CITY OF BALTIMORE: (No. 1000 Eaton Ave. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen M Brady

(a) RESIDENCE NO. 237 Mass. Ave N.E. ST. Wash D C WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Housewife

6 DATE OF BIRTH (month, day, and year) May 7 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81 yrs.	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash D.C.

PARENTS

10 NAME OF FATHER John Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mgt Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Jenkins Memorial Hosp Eaton Ave

15 Filed JUN 30 1931 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1931

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to June 29, 1931, that I last saw h alive on June 29, 1931, and that death occurred, on the date stated above, at 10.05 P. m.

The CAUSE OF DEATH* was as follows:

Hyperpiesia Cata pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Hyman S Cohen, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL McKeldin Washington D.C. DATE OF BURIAL 7/1/31 19

UNDERTAKER Hunt Emmy Smythe 2218 ADDRESS Greenleaf

TION is very important See instructions on back of certificate.

Spec.—9 35—A. & Co.—250 Blks

E 70066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 001 E 70066

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1700 Park ave WARD 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Minnie Eccleston Harper

(a) RESIDENCE NO. 1700 Park ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

If married, widowed, or divorced

HUSBAND of (or) WIFE of James Harper

6 DATE OF BIRTH (month, day, and year) Nov 11th 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chestertown Md

PARENTS

10 NAME OF FATHER John B. Eccleston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Augusta Chambers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment (Address) S. H. Shoemaker Eccleston Md

15 6/27 1931 C. CLAMPETT JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28-1931

17

I HEREBY CERTIFY, That I attended deceased from March 10- 1931 to June 28- 1931

that I last saw s/he alive on June 28- 1931

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arterio-Selerosis-Cerebral

Thrombosis-Senile Dementia

History about 2 yrs.

(duration)

CONTRIBUTORY (Secondary) Terminal Bronchio Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. Thom Mears M. D.

6/27 1931 (Address) 2125 Maryland ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount — DATE OF BURIAL June 30 1931

20 UNDERTAKER Henry P. Perkins & Son — ADDRESS Mulberry & Eutaw

CAUSE OF DEATH to be plainly written, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Bks.

E 70067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 31 E 70067
REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 626 W. North Avenue ST. 13-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JANIE STANLEY ING ROBERTS

(a) RESIDENCE No. 626 W. North Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr. Benson S.Roberts

6 DATE OF BIRTH (month, day, and year) Nov. 13.1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Ing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Martha White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bermuda

14 Informant Mr. Ing Roberts (Son)
(Address) 626 W. North Ave.

15 Filed JUN 30 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 281931

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to June 28, 1931

that I last saw her alive on June 27, 1931

and that death occurred, on the date stated above, at 7.55 p.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) ✓ yrs. 3 mos. 0 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) ✓ yrs. 1 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon M. D.

June 15-4/31 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jun 1, 1931
20 UNDERTAKER	ADDRESS
Henry Sander & Sons, Inc.	Baltimore & Broadway.

TION is very important. See instructions on back of certificates

...ny be properly ...ssible. Place statement of OCCUPA-

(11 Spec.—1-30—M. & T.—250 Bks.

E 70068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 V E 70068

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 907 N. Castle ST. 7-13 WARD)

2-FULL NAME Helen Hejl

(a) RESIDENCE NO. 907 N. Castle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25th 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: Frank Hejl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Sophia Hejl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Interment (Address): Frank Hejl 907 N Castle St

15 Date: N 30 1931 C. HAMDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29-31

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1929, to June 29, 1931, that I last saw h[illegible] alive on June 29, 1931, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer DATE OF BURIAL: July 2 1931

20 UNDERTAKER: Geo W Snell & Son ADDRESS: 811 W Lexington

THION is very important. See instructions on back of certificate.

Apar.—9-30—A. & Co.—250 Blks.

3

E 70069 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59-E 70069

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3800 Barrington Rd) (Ward) 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Conrad Keiner

(a) RESIDENCE NO. 3800 Barrington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced. HUSBAND of Mary E. Keiner

6 DATE OF BIRTH (month, day, and year) Feb 21/65

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Letter Carrier

(c) Name of employer: U.S.P.O.

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Carl Keiner

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Margaretha

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger.

14 Interment (Address): Mary E. Keiner 3800 Barrington Rd.

15 C. HAMPSON JONES, M. D. Registrar

JUN 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29/31

17 I HEREBY CERTIFY, That I attended deceased from July 25 to June 29 19 31

that I last saw h[illegible] alive on June 29 19 31 at 1:30 A. M.

and that death occurred, on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms & Urine Tests

(Signed) H. C. Carrick M. D.

6/29 1931 Address 2201 N. Dukeland

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: July 2 1931

20 UNDERTAKER: Philip Herring

ADDRESS: 2016 Adams Ave

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

E 70070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002 E 70070

14-71

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 W. Lexington ST. (WARD)

2-FULL NAME Luther N. Blessing

(a) RESIDENCE NO 1312 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 000 mos. 000 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About	79			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Stationary Engineer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Blessing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Blessing

(Address) 2812 Laurens St.

15 Filed JUN 30 1931, 192 Registrar C. HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. — ds.

CONTRIBUTORY (Secondary) Chronic and Acute arthritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ---

(Signed) Guy M. Cromwell Coroner, M. D.

6/30/31 (Address) 3203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick Md

DATE OF BURIAL June 30 1931

UNDERTAKER Joseph B. Cook

ADDRESS 1093 West Baltimore St.

JUN 30 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-8-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70071

CERTIFICATE OF DEATH.

13 1 ✓ E 70071

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1610 Lamont St. 15-22 Ward

(If death occurred in a hospital or Institution, give its NAME instead of street and number.).

2-FULL NAME Josephine Chalk

(a) RESIDENCE NO. 1610 Lamont St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph T. Chalk

6 DATE OF BIRTH (month, day, and year) 5/30/1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	78	—	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Jno. Carter

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Mary Carter

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

14 Informant (Address) Joseph T. Chalk 1610 Lamont

JUN 30 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27 1931

17 I HEREBY CERTIFY, That I attended deceased from June 16 1931, to June 28, 1931.

That I last saw her alive on June 27, 1931.

and that death occurred, on the date stated above, at 12,40 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Coma

(duration) yrs. 3 mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirm diagnosis?

(Signed) Edw. F. Zimmerman M.D.

6/25 1931 (Address) 2358 Hayford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. Date of Burial 7/1/31 19

20 UNDERTAKER George J. Puth & Co. ADDRESS 1735 Hoffman

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spar—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70072

CERTIFICATE OF DEATH

130 E 70072

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 410 E. 22½ St. 12-50 WARD

2. FULL NAME Patience Jenkins

(a) RESIDENCE NO. 410 E. 22½. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C.	Widow

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Jenkins

7 DATE OF BIRTH (month, day, and year): 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 10 01

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Jordan Jennings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mary Ellis 410 E 22½ st.

15 Filed JAN 13 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/27-31

17 I HEREBY CERTIFY, That I attended deceased from 6/4 . 19 31 . to 6/27 . 19 31

That I last saw h[er] alive on 6/27 . 19 31

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

a. Septicemia, 2 Burning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pyorhea

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. L. Cutler M. D.

6/29/31 (Address) 1124 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cross Va.

DATE OF BURIAL: June 2, 1931

UNDERTAKER: Mrs P. G. Elliott

ADDRESS: Cardenas

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70073

CERTIFICATE OF DEATH

119

1-PLACE OF DEATH
E 70073
CITY of BALTIMORE, (No. 2539 Oakes ST. 12-5 WARD 1

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Page

(a) RESIDENCE NO. 2539 Oakes ST., _____ WARD _____
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	W

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 15, 1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert Page

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Staunge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Robert Page
(Address) 2539 Oakes st.

Filed JUN 30 1931 HAMPTON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

(Address) 1632 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	June 30 1931
20 UNDERTAKER Mrs. K. A. Elliott	ADDRESS 1725 Eutaw

DEATH in plain terms, so that it may be properly classified. Exact statement of OCC... is very important. See instructions on back of certificate.

Spec.—9/30—A. & Co.—250 Blks.

E 70074 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-801
E 70074
REGISTERED NO.

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Swann

(a) RESIDENCE NO. 1730 N. Dallas ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Tannie

6 DATE OF BIRTH (month, day, and year) Sept. 1 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 ?	9	2?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER John
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Fannie ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-29-31

17 I HEREBY CERTIFY, That I attended deceased from 6-8-31, 19, to 6-29-31, 19 that I last saw him alive on 6-29-31, 19 and that death occurred, on the date stated above, at 4:30 A.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis and hypertension (duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death? Hospital 2 hours.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical exam.

(Signed) Paul Poggi M. D.

6-29 1931. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: June 30 1931

20 UNDERTAKER: Mark R. A. Elliott — ADDRESS: 1720 Ashland Ave

TION is very important. See instructions on back of certificates.

HAMILTON JONES, M. D.

Spec.—9 30—A. & Co.—250 Blks.

E 70075 HEALTH DEPARTMENT—CITY OF BALTIMORE

176 E 70075

CERTIFICATE OF DEATH

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE, (No. Wilkens & Caton Aves) ST. 25-71 WARD

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Samuel Wright

(a) RESIDENCE NO. 421 Vermont Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Dwight (maiden name)

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman 073

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Charles Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Jane Wilstrond

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Bessie T. Wright 421 Vermont Ave

JUN 30 1931

L. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-29-31

17

I HEREBY CERTIFY, That I attended deceased from 6-27-31, 19 to 6-29-31, 19

that I last saw h[illegible] alive on 6-29-31, 19

and that death occurred, on the date stated above, at 5[10] A. m.

The CAUSE OF DEATH* was as follows:

Chol-cystitis & Chol. l. chronic
Ruptured gall bladder & peritonitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Post-operative shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Operation 6-27-31

Was there an autopsy? No

What test confirmed diagnosis? Physical + Operation

(Signed) Hyalmer S. Jonson M. D.

6-29-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 7/1/1931

UNDERTAKER: Harry A. Fritz #01

ADDRESS: Edmondson Ave

TION is very important. See instructions on back of certificate. [illegible] property [illegible] Exact statement of occupa

Spec.—9-30—A. & Co.—250 Blks

70076 HEALTH DEPARTMENT—CITY OF BALTIMORE 70076

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH St Agnes Hospital — Caton & Wilkens Ave — ST. — WARD 70-76

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ~~County, Md.~~)

2 FULL NAME John J Ziegler Jr.

(a) RESIDENCE NO 607 Primrose Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 30 1865

7 AGE — Years: 45 — Months: 8 — Days: 28 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O'D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John J. Ziegler Sr.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER: Rose Callahan

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant (Address): Sister + Mrs. K. Purcell 310 S Fremont St.

15 Filed ____ 19__ ____ Registrar

JUN 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-31

17 I HEREBY CERTIFY, That I attended deceased from 6-23 , 1931 , to 6-28 , 1931

that I last saw h[illegible] alive on 6-28th , 1931

and that death occurred, on the date stated above, at one a m

The CAUSE OF DEATH* was as follows:

Uremia Insufficiency

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (secondary) Hypertrophic degeneration + Arteriosclerosis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 607 Primrose Ave.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical + X Ray findings

(Signed) Hjalmar S. Anderson M. D.

6-28-31 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 7/1 1931

20 UNDERTAKER: Frederick A Cole — 200 W Lombard

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 70077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 124-001 E 70077

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No ST. 26-37 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Paul

(a) RESIDENCE NO. (Usual place of abode) 3608 Pait Ave. ST. 26 WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 ? yrs. mos. ds. How long in U. S., if of foreign birth 40? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) June 10, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Ice plant

(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Frederick Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 JUN 30 1931, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-31

17 I HEREBY CERTIFY, That I attended deceased from 5-21-31, 19, to 6-28-31, 19

that I last saw him alive on 6-28-31, 19

and that death occurred, on the date stated above, at 4:50 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

more than (duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage from oesophageal varix (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 1 hour 2 mos

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed Diagnosis? Autopsy.

(Signed) Paul Padgt. M. D.

6-29 19 31. (Address) Balto. City Hos.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 1st 1931

20 UNDERTAKER: Lilly & Zeiler Inc — ADDRESS: 403 S. Wolfe St

ATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 70078 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70078

50

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S.Curley St. ST., 1-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Catherine Walker

(a) RESIDENCE No. 123 S.Curley St. ST., 1 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stwphen F. Walker,

6 DATE OF BIRTH (month, day, and year) Feb, 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
51	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md,

PARENTS

10 NAME OF FATHER Richard Wittig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Stephen F. Walker husband 1521 Alazanna St.

15 Filed, 1930 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/3 1931 to 6/28 1931, that I last saw h[illegible] alive on 6/27/31, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Metastases

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1929

Was there an autopsy? No

What test confirmed diagnosis? Pathology

(Signed) Reginald Lucas M. D.

1931 (Address) 3165 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinidy Cemetery.

DATE OF BURIAL July 1 1931

20 UNDERTAKER Lilly&Zeiler Inc.

ADDRESS 403 S. WOLfe

THIS IS very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 70079 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70079

CERTIFICATE OF DEATH.

REGISTERED NO. 93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2234 Prentiss Place ST. 8-12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anton Eisenrauch.

(a) RESIDENCE NO. 2234 Prentiss Place ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Marie Eisenrauch

6 DATE OF BIRTH (month, day, and year) May 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Lee Eisenrauch. Son
(Address) 2234 Prentiss Place

15 JUN 30 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I attended deceased from 6/28 19 31 to 6/28 19 31

that I last saw him alive on 6/28 19 31

and that death occurred, on the date stated above, at 10 AM m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Mitral Art Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. S. Frank M. D.

6/30 1931 (Address) 29 39th - Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Hearts Cemetery

DATE OF BURIAL July 1 1931

20 UNDERTAKER Lilly & Zeller Inc

ADDRESS 403 s Wolfe St

...TION IS VERY important. See instructions on back of certificates.

1-36—M. & T.—100 B—50L

E 70080

E 70080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-37

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., WARD)

2-FULL NAME Mary Lewis McElroy

(a) RESIDENCE NO. 1513 Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of xxxxxxx McElroy

6 DATE OF BIRTH (month, day, and year) 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgia

PARENTS

10 NAME OF FATHER xx xBussey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Polly xxxxxx

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Alexander Lewis

(Address) 1513 Edmondson Ave

15 JUN 30 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia-Spontaneous Abortion

(5 mons pregnancy)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D. Coroner

6/30/31 (Address) 508 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Columbus O. Md — DATE OF BURIAL 6-30, 31

20 UNDERTAKER Durst Easton — ADDRESS 916 Dawson

TION is very important! See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 7008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 4404 Roland Ave. ST. 27-49 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary C. Monroe

(a) RESIDENCE NO. 4404 Roland Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Warfield Monroe

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md.

PARENTS

10 NAME OF FATHER James Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Ruth Durbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co., Md.

14 Informant Mrs. Nellie D. Green

(Address) 4404 Roland Ave.

15 Filed 6 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6, 30, 31.

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to June 30, 1931

that I last saw h er alive on June 29, 1931

and that death occurred, on the date stated above, at 2 10 a m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. 3 mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Edwin F. Wagner M. D.

6/30 1931 (Address) The Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Canton, Ohio — DATE OF BURIAL: 7/1/31 19

20 UNDERTAKER: Henry A. Myers Son — ADDRESS: 508 W. Eutaw

TION is very important. See instructions on back of certificate.

Spmr.—9-30—A. & Co.—250 Blks

E 70082

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70032

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) ST. 17-24 WARD

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No

2 FULL NAME Mattie Harris

(a) RESIDENCE NO 656 W. Hoffman st. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Harris

6 DATE OF BIRTH (month, day, and year) Jan. 1,1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS
10 NAME OF FATHER Creed Wyatt
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Annie ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 JUN 30 1931 19 Registrar

5927

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27,1931

17
I HEREBY CERTIFY, That I attended deceased from June 4, 19 31, to June 27, 19 31
that I last saw her alive on June 27, 19 31
and that death occurred, on the date stated above, at 11.45 p.m.
The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) David Seamer M. D.
6-28, 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

Filed JUN 30 1931
C. HAMPSON JONES, M. D.
Registrar

Mary W. Grow
JOHNS HOPKINS HOSPITAL

Paige Lively
Undertaker

Date of Burial 6/29/31

Address 1 mile Ft.

JUN 193

TION is very important. See instructions on back of certificate.

AaCo. 5-31 1500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70083

CERTIFICATE OF DEATH

154 E 70083

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 16-68 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Altaugh

(a) Residence: No. (Usual place of abode) St., Ward. (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or 15 min.
Premature				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Mary E. Baugh

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

15. MAIDEN NAME Catherine Becker

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Father of Infant
(Address)

18. PLACE OF DEATH OR REMOVAL
SINAI HOSPITAL
Place Date 1931

19. UNDERTAKER
(Address)

20. FILED 6-30-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29-1931

22. I HEREBY CERTIFY, That I attended deceased from June 29 1931, 1931, to June 29, 1931

I last saw h.. alive on June 29, 1931 death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Prematurity (Premature Infant) Born by prolapsed Cord	
(b)	
(c)	
(d)	

Other contributory causes of importance: Insufficient Vitality

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph B. Laukaitis, M. D.

(Address) 1213 Light St.

OCCUPATION is very important. See instructions on back of certificate.

E 70034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 70034

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 214 S. Charles ST. 23-31 (WARD)

2-FULL NAME Fred. A. Krause.

(a) RESIDENCE NO. 1216 S. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E. Krause

6 DATE OF BIRTH (month, day, and year) Feb 24, 1865

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Director

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Charles L. Krause

11 BIRTHPLACE OF FATHER (City or town) (State or country): Paris France

12 MAIDEN NAME OF MOTHER: Marie A Fichet

13 BIRTHPLACE OF MOTHER (City or town) (State or country): France

14 Interment (Address): Cathedral Cemetery

15 [illegible] 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29, 31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1926 to June 29, 1931.

that I last saw him alive on June 29, 1931.

and that death occurred, on the date stated above, at 5.40 P.M.

THE CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-vascular - renal disease several (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchr - pneumonia (duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A Allen Inzoman M. D.

19 (Address) 2840 Mt. Royal Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 6/2 1931

20 UNDERTAKER: John J. Fahys & Son — ADDRESS: 318 Eight St.

TION is very important See instructions on back of certificates.

Spec.—2-29-27—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70085

E 70085

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4003 Bonner Road ST. 15-65 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa Krausse

(a) RESIDENCE NO. 4003 Bonner Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of August J. Krausse

6 DATE OF BIRTH (month, day, and year) 3/24/63

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Adan Gottschalk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Weisenborn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lillian K. Gaither

(Address) 201 Ridgerncade Road

15 6-30-1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/31

17 I HEREBY CERTIFY, That I attended deceased from June 2. 19 3. to June 29. 19 3.

that I last saw h er alive on June 29. 19 3. and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Mitral & Aortic Insufficiency. Chronic Rheumatism 5 yrs. mos. da.

CONTRIBUTORY (Secondary) Duodenal Ulcer (duration) 1 yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

. 19 (Address) 1 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy.

DATE OF BURIAL: 7/1 19 31

20 UNDERTAKER: John O. Mitchell & Son ADDRESS 1010 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Blks.

E 70086

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 ✓ E 70086

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2466 Druid Hill Ave. ST. 13-59 (WARD)

2—FULL NAME Claudius H. Bird

(a) RESIDENCE NO. 2466 Druid Hill Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia E. Mathews

6 DATE OF BIRTH (month, day, and year) 9/29/64

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Meat dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

PARENTS

10 NAME OF FATHER: Joseph A. Bird

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ellen Eubank

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs. Amelia E. Bird

(Address) 2466 Druid Hill Ave.

15 Filed 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29/31

17 I HEREBY CERTIFY, That I attended deceased from [redacted] Thurs 29, 1931 to Thurs 29, 1931.

that I last saw him alive on Thurs 29, 1931

and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:

Hyp. cardiac decompensation ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sorrow this patient to have before death. (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) Roden V. Butler, M. D.

, 19 (Address) 1 W Madison Ave Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemy.	7/2/ 1931

20 UNDERTAKER: John O. Mitchell & Son ADDRESS 1916 Eutaw Place

Spec.—9 30—A. & Co.—250 Blks.

E 70087 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-80 E 70087

REGISTERED NO. 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 19 S. Fulton Ave. (St.) (Ward)

2. FULL NAME Alice A. Hagerty

(a) RESIDENCE NO. 19 S. Fulton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August, 27.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 70		10	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Texas, Md.

PARENTS

10 NAME OF FATHER Thomas Hagerty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Mr Stephen I. O'Neill 19 S. Fulton Ave.

15 Filed 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/28/31

17 I HEREBY CERTIFY, That I attended deceased from 6/26, 19 31, to 6/28, 19 31, that I last saw h alive on 6/28, 19 31, and that death occurred, on the date stated above, at 8:30 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage 2d.

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. J. Stacy Jr. M. D.

19 (Address) 40 E Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: July I 19 31

UNDERTAKER: Margaret S. Flynn — ADDRESS: 1411 Eutaw Pl

FROM is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 70088

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70088

CERTIFICATE OF DEATH

181

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2 West Baltimore ST. 15-18 WARD 8

2-FULL NAME Lizzie Koshlenzmundt

(a) RESIDENCE NO. 1818 Warwick PL ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a If married, widowed, or divorced (h) HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	48	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Koshlenzmundt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise L. Chantoth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mary Koshlenzmundt 1818 Warwick

15 Filed ..... 192 .... C. HAMPSON JONES, M. D. Registrar

JUN 30 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

1a 2nd Burns

1b

1c

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Scalds or fire caught

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physician

(Signed) [illegible] Coroner, M. D.

19 (Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Western Cemetery

DATE OF BURIAL July 2 1931

20 UNDERTAKER Harry W. Eble

ADDRESS 1744 W. Pratt

TION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L.

E 70089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92,001 E 70089

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. (Ward) 18-26

2-FULL NAME Wm Maddox Jr.

(a) RESIDENCE NO. 1168 W. Fairmount St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Md Casualty

9 BIRTHPLACE (city or town) (State or country) Eriole Md.

PARENTS

10 NAME OF FATHER Edw Maddox.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Melvina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Maddox
(Address) Eriole, Md

15 Filed ..... 1931 By C. HAMPSON JONES, M. D. Registrar

30193 M.C.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Jno F Key M. D. (Coroner)

19 (Address) Towson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	July 1st 1931
UNDERTAKER Robert Wellemin	ADDRESS 1175 W Lafayette

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 70090 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 70090

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. (or HOSP.) 4-30

2 FULL NAME Charles D. Stabler

(a) RESIDENCE NO. 314 E St. (Usual place of abode) ST. Sparrows Point, Md. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) April 5 1864

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or m.
67	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter for Bethlehem Steel Co. 0/5

(b) General nature of industry, business, or establishment in which employed (or employer) Freeland

(c) Name of employer Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Daniel E. Stabler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Catherine Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) Freeland (State or country) Md.

14 Informant (Address) Mr Jacob H Stabler Sparrow Point Md

15 Filed 1931 Registrar

C. HAMPSON JONES, M. D.

30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30-31

17

I HEREBY CERTIFY, That I attended deceased from April 4, 1931, to June 30, 1931

that I last saw him alive on June 30, 1931

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Syphilitic cardio-vascular disease.

Syphilis, tertiary.

Arteriosclerosis, general.

(duration) ? yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Myocardial insufficiency.

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Signs, symptoms, autopsy.

(Signed) Sosthorn Baker M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Freelands - Md. DATE OF BURIAL: July 3 1931

20 UNDERTAKER: Stewart Memorial Co ADDRESS: Baltimore

IMPORTANT. See instructions on back of certificate.

Spec.—12-9/25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70091

CERTIFICATE OF DEATH. × 131

E 70091

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Infirmary Ward) 6 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr. Rufus L. Gott

(a) RESIDENCE NO. Walkerville Md. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Eva Gott

6 DATE OF BIRTH (month, day, and year) Oct. 13th 1867

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	63	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work former

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town)

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Gott

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

12 MAIDEN NAME OF MOTHER Boyd

12 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

14 Interment

(Address) Mrs. Theodore Fritz 203 Carrollton Road

15 JUN 30 1931 C. HAMPSON JONES, M. D. 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

June 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 26 1931, to June 29, 1931, that I last saw h/SX alive on June 29, 1931, and that death occurred, on the date stated above, at 12-25 a m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis,

(duration) 18 yrs. mos. ds.

CONTRIBUTORY Uremia

(Secondary)

(duration) yrs. mos. 3 ds.

Is Where was disease contracted

If not at place of death!

Did an operation precede death! Date of

Was there an autopsy! No

What test confirmed diagnosis!

(Signed) James F Garey, M. D.

, 19 (Address) Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mutual, Calvert Co. Md. Date of Burial 7/1/1931

20 UNDERTAKER E. I. Fanning & Son ADDRESS 1938 E Lafayette

BE PROPERLY CLASSIFIED. FAILURE STATEMENT OF OCCUPATION IS OF DEATH in plain terms, so that it may be pro very important. See instructions on back of cer

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70092

E 70092

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4026 Rogue Rd ST. 27 WARD 55

2-FULL NAME Marie Jahnigen

(a) RESIDENCE NO. 4026 Rogers ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Chas. Jahnigen

6 DATE OF BIRTH (month, day, and year): 1851 - Jan 27

7 AGE: Years 80 | Months 5 | Days 3 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Germany

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Henry Stribus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Susanna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Katherine Jahnigen (Address) 4026 Rogers Ave

15 Filed 30 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) ..... M. D.
(Address) ..... (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 2/1/31

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Paul St

N TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70093 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 50 E 70093

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St. Josephs Hospital
CITY OF BALTIMORE. (No.) Caroline & Oliver Sts. WARD 15

2 FULL NAME Lennie Croxton

(a) RESIDENCE NO. 1339 Mount St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Willard Haynie

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE — Years: 45 — Months: 2 — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Northumberland Co Virginia

PARENTS
10 NAME OF FATHER: Gustavus Croxton
11 BIRTHPLACE OF FATHER (city or town) (State or country): Via
12 MAIDEN NAME OF MOTHER: Harriett Jackson
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Via

14 Informant (Address): Miss Blanch Croxton 1339 N. Mount St.

15 Filed 1-1-1931, 19 — HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 1931

17
I HEREBY CERTIFY, That I attended deceased from June 23, 1931, to June 28, 1931
that I last saw her alive on June 28, 1931
and that death occurred, on the date stated above, at 11:20 p.m.
The CAUSE OF DEATH* was as follows:
General Catecondustons
Eclampsia
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary): Nephritis
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis: Clinical & Urg.
(Signed) W. T. Bunting M. D.
, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evan Wharf Va
DATE OF BURIAL: 7-1-31
20 UNDERTAKER: Geo Chas. E. Bailey
ADDRESS: 1425 Jefferson St

FROM IS very important. See instructions on back of certificate.

1-30—M. & T.—100 B—56L

70094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH Edmondson Comp. 2E. Dorm. (Usual place as Hospital)

CITY OF BALTIMORE; (No. ~~330 N. Eden St.~~ 3-5 WARD)

REGISTERED NO. 70094

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Zappa

(a) RESIDENCE NO 330 S Eden St ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6 DATE OF BIRTH (month, day, and year) July 4, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Stone Mason

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Nicholas Zappa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Katie Zocca

13 BIRTHPLACE OF MOTHER (city or town) (State or country) United States

14 Informant Michael Zappa

(Address) 330 S Eden St.

15 Filed JUL 1 1931, 192 A. M.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

**Hemorrhage due to incised wound of neck. Cut with razor. Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes. Inquest later

What test confirmed diagnosis?

(Signed) J. J. Hoffman, M. D. Coroner

7/1/31 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem. DATE OF BURIAL: July 2 1931

20 UNDERTAKER: Rendall & Lippel ADDRESS: 300 Eden St

TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70095

CERTIFICATE OF DEATH.

X 6 002

E 70095

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Eleanor Kirkland

(a) RESIDENCE NO. Church Home & Infirmary Ward Virginia

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widowed

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Southampton Co VA

(State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (City or town)

(State or country) Va

14 Informant (Address) Anna Mullan Southampton Co Va

15 Filed JUL 1 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1931

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1931, to June 30, 1931,

that I last saw her alive on June 29, 1931,

and that death occurred, on the date stated above, at 9:45 A.m.

The CAUSE OF DEATH* was as follows:

Hyperthyroidism

(duration) 20 yrs.? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: History, Physical Examination Basal metabolism test

(Signed) Francis Nevitt, M. D.

June 30 1931 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem Date of Burial 7/0 1931

20 UNDERTAKER: Robert Brooks & Son ADDRESS Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

AACo. 5-11 2509

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70096

CERTIFICATE OF DEATH

92-001

E-70096

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 302 W. 30 St. St. 12-51 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora Dunn

(a) Residence: No. 302 W. 30 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward G Dunn

6. DATE OF BIRTH (month, day and year) Dec 14 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME William Bohrs

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anna Horney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edward F. Dunn

(Address) 302 W 30 St

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date July 2 1931

19. UNDERTAKER H. B. Marshall

(Address) 3539 Falls Road

JUL 1 1931 19 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) June 30 1931

22. I HEREBY CERTIFY, That I attended deceased from June 2 1931 to June 29 1931

I last saw him alive on June 29 1931 death is said to have occurred on the date stated above, at 8:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	One year
Enlarged liver with ascites	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Emily E Long M. D.

(Address) 729 Cathedral St.

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70097

34 E 70097

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospitals St. 7-13 Ward)

2-FULL NAME George Powell

(a) RESIDENCE NO. 238 N Wolf St., Ward

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

Single

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Albert Powell

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Wilhelmina Sargent

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant (Address) Wilhelmina Powell 238 N. Wolf St

15 Filed JUL 1 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry, thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Valvular Dilatation

(duration) yrs. mos 1/4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Thomas A Hinton M. D.

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cemetery	July 1 1931
20 UNDERTAKER: Edward Bryan	ADDRESS 1631 Orleans St

IMPORTANT—Certificate of DEATH must be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—9-26—A. A. Co.—250 Blks.

E 70098 HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 70098

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) (Ward) 2-4

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lorenzo Kilburn

(a) RESIDENCE NO. 249 S. Durham ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Kilburn

6 DATE OF BIRTH (month, day, and year) ? 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Somerset Co. Md.

PARENTS

10 NAME OF FATHER: John W. Kilburn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Kinder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 [illegible] HAMPSON JONES, M. D. Registrar

JUL 1 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-28-31

17

I HEREBY CERTIFY, That I attended deceased from 6-15-31, 19, to 6-28-31, 19

that I last saw him alive on 6-28-31, 19

and that death occurred, on the date stated above, at 3:45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical exam + x-Ray.

(Signed) Paul Padgett. M. D.

6-29-19 31. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sharp St Cem. — DATE OF BURIAL: 7-1-1931

20 UNDERTAKER: Byron Knight 1218 McCulloh St — ADDRESS

(Use back of certificate. See instructions on back. IMPORTANT is very important.)

1-30—M. & T.—100 B—501.

E 70099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-023 E 70099

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1690 Darley Avenue ST. 8-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME JAMES F. PENN

(a) RESIDENCE No 1690 Darley Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza V. Penn

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015
(c) Name of employer: Md. Steel Co.

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

PARENTS

10 NAME OF FATHER: John W. Penn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Emily Akehurst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Eliza V. Penn

(Address) 1690 Darley Ave.

15 Filed July 1, 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Chr Myocarditis-Arthritis of lumbar spine. General Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

7/1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL 7/2 1931

20 UNDERTAKER: Frederick Lancaster Son — ADDRESS 7401 Belair Rd

TION is very important. See instructions on back of certificate.

Spec.—2-23-28—L. F. S.—500 Blks.

Homer Hall

HEALTH DEPARTMENT—CITY OF BALTIMORE

70100 X 121 ✓ F 70100

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland Gen. Hospital ST. 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2—FULL NAME Homer Hall

(a) RESIDENCE NO. 511 East 41st ST. WARD Preston Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of ✓

7 DATE OF BIRTH (month, day, and year) Apr 9 1911

8 AGE — Years: 20 — Months: 2 — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bethlehem Maryland

PARENTS

10 NAME OF FATHER Marshall Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Virginia Mayers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital records

(Address)

15 Filed ..... 19 .... C. HAMPDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1-1931

17 I HEREBY CERTIFY, That I attended deceased (from 6-21, 1931, to 7-1, 1931, that I last saw him alive on 7-1, 1931, and that death occurred, on the date stated above, at 5:15 a m.

The CAUSE OF DEATH* was as follows:

Empyema appendicitis
Intestinal obstruction
& intoxication (Intestinal)

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 6-22-31

Was there an autopsy?

What tests confirmed diagnosis? Clinical

(Signed) Robert F. Kennedy M. D.

7/1, 1931 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Preston Md — DATE OF BURIAL July 1 1931

20 UNDERTAKER J. J. Gue — ADDRESS Preston Md

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70101

CERTIFICATE OF DEATH

8-2-88 E 70101

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital ST. (or WARD) 9-4 Ho

2 FULL NAME James B Evans

(a) RESIDENCE NO. 2647 Asquith ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Bessie Cudden Evans

6 DATE OF BIRTH (month, day, and year) Aug. ? 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer M & Casualty Co.

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Ann? Black

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Rev. Wm C Evans

(Address) 554 Main St. Chatmton

15 Filed C. HAMPTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 21, 1931, to June 27, 1931

That I last saw h(im) alive on June 27, 1931

and that death occurred, on the date stated above, at 9:20 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 4 hrs.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) George H. Yeager M. D.

(Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cem DATE OF BURIAL July 2 19 31

UNDERTAKER Wm Flickner & Sons ADDRESS Norrista

TION IS VERY important. See instructions on back of certificate.

1 Spec.—9-30—A. & Co.—250 Blks.

E 70102 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

X 126 E 70102

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St. 30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Chaney

(a) RESIDENCE NO. Laurel, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	married

5a If married, widowed, or divorced (or) WIFE of Charles O Chaney

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Laurel md

PARENTS

10 NAME OF FATHER Charles O. Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Laurel md

12 MAIDEN NAME OF MOTHER Florence Taddiken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Laurel md

14 Informant (Address) Charles O Chaney Laurel md

15 [illegible] E. HALL ROYE JONES, M. D. Registrar

JUL 1 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17 I HEREBY CERTIFY, That I attended deceased from 6-23, 1931, to 7-1, 1931

that I last saw her alive on 7-1, 1931

and that death occurred, on the date stated above, at 5 50 A m.

The CAUSE OF DEATH was as follows:

Cholelithiasis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 6-25-31

Was there an autopsy? Yes No

What test confirmed diagnosis? clin & lab.

(Signed) George H Yeager M. D.

7/1, 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel md

DATE OF BURIAL 7/3, 1931

20 UNDERTAKER The W.C. Whit. Co.

ADDRESS Laurel Md

FROM BACK OF CERTIFICATE: Read carefully important instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

E 70103 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70103

CERTIFICATE OF DEATH

1 PLACE OF DEATH Sinai Hospital 18-29 (WARD) REGISTERED NO 93-003

CITY OF BALTIMORE: (No (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isaac Rappaport

(a) RESIDENCE NO 925 W. Baltimore St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6 DATE OF BIRTH (month, day, and year) Feb 17 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Rappoport

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fannie Kleprotsky

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Annie Rappoport (Address) 925 W. Balto st

15 Filed JUL 1 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1/31

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to July 1st, 1931

That I last saw h alive on July 1st, 1931

and that death occurred, on the date stated above, at 1:15 a. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Physical Signs

(Signed) M L Levin M. D.

7/1 1931 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale Cemetery

DATE OF BURIAL 7/1 1931

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E. Balto St

(1) Use typewriter or pen and ink. (2) Fill in all blanks. (3) Make no erasures. (4) Write plainly. (5) Spell out all words. (6) Do not abbreviate. (7) Use ditto marks sparingly. (8) Be sure to answer every question. (9) Be sure to sign certificate.

IMPORTANT. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 70104

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 10-13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jerome Hopkins

(a) RESIDENCE NO 1415 Ashland ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 30 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	16	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Bd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Salt City
State or country)

PARENTS

10 NAME OF FATHER John Hopkins

11 BIRTHPLACE OF FATHER (city or town) D. C.
(State or country)

12 MAIDEN NAME OF MOTHER Julia Stuart

13 BIRTHPLACE OF MOTHER (city or town) D. C.
(State or country)

14 Informant Julia Hopkins
(Address) 1415 Ashland Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lob Broncho-Pneumonia
following Mid Drowning
(Accidental water Drowning)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.
Coroner

1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	July 1 1931
20 UNDERTAKER Wm. P. G. Elliott	ADDRESS 1725 Ashland Ave

HAMPTON JONES, M. D.

IMPORTANT—See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 70105

E 70105

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 Warner St ST. 22nd WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katie Helene Austin

(a) RESIDENCE NO. 608 Warner St ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. (?) mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edw. Austin

6 DATE OF BIRTH (month, day, and year): July 1, 1913

7 AGE: Years 17 Months 11 Days 25 (17)

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Bedford County Va

PARENTS

10 NAME OF FATHER: Wm. Loyer

11 BIRTHPLACE OF FATHER (City or town) (State or country): Bedford Co. Va.

12 MAIDEN NAME OF MOTHER: Katie H. Loyer

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Bedford Co Va

14 Informant (Address): Edw. Austin

15 Filed ... 19... Registrar

C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb 21 to June 28, 1931.

that I last saw her alive on June 27, 1931.

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Chas. Lopiccolo, M. D.

19 (Address) 615 S. Paca St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion

DATE OF BURIAL: July 1st 1931

20 UNDERTAKER: Joseph A. Sisk

ADDRESS: 4092 N. Mount St.

TION is very important. See instructions on back of certificates.

Spec.—2-28-28—L. F. S.—500 Blks.

Carlson

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 E 70106

E 70106

REGISTERED NO. 27-55

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Carlson

(a) RESIDENCE NO. 5603 N. Francisco Ave WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-28-31

7 AGE — Years — Months — Days 2 hrs. — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER John Wm. Carlson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma J. Smallwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital records
(Address)

Filed JUL 1 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from 6-28, 1931, to 6-30, 1931, that I last saw h/pm alive on at Midnight 6-30-1931 and that death occurred, on the date stated above, at 1 A Midnight m.

The CAUSE OF DEATH* was as follows:

Heart exhaustion
(Premature & small baby)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 7/2/31

20 UNDERTAKER: Harry H. Wilkes — ADDRESS: 4 E. Lanvale St

Spec.—9-30—A. & Co.—250 Blks

E 70107 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70107

CERTIFICATE OF DEATH

REGISTERED NO. 107-001

1 PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE: (No. 15 14 Division ST. 1877 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Constance Claire Ford

(a) RESIDENCE NO. 1503 N. Mulberry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 1 | Months: 19 | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Alexandria Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt. Md.

12 MAIDEN NAME OF MOTHER: Minnie James

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt. Md.

14 Informant: Minnie Clark

(Address) 1503 W. Mulberry St

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-29-31

17 I HEREBY CERTIFY, That I attended deceased from 6-5-, 1931, to 6-29-, 1931

that I last saw her alive on 6-29-, 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Measles

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George McDonald M. D.

6-30 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: July 2, 1931

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS 322 [illegible]

IMPORTANT. See instructions on back of certificates.

AsCo. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70108 E 70108

CERTIFICATE OF DEATH Registered No. 108

1. PLACE OF DEATH South Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-31 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Jackson

(a) Residence: No. 154 W. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Black | 5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): M

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): ~~June 11 1909~~ 11 D

7. AGE: Years 21 ~~21~~ | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer jb
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER'S NAME AND BIRTHPLACE ARE REQUIRED BY LAW; IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MOTHER
13. NAME: Charles Jackson
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Bessie Jones
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Hugh Colbert, (Address) 245 Pinkett St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Cemetery Date July 1931

19. UNDERTAKER: Mrs. Kate R. Williams (Address) 222 N. Edmondson Ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to June 27, 1931

I last saw him alive on June 27 1931 death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6/18/31
Acute cardiac dilatation	4 hrs 6/20/31
Toxemia	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Records Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph G. Laukaitis, M. D.
(Address) 1213 Light St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70109 CERTIFICATE OF DEATH 108 E 70109

13-52

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD

2 FULL NAME Charles Dennis

(a) RESIDENCE NO. 923 N. Holl St ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
Male	Black	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Frank Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Portugal

12 MAIDEN NAME OF MOTHER Lenton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Lenton

14 Informant (Address)

Filed JUL 1 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29/31

17
I HEREBY CERTIFY, That I attended deceased from June 28, 1931, to June 29, 1931
That I last saw him alive on June 29, 1931
And that death occurred, on the date stated above, at 9:18 A.m.

The CAUSE OF DEATH* was as follows:
Lobr. Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (secondary) Duchenne ataxia with visual paralysis
(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of June 25 1931
Was there an autopsy? Yes.
What test confirmed diagnosis? autopsy
(Signed) Dana W. Hickey M. D.
(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hampden DATE OF BURIAL: July 1 1931

20 UNDERTAKER (Address): Ebenezer Don Chestnut Jr 3617

Spec.—9-26—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70110

CERTIFICATE OF DEATH

X 94-002 E 70110

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 3649 Chestnut Ave. 13-52 WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Kate M Valentine

(a) RESIDENCE NO. California ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Talbert O Valentine

6 DATE OF BIRTH (month, day, and year) March 5 1865

7 AGE: Years 66 | Months 3 | Days 25 | If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS
10 NAME OF FATHER James Lambert
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Jane Baldwin
13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14 Informant Mat Valentine
(Address) 3649 Chestnut Ave

15 Filed ... Registrar

JUL 1 - 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1931

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1931, to June 30, 1931
That I last saw h[illegible] alive on June 30, 1931
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:
Coronary Occlusion

(duration) — yrs. 1 mos. — ds.
CONTRIBUTORY (Secondary) Sclerosis Coronary Arteries
(duration) one yrs. hundred mos. ds.

18 Where was disease contracted if not at place of death? Not known
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Hospital
(signed) C. W. Hidenhover M. D.
July 1 1931 (Address) 850 N. 36th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Los Angeles California — DATE OF BURIAL: July 2 1931

20 UNDERTAKER — ADDRESS 3615 Chestnut Ave

Registrar

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70111

CERTIFICATE OF DEATH

82-006 E 70111

REGISTERED NO.

1-PLACE OF DEATH

15-21 (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

CITY OF BALTIMORE: (No.) Sinai Hospital

2-FULL NAME Isidore Zelkowitz

(a) RESIDENCE NO 1825 N. Pulaski St., ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Zelkowitz

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher 013
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant I. Savage
(Address) 2112 Park Ave.

Filed JUL 1 - 1931 HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7- 1- 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemprrhage- Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Sinai

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

7/1/19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holmes Lorraine

DATE OF BURIAL 7-1- 19 31

20 UNDERTAKER Pace Lewis, Inc.

ADDRESS 1439 E Balto

THION is very important See instructions on back of certificates

Spar.—9-31—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70112

CERTIFICATE OF DEATH

66-005E 70112

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) Monument & Butler (St.) 15-56 (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Agnes Flax

(a) RESIDENCE NO. 3543 Park Heights Ave (St.) WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wolf Flax

6 DATE OF BIRTH (month, day, and year)

7 AGE: ~~55~~ 55 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bessarabia

PARENTS
10 NAME OF FATHER: David Fedder
11 BIRTHPLACE OF FATHER (city or town) (State or country): Bessarabia
12 MAIDEN NAME OF MOTHER: Sophia —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bessarabia

14 Interment (Address): Wolf Flax 3543 Park Heights Ave.

15 Filed ... 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1931 to July 1, 1931
that I last saw her alive on July 1, 1931
and that death occurred, on the date stated above, at 4:30 A. m.

The CAUSE OF DEATH* was as follows:
Thyroid Crisis (following partial Thyroidectomy) X
(duration) yrs. mos. ds.
CONTRIBUTORY (secondary): Chr myocarditis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of June 29, 1931
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) J. E. Bardeen M. D.
19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Friendship — DATE OF BURIAL: 7-1-19 31

20 UNDERTAKER: Isaac Levin, Inc — ADDRESS: 1432 East

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70113

CERTIFICATE OF DEATH

8-2-01 E 70113

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

E 70113

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E. 28th ST. 9-46 WARD)

2-FULL NAME Ida Heath

(a) RESIDENCE NO 1600 E. 28th ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) June 15/1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	0	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm F. Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hannah Waller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Florence M. Heath

(Address) 1600 E. 28th St

15 Filed _____ 192 _____ Registrar C. HAMILTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Dementia

(duration) ? yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____ Coroner, M. D.

8/1/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	July 3 1931
20 UNDERTAKER George W. Zirkler	ADDRESS 1737 E. Eager St

TION is very important See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 70114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70114

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. 3104 Hawkins Point Rd. ST. 25-77 WARD)
Curtis Bay.

2-FULL NAME James Gamble.

(a) RESIDENCE NO 3104 Hawkins Point Rd. ST., WARD
(Usual place of abode) Curtis Bay.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs 0 mos 15 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of XXXXXXXX Rose Gamble.

6 DATE OF BIRTH (month, day, and year) June 14th. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	0	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: News paper carrier.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Daniel Gamble.

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Julia Buckley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Julia Hassell. (sister)
(Address) 3104 Hawkins Point Rd. Curtis Bay.

15 FILED 1 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Opoplexy.

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Theo. M. Reinhardt, Coroner, M. D.

7/1, 1931 Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Patrick's Cemetery	July 2 1931
UNDERTAKER	ADDRESS
Margaret E. Flynn	1422 Light St.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

70115 HEALTH DEPARTMENT—CITY OF BALTIMORE

35 E 70115

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE. (No.) University Hosp. ST. 11-24 (Hospital)
2. FULL NAME James Starnes
(a) RESIDENCE NO. 1115 McCulloh ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hanns

6 DATE OF BIRTH (month, day, and year) Nov 15 70

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work H W
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) UNIVERSITY OF MARYLAND

15 1931 5932 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 25, 1931
That I last saw h alive on June 25, 1931
and that death occurred, on the date stated above, at 2.00 P. m.
The CAUSE OF DEATH* was as follows:
Bilateral tuberculous abscess

(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. mos. 8 ds.
18 Where was disease contracted if not at place of death? at home
Did an operation precede death? yes Date of June 20 1931
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy & Clinical
(Signed) W. H. Varney M. D.
, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
20 UNDERTAKER Commissioner of Health

DATE OF BURIAL 19
ADDRESS JUL 1 - 1931

Spec—9-30—A. & Co.—250 Blks

Webster ✓

E 70116 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 70116

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1506 Hazel WARD 25-77

2 FULL NAME Mary Webster

(a) RESIDENCE NO. 1506 Hazel ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Augustus H. Webster

6 DATE OF BIRTH (month, day, and year) April 3, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Kurtz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magdalena Tenz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Milton Webster

(Address) 1506 Hazel St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1931 ✓

17 I HEREBY CERTIFY, That I attended deceased from May 1 V, 19 31, to June 30, 19 31,

that I last saw h— alive on June 30, 19 31

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonalis.

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Wm. H. Welch M. D.

July 1 19 31 (Address) 4815 - Pennington Ave,

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL July 2 1931

20 UNDERTAKER A. Rand Evans ADDRESS 2 E Fort Ave

FOR A VERY important See INSTRUCTIONS on BACK OF CERTIFICATE.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70117

CERTIFICATE OF DEATH +157-001

E 70117

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. U. of Md. Hosp. 4-30 WARD)

2 FULL NAME Betty May Herman

(a) RESIDENCE NO. Parkton Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Single

(a) If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Clarence Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Lavenia Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Clarence Herman Parkton, Md.

15 Filed 1-1931 C. HAMPSON JONES, M. D. Registrar A.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to July 1, 1931

That I last saw her alive on July 1, 1931

and that death occurred, on the date stated above, at 12:45 P.M.

The CAUSE OF DEATH* was as follows:

Hydro-cephalus

(duration) 3 yrs. mos. days

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George K. Yeager M. D.

1931 (Address) University Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion, Freeland, Balto. Co. DATE OF BURIAL July 3, 1931

20 UNDERTAKER E. Leroy Stiffler, Inc. ADDRESS 125 E. North ave.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70118

CERTIFICATE OF DEATH.

13 E 70118

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2009 E. Monument ST. 7-9 WARD)

2-FULL NAME Mary Necker

(a) RESIDENCE NO. 2009 E. Monument ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
(or) WIFE of Martin Necker

6 DATE OF BIRTH (month, day, and year) Jan 29. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	77	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Dressel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Dressel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Mary E. Necker
(Address) 2009 E. Monument St

15 1931 C. BRAMPSON JONES, M. D. Registrar
A. F. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28 1931

17 I HEREBY CERTIFY, That I attended deceased from January 2. 1926 to June 28 1931.

that I last saw h[illegible] alive on June 28 1931.

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Degeneration

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron. Diffuse Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J. Ayd M. D.

(Address) 2009 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 2 1931
20 UNDERTAKER	ADDRESS
J. William Etchasoff	1816 Monument

TION is very important. See instructions on back of certificates.

1-30—M & T—200 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70119

93-003 E 70119

REGISTERED NO.

1-PLACE OF DEATH

20-71

CITY OF BALTIMORE: (No. 3908 Old Frederick Road ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Elizabeth Eurich

(a) RESIDENCE NO 3908 Old Frederick Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Eurich

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer ----

9 BIRTHPLACE (city or town) --- (State or country) Germany

10 NAME OF FATHER Unknown--Dittmar

11 BIRTHPLACE OF FATHER (city or town) -- (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) -- (State or country) Germany

PARENTS

14 Informant Mrs. Catharine L. Johnson

(Address) Ridgeway Rd., Catonsville

15 Filed JUL 2-1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocardial Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ----

(Signed) Guy N. Cromwell, M. D. (Coroner)

7/1/1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forrestview Cem.	7-3 1931
20 UNDERTAKER [illegible]	ADDRESS Ellicott City

SEE instructions on back of certificates. IMPORTANT!

Spec.—6-31—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70120

CERTIFICATE OF DEATH

W-001 E 70120

1 PLACE OF DEATH — CITY OF BALTIMORE: (No.) 24 Druid Hill Ave (ST.) (WARD) 9-17

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John McNicholas

(a) RESIDENCE NO. 911 786 Sparrow Pt. Md (ST.) (WARD)
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22 86

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Electrician at
(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co
(c) Name of employer: Sparrows Point Md Balto. Md.

9 BIRTHPLACE (City or town) (State or country)

PARENTS
10 NAME OF FATHER: Patrick Mc Nicholas
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.
12 MAIDEN NAME OF MOTHER: Julia Hurst.
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Julia A. Birmingham Essex Md

JUL 2 - 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17 I HEREBY CERTIFY, That I attended deceased from 6-14-31, 19 to 7-1-31, 19
that I last saw h— alive on 7-1-31, 19
and that death occurred, on the date stated above, at 11 A M.
The PLACE OF DEATH was as follows: Plastic Meningitis of Unknown Origin

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Tuberculosis
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of
Was there an autopsy?
What test confirmed diagnosis? Blue Copy.

(Signed) W B Hamilton M. D.
19 Address 201 Bayview Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	July 4th 1931
20 UNDERTAKER: Lilly & Geier Inc.	ADDRESS: 403 S. Wolfe St

Bpx—1-30—M & T—250 Blks

E 70121

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004 E 70121

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 Elliott ST., 20 WARD)

2-FULL NAME Peter Kauffle

(a) RESIDENCE No. 3118 Elliott ST. 1 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Kauffle

6 DATE OF BIRTH (month, day, and year) Sept 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer at ff

(b) General nature of industry, business, or establishment in which employed (or employer) a a a. Co.

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Switzerland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) Switzerland (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) Switzerland (State or country)

14 Informant William Glass (Address) 3118 Elliott St.

15 June 2nd 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30th 31

17 I HEREBY CERTIFY, That I attended deceased from June 23 , 19 31 , to June 30th , 19 31 .

that I last saw him alive on June 28th , 19 31

and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Asthmatic Bronchitis

(duration) 3 yrs. mos. da.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical signs of dest

(Signed) D. H. Bronnum Jr. M. D.

, 19 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: First Evangelical Lutz Cemetery — DATE OF BURIAL: July 2nd 1931

20 UNDERTAKER: Libby + Zeiler Inc. — ADDRESS: 408 S. Wolfe St

1-10—M. & T.—100 B—56L.

E 70122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179 E 70122

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Anna M. Walton

(a) RESIDENCE NO. 541 S. Curley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 12/29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. R. Walton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Augusta L. Allgeier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Wm. R. Walton

(Address) 541 S. Curley St

15 Filed JUL 2 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Naptha Poisoning- Swallowed Brass Polish (Accidental)

(duration) yrs. mos 14 hrs

CONTRIBUTORY (Secondary) Odema of Lungs (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J F Walton, M. D. Coroner

19 (Address) 506 N. North Ave

July 2/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loretto Reformed Cemetery	July 1931
21 UNDERTAKER Libby Funeral Co.	ADDRESS 1408 W. North Ave

TION is very important. See instructions on back of certificate.

UL 2 1931

HARRISON JONES

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70123

59 VE 70123

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1321 W. Fayette St. 19-76 Ward)

2-FULL NAME William H. Smithson

(a) RESIDENCE NO. 1321 W. Fayette St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
M	W	Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	6	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Hebrew School

9 BIRTHPLACE (city or town): Maryland
(State or country)

PARENTS

10 NAME OF FATHER: Hezekiah Smithson

11 BIRTHPLACE OF FATHER (city or town): Washington
(State or country): D. C.

12 MAIDEN NAME OF MOTHER: Rachael Unknown

13 BIRTHPLACE OF MOTHER (city or town):
(State or country): England

14 Informant (Address): Emma Smithson 1321 W. Fayette St.

15 Filed 6-1931 C. HARRISON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Jury of autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy H. Cromwell M. D.

6/30. 1931 (Address) 203 Patapsco Ave. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mehrick Cem. Elkridge	7/2 1931
20 UNDERTAKER: Freeman Coale	ADDRESS: 1217 St. Paul St.

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 lots

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70124 — 12-E-70124

CERTIFICATE OF DEATH

1 PLACE OF DEATH 1 E 28th, Druid Hill Ave.
CITY OF BALTIMORE (or) Baltimore
2 FULL NAME Charles Martin
(a) RESIDENCE NO. 601 E. 28th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Nannie G Martin

6 DATE OF BIRTH (month, day, and year) June 14th 1865

7 AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66	0	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) R.R.
(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Montgomery Co Md

PARENTS
10 NAME OF FATHER Thos Martin
11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co Md
12 MAIDEN NAME OF MOTHER Priscilla Howard
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Co Md

14 Informant (Address) Nannie G. Martin 601 E. 28th St

JUL 2 - 1931

FRED. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17 I HEREBY CERTIFY, That I attended deceased from 6-28, 1931 to 7-1, 1931, that I last saw h alive on 7-1, 1931 and that death occurred, on the date stated above, at 6 10P m.

The CAUSE OF DEATH* was as follows:
Ruptured gall bladder.
Diffuse Peritonitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Catarrhal Jaundice

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 6-28-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm B Kemp M. D.

19 (Address) 601 E 28th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery Frederick Md	7/4/ 1931

21 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

(Over for very important See instructions on back of certificate.)

Spec.—1-30—M. & T.—250 Blks

70125

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70125

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1204 Hollins ST. 18-29 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cordelia Hastons

(a) RESIDENCE NO. 1204 Hollins ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	White	Mar

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alford Hastons

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Fiebt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Steward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Catherine E Clark

(Address) 1204 Hollins St

Filed JUL 2 - 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to June 30, 1931.

that I last saw her alive on June 29, 1931

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Atrio sclerosis

(duration) (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirebral Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) A W Bigelt M. D.

6/30 1931 (Address) 1324 N Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 7-1-1931

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins

Spec.—9-30—A. & Co.—250 Blks.

Martha Jones

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70126

CERTIFICATE OF DEATH

54 E 70126

1 PLACE OF DEATH (a) Residence or Institution 1a Mercy Hospital

CITY OF BALTIMORE: (No.) 6 Caroline St. (Ward) 4

2 FULL NAME Martha Jones

(a) RESIDENCE NO. 914 Jordan St. WARD

(If usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Willie

6 DATE OF BIRTH (month, day, and year): Oct. 1904

7 AGE — Years: 26 — Months: 9 — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Chas. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Ella Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Interment (Address): Martha Jones 914 Jordan St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-1-31

17 I HEREBY CERTIFY, That I attended deceased from 6-22-30 19 to 2-1-31 19

that I last saw h[illegible] alive on 2-1-31 19

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows: Fibroid tumor, Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? N

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.

19 (Address) 2 Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 2/3/1931

20 UNDERTAKER: Mrs. Leo. H. Holland

ADDRESS: 1631 Druid Hill Ave

FEB. 2 - 1931

[illegible] JONES, M. D.

Spec.—9 30—A. & Co.—250 Blks

E 70127 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 191 E 70127

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1707 Madison Ave ST. 14-20 WARD)

2 FULL NAME Martha Brooks

(a) RESIDENCE NO. 1707 Madison Ave ST. — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Richard Brooks

6 DATE OF BIRTH (month, day, and year) Nov 19, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Richard Brooks
(Address): 1707 Madison Ave

15 Filed: UL 2 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 24th 1931, to June 25, 1931

that I last saw h[illegible] alive on June 24th, 1931

and that death occurred, on the date stated above, at 12 midnight

The CAUSE OF DEATH* was as follows: Hem ~~Draft~~ Prostate

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Flio, M. D.

6/30, 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL 7/2/1931

20 UNDERTAKER: Wm. Lee H. Hollan — ADDRESS 1631 Druid Hill

FROM IS VERY important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70128 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 70128

CERTIFICATE OF DEATH

23 V

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 19-27 REGISTERED NO.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Lambert

(a) RESIDENCE NO. 400 N. Gilmor st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) June 4, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45		26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Richmond Virginia

PARENTS

10 NAME OF FATHER: Chas. Lambert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Josephine Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Hospital Records
(Address)

15 JUL 2 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 27, 19 31, to June 30, 19 31

that I last saw h im alive on June 30, 19 31

and that death occurred, on the date stated above, at 8 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous peritonitis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Sena M. D.

7-1 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. DATE OF BURIAL: July 2nd 31

UNDERTAKER: Samuel H. Hensley ADDRESS: 1178 N. Bdle

1-30—M & T—100 B—501.

E 70129

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70129

CERTIFICATE OF DEATH

REGISTERED NO. 8201

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 28-74 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Raynor. Mc. Creary

(a) RESIDENCE NO 418 Kensington Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 4 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb. 1- 1882

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
49	4	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Asst-chief clerk
(b) General nature of industry, business, or establishment in which employed (or employer): BROKR
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm J. McCreary

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y. State

12 MAIDEN NAME OF MOTHER Henrietta E. Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs A.E. McCreary

(Address) 415 Kensington Rd

15 Filed 2-1931 192 C. HAMPSON LEWIS, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 19 31

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexia

(duration) yrs. mos — ds.

CONTRIBUTORY (Secondary) Edema

(duration) yrs. mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) [illegible] Coroner, M. D.

19 (Address) 143 N Gay

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: July 3 1931

20 UNDERTAKER: Chas. E. Staub ADDRESS: 801 Madison Ave

TION is very important. See instructions on back of certificate.

Spec—9-30—A & Co—250 Blks

Bushrod Evans

B. 70130

HEALTH DEPARTMENT—CITY OF BALTIMORE

B. 70130

CERTIFICATE OF DEATH.

1931

1 PLACE OF DEATH

CITY OF BALTIMORE (No. N 32 Mt. Calvert St. WARD 20)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bushrod Evans

(a) RESIDENCE NO. N 32 Mt. Calvert St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 D mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W	Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel Evans

6 DATE OF BIRTH (month, day, and year) Aug 14, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Trade

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Randall Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Amanda Groth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs. Bushrod Evans N 32 Mt. Calvert St.

15 8-2-1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 31

17

I HEREBY CERTIFY, That I attended deceased from July 21 1931 to July 30 1931

that I last saw h alive on July 30 1931

and that death occurred, on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows:

Acute Prostratus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Cystitis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. Hampson Jones M. D.

(Address) 827 Madison

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery

DATE OF BURIAL: 7-3-1931

20 UNDERTAKER: Chas. G. Cooper

ADDRESS: 5117 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70131 — 59 — E 70131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Kentucky ave. STA. 8-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Roach

(a) RESIDENCE NO. 2230 Kentucky ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lena Roach

6 DATE OF BIRTH (month, day, and year): Dec. 25/1860

7 AGE: Years 70 | Months 6 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Wm. Roach

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Sarah Baton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mrs. Lena Roach

(Address) 2230 Kentucky

15 Filed 2nd 1931 — HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/30/31

17 I HEREBY CERTIFY, That I attended deceased from 6/4 . 19 31. to 6/30/ . 19 31.

that I last saw him alive on 6/30/ . 19 31

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows: Diabetes mellitus

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sugar in excess in blood & urine

(Signed) E. L. [illegible] M. D.

7-1 . 19 31 (Address) 5314 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 3 1931

20 UNDERTAKER: Jas. J. Derr — ADDRESS: 156 N. Luzerne

Spec.—2-23-28—L. F. B.—500 Blks.

Treasy M Kane

E 70132

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-901 E 70132

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N. Washington ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Margaret Kane.

(a) RESIDENCE NO. 227 N. Washington St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Paul L Turner

7 DATE OF BIRTH (month, day, and year) ? ? 1845

7 AGE: Years 86 Months ? Days ? If LESS than 1 day, hrs. or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER James Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER Susan Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Irene Reinig

(Address) 227 N Washington St

15 Filed 2-1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30/31

17 I HEREBY CERTIFY, That I attended deceased from about Jan 1, 1928, to June 30, 1931, that I last saw h[illegible] alive on June 28, 1931, and that death occurred, on the date stated above, at 4:50 A m.

The CAUSE OF DEATH was as follows:

Hypertension Val Dis Heart

Chronic Bronchitis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, etc

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) C. L. Peters M. D.

June 30 1931 (Address) 224 E 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: July 3 1931

20 UNDERTAKER: Hughes Jones

ADDRESS: 1 W Preston

Spec.—1-20—M.A.T.—250 Blks.

Samuel Wallace

E 70133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70133

CERTIFICATE OF DEATH.

10

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Wallace (Wallace)

(a) RESIDENCE NO. 1710 Bond ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	7	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Clifton Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Lula Burrell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Clifton Wallace 1710 Bond St.

15 Filed 19

[redacted]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 1, 1931, that I last saw him alive on July 1, 1931, and that death occurred, on the date stated above, at 7 05 p. m.

The CAUSE OF DEATH* was as follows:

Tonsil and Laryngeal Diphtheria

(duration) 0 yrs. 0 mos. 7 ds.

CONTRIBUTORY (Secondary) /

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1710 Bond St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cultures - Throat

(Signed) L. Peter Mranchik M. D.

, 19 (Address) Lyden Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 7/2 1931

UNDERTAKER Dine Eastern

ADDRESS 916 Penna Ave

Spot.—9-30—A & A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70134 — 121 E 70134

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 6 Arabia Ave (ST.) (WARD)

2 FULL NAME Mary Conrad

(a) RESIDENCE NO. 904 N Luzerne ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: ———

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 47 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Oscar Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophia Bentzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Sophia Conrad 906 N Luzerne Ave

15 Filed: [illegible] JONES, M. D.

JUL 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-30-31

17

I HEREBY CERTIFY, That I attended deceased from 6-24-31 19 , to 6-30-31 19

that I last saw h alive on 6-30-31 19

and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH* was as follows:

Ruptured Pregnancy Appendices and Hypostic Peritonitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Polyneuritis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? N -

Did an operation precede death? Yes Date of 6/30/31

Was there an autopsy?

What test confirmed diagnosis? Operation

(Signed) A B Thomas M. D.

19 (Address) Jewish Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 4 1931

21 UNDERTAKER: Frank Brack & Son — ADDRESS: 1906 Eutaw Pl

(See instructions on back of certificate.)

Spec.—9-30—A. & Co.—250 Blks

E 70135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46 CE 70135

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Womans Hospital B-4 ST WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME A. Belle Leister.

(a) RESIDENCE NO 28 S. Bond St. ST Westminster, Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper.

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Westminster Maryland.

PARENTS

10 NAME OF FATHER Jacob J. Leister

11 BIRTHPLACE OF FATHER (city or town) Westminster (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Reckard

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) ?

14 Informant (Address) Wm. Hammond Leister 28 S. Bond St. Westminster Md.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931 to July 2, 1931

that I last saw her alive on July 2, 1931

and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) ✓ yrs. 3 mos. ✓ ds.

CONTRIBUTORY (Secondary) Generalized metastases.

(duration) ✓ yrs. 3 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of Apr. 16, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Rudolph J. Schork M. D.

, 19 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md — DATE OF BURIAL: July 5 1931

20 UNDERTAKER: H B Bankard & Son — ADDRESS: Westminster Md

(See instructions on back of certificate)

Spec.—1-30—M. A T.—250 Blks.

E 70136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70136

CERTIFICATE OF DEATH.

18

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Sydenham Hospital ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Crampton

(a) RESIDENCE NO. 758 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 21, 1900

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher's Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER John Crampton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Claire Dennis (Address) 758 Dolphin St.

15 JUL 2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to June 30, 1931, that I last saw him alive on June 30, 1931, and that death occurred, on the date stated above, at 6 35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis (Meningococcus)

(duration) 0 yrs. 0 mos. 3 ds.

CONTRIBUTORY (Secondary) 1

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 758 Dolphin St.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Spinal Punctures

(Signed) L. Peter Meranchi, M. D.

, 19 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	July 2 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1307 Pennsylvania Ave

Spec.—0 20—A. & Co.—250 Blks.

B 70137 # HEALTH DEPARTMENT—CITY OF BALTIMORE 131 B 70137

CERTIFICATE OF DEATH

12-49

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cambridge Arms Apts. ST. 12 WARD

2 FULL NAME EVA ANNA REINHARDT

(a) RESIDENCE NO. Cambridge Arms Apts. ST. 12 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 5 mos. 15 ds. How long in U. S., if of foreign birth? 59 yrs. 5 mos. 15 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr. Otto H. Reinhardt

6 DATE OF BIRTH (month, day, and year) Jany-16-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	59	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER August Ockert

11 BIRTHPLACE OF FATHER (city or town) Dresden (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Bloecher

13 BIRTHPLACE OF MOTHER (city or town) Giesen (State or country) Germany

14 Informant (Address): Dr. Otto H. Reinhardt, (husband) Cambridge Arms Apts. City.

15 7-2-1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July-1-1931

17 I HEREBY CERTIFY, That I attended deceased from June 1st 1931 to July 1- 1931 that I last saw h[illegible] alive on June 29 1931 and that death occurred, on the date stated above, at 5 4 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency
Chronic Diffuse Nephritis

Do not know (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? — — — — —

Did an operation precede death? No Date of — — —

Was there an autopsy? no

What test confirmed diagnosis? Urine examination

(Signed) Elmer B. Freeman M. D.

7/1 1931. (Address) 807 Cathedral St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: LOUDON PARK CEMETERY — DATE OF BURIAL: July-3- 1931

20 UNDERTAKER: Stewart-Bowen Company — ADDRESS: 108-W-North

Spec.—1-30—M. & T.—250 Blks.

E 70138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70138

CERTIFICATE OF DEATH.

REGISTERED NO. 84

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

2-FULL NAME Mary A. E. McConnell

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 6 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE Dead White | 5 Single, Married, Widowed, or Divorced. (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 25 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	9	25 - 6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Home 16 S

(c) Name of employer Home Providence R. I.

PARENTS

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER John McConnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McKenna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Hope Kenna (Address) Mt Hope Retreat

15 Filed 2 - 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1924 . to July 1, . 1931 .

that I last saw her alive on June 30. . 1931 .

and that death occurred, on the date stated above, at 11. A. m.

The CAUSE OF DEATH* was as follows:

Marasmus

(Determining Process) Dementia Praecox

(duration) 2 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Dementia Praecox

(duration) 12 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Bell, M. D.

. 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Providence R I | DATE OF BURIAL July 7 1931

20 UNDERTAKER Stevens & Mowen | ADDRESS Balto

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70139

45 E 70139

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4-6 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William H. France

(a) RESIDENCE NO. 48 Market Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of Industry, business, or establishment in which employed (or employer): 0-30

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Cincinnati, Ohio

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Margaret Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 1931 19 5933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-29-31

17

I HEREBY CERTIFY, That I attended deceased from 6-22-31, 19, to 6-29-31, 19

That I last saw him alive on 6-29-31, 19

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rt. Tonsil
& Metastasis to glands of Neck.

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion & Abstruction Acute Heart Failure

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-29-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Litzenberg M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 2 1931

20 UNDERTAKER [redacted]

ADDRESS [redacted]

C. HAMPSON JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

E 70140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-9L 70140

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (ST.) 15-66 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth M. Penway

(a) RESIDENCE NO. 4046 Clifton Ave ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

a If married, widowed, or divorced HUSBAND of (or WIFE of) Philip Penway

6 DATE OF BIRTH (month, day, and year) May 19, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housf. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frank Feig

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Pauline Waldmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hospital records.

(Address)

15 Filed 7-2-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17 I HEREBY CERTIFY, That I attended deceased from 6-27-, 1931, to 7-1-, 1931, that I last saw h[illegible] alive on 7-1-1931 and that death occurred, on the date stated above, at 1.45 a.m.

The CAUSE OF DEATH* was as follows:

Subacute Bilateral Salpingitis

Chronic appendicitis

(duration) yrs. ? mos. 6 ds. ?

CONTRIBUTORY (Secondary) Myocardial failure (duration) yrs. mos. 1½ ds. Chronic

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? Yes Date of 6-29-31

Was there an autopsy? No?

What (test confirmed diagnosis): Clinical

(Signed) Robert F. Chronwell, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 7/3/1931

20 UNDERTAKER: Geo. Weber & Son

ADDRESS: 2503 Edmondson

Spec.—1-30—M. & T.—250 Blks

E 70141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70141

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 N. Spring ST. 9-17 WARD)

2-FULL NAME Geo Harris

(a) RESIDENCE NO. 1836 N. Spring ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of Carrie Harris

6 DATE OF BIRTH (month, day, and year) April 1 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (City or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Haynes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Carrie Hill (friend) 1836 N. Spring

Filed 2-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 27, 1931, to July 1, 1931, that I last saw h alive on June 30, 1931 and that death occurred, on the date stated above, at 3.20 PM.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency 2 (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Nephritis & Hypertension Generalized Anasarca (duration) yrs. 2 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Young, M. D.

7/1, 1931 (Address) 1424 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Remedy DATE OF BURIAL July 3 1931

20 UNDERTAKER Penn Factory ADDRESS 916 Bway

Spec.—9-30—A. & Co.—250 Blks

E 70142 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 70142

93-003

REGISTERED NO.

1 PLACE OF DEATH Omar Hosp

6-10 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.)

2 FULL NAME John Boehme

(a) RESIDENCE NO. 8 N Madeira St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Lillian Boehme

6 DATE OF BIRTH (month, day, and year): Jan. 21, 1868

7 AGE: Years 64 Months 5 Days 12 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Horseshoer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John Boehme

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Lillian Boehme 8 N Madeira St

15 2-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2/31

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to July 2, 1931

That I last saw him alive on July 2, 1931

and that death occurred, on the date stated above, at 3:30 A.M.

The CAUSE OF DEATH* was as follows:

Chr. myocarditis
arteriosclerosis

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (not typed)

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Milton B. Kerbs M. D.

19 (Address) Omar Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: 7/2/1931

20 UNDERTAKER: Louis J. Seeman

ADDRESS: 92 S. Broadway

FILL IN ALL ITEMS—This is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70143

CERTIFICATE OF DEATH

92-081 E 70143

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 511 Willow Ave. St. 27-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Carrill.

(a) RESIDENCE NO. 511 Willow Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John B. Carrill.

6 DATE OF BIRTH (month, day, and year): January 18 1839

7 AGE: Years 92 Months 5 Days 13 IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): York - Pa.

PARENTS

10 NAME OF FATHER: Patrick Kelley.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Allen.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Mrs. Ziegler 2908 Eastern Ave St.

15 Filed ___, 19___ ___ Registrar

2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/1/1931

17 I HEREBY CERTIFY, That I attended deceased from Dec ___, 19 24, to July 1, 19 31,

that I last saw her alive on July 1, 19 31,

and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

___ (duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

___ (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Owen Bokalue, M. D.

7/1, 19 31 (Address) 3005 W. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cemetery at Middletown - Md. Date of Burial: July - 3 - 1931.

20 UNDERTAKER: Charles J. Schwab ADDRESS: 505 N. Monroe St.

BYRON JONES, M. D.

Be sure that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-29—A. & Co.—250 Blks

E 70144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 191 E 70144

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 Washington Blvd) (WARD)

2 FULL NAME Barbara L. Burns

(a) RESIDENCE NO. 1326 Washington Blvd (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Joseph E. Burns

6 DATE OF BIRTH (month, day, and year): Sept 13, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Joseph E. Burns 1326 Washington Blvd

15 Filed 2-1931, 19 — Registrar: A. S. H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1 1931

17 I HEREBY CERTIFY, That I attended deceased from June 21st, 1931, to July 1st, 1931

That I last saw her alive on June 30th, 1931

And that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Heart Bradstratais

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis (Chronic) (duration) yrs. 12 mos. ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical diagnosis

(Signed) E. B. Entwisle M. D.

7/7, 19 31 (Address) 1901 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: July 4 1931

20 UNDERTAKER: Jos Jourdens Son — ADDRESS: 2175 Pop

1-30—M. & T.—100 B—50L.

E 70145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 53 99 E 70145

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Basil Cleveland Henderson

(a) RESIDENCE NO 3442 Keswick Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of --

6 DATE OF BIRTH (month, day, and year) March 30, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Gardner
(b) General nature of industry, business, or establishment in which employed (or employer): ---
(c) Name of employer: ---

9 BIRTHPLACE (City or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER William F. Henderson

11 BIRTHPLACE OF FATHER (City or town) --- (State or country) Maryland

12 MAIDEN NAME OF MOTHER Alvertia Johnson

13 BIRTHPLACE OF MOTHER (City or town) --- (State or country) Maryland

14 Informant Mrs. Mamie Talker

(Address) 3413 Keswick Road

15 Filed 7-2, 1931 192 C. HAMPSON JONES, M. D. Registrar

By RCH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mesenteric Thrombosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) --

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathology

(Signed) Guy A. Thomwell, M. D. Coroner

7/1/1931 (Address) 2220 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	July 4 1931
20 UNDERTAKER	ADDRESS
Edmondson	3115 Hunted Ave

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 ✓

E 70146 — E 70146

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Delia M. Gallagher

(a) RESIDENCE NO. 1750 Lamont Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Gallagher

6 DATE OF BIRTH (month, day, and year) Aug. ?, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ---
(c) Name of employer: ---

9 BIRTHPLACE (city or town) (State or country): --- Ireland

PARENTS

10 NAME OF FATHER Micheal Madigan

11 BIRTHPLACE OF FATHER (city or town) --- (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) --- (State or country) Unknown

14 Informant Charles Gallagher

(Address) 1750 Lamont Ave.

7-2-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis (cause unknown)

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & laboratory findings

(Signed) Guy N. Cromwell M. D. (Coroner)

7/1, 1931 (Address) 1203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 4, 1931

20 UNDERTAKER: Cunningham — ADDRESS: 36 E. Lanvale

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70147

CERTIFICATE OF DEATH

70147

93-003

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital (St.) 27-W 8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Kate Dail

(a) RESIDENCE NO. 533 Beaumont Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Dail

6 DATE OF BIRTH (month, day, and year) Nov 13, 1863

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	7	17	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Irvin Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Maryland

12 MAIDEN NAME OF MOTHER Eliza Pellinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Md

14 Informant (Address) Ella Bowerman 526 Beaumont Ave

Filed 2-1931 C. HAMPSON JONES, M. D. Registrar

Corr

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) June 30 1931

17

I HEREBY CERTIFY, That I attended deceased from June 20, 19 31 to June 30, 19 31

that I last saw h[illegible] alive on June 30, 19 31

and that death occurred, on the date stated above, at 10 50 p m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation 2 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) Carl F Benson M. D.

19 (Address) 5111 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL July 3. 1931

20 UNDERTAKER Wm O. Mitchell & Son ADDRESS 1910 Eutaw Place

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70148

E 70148

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Sinai Hospital 13-59 Ward)

2-FULL NAME Jacob Blankenberg

(a) RESIDENCE NO. 2437 Callow Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE Carrie F. Blankenberg

6 DATE OF BIRTH (month, day, and year) May 20, 1856

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	75	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Charles Blankenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helena Lump

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Hahn (Sister) (Address) 2437 Callow Ave

Registrar C. HAMPSON JONES, M. D.

2 Oct 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Toxemia- Nephritis-
2nd degree burns hands, fe et & back
Accidently scalded in bath tub
June 19/31 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D.

7/2/31 (Address) 308 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. Hebrew Cem.

DATE OF BURIAL 7/3/1931

20 UNDERTAKER Abid Sondheimer Son

ADDRESS 1702 Eutaw Place

PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8spec—1-30—M. & T.—250 Blks

E 70149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002 E 70149

REGISTERED NO. 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Ahell ave ST. WARD)

2-FULL NAME Edward Meister

(a) RESIDENCE No. 311 N. Ahell ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs — mos — ds. How long in U. S., if of foreign birth? 60 yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emilie Sauer Meister

6 DATE OF BIRTH (month, day, and year) Jan 20 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	78	V	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Scientific Instrument Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Johns Hopkins Medical School

9 BIRTHPLACE (city or town) (State or country): Cassel Germany

PARENTS

10 NAME OF FATHER — Meister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Shellhaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Emilie Meister (Address) 311 N. Ahell ave

Filed ... 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan . 1927 . to June 30 . 1931 .

that I last saw him alive on June 29 . 1931 .

and that death occurred, on the date stated above, at 4-15 a.m.

The CAUSE OF DEATH* was as follows:

Organic Heart disease

(duration) 4 yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Fritz J Hinger M. D.

6/30, 1931 (Address) 2700 Hartford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 3 1931

20 UNDERTAKER: Chas G. Black — ADDRESS: 142 W Fayette Ave

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 70150 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70150

CERTIFICATE OF DEATH. 158

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 611 George ST. 17-24 WARD)

2-FULL NAME Lauretta Kelly

(a) RESIDENCE NO. 611 George ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 13, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER James Kelly

11 BIRTHPLACE OF FATHER (city or town) Howard Co (State or country) Md

12 MAIDEN NAME OF MOTHER Anna Ames

13 BIRTHPLACE OF MOTHER (city or town) Eastern Shore (State or country) Md

14 Informant (Address) James Kelly 611 Taylor Lane Catonsville

C. HAMPSON JONES, M. D. Registrar

JUL 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to July 1, 1931, that I last saw her alive on June 30, 1931, and that death occurred, on the date stated above, at 2305 m.

The CAUSE OF DEATH* was as follows:

Acute Mania

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary) Uk

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Howell M. D.

7/1/31 (Address) 601 W Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL July 3, 1931

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 322 W. Lafayette St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70151

CERTIFICATE OF DEATH

93-003 V

1-2

E 70151

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 S. East Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia T. Voss

(a) RESIDENCE No. 730 S. East Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced (or) WIFE of Carl Voss

6 DATE OF BIRTH (month, day, and year) July 21, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amanda Myers

(Address) 251 S. East Ave.

15 Filed 2-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30 - 31

17 I HEREBY CERTIFY, That I attended deceased from May 15 - 1931. to June 30. 1931.

that I last saw h[illegible] alive on June 30. 1931

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic Lung Congestion

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. A. Wilmer M. D.

7/7/31 (Address) 7915 Bayview

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Paul's Prot. Epis. Ch. Cem.

DATE OF BURIAL July 3 1931

20 UNDERTAKER Thos. G. Connelly

ADDRESS Govs

1-30—M. & T.—100 B—50L

Coroner Zellers 2739 Eastern Ave. W 2-0127 ✓

E 70152

HEALTH DEPARTMENT—CITY OF BALTIMORE

168 E 70152

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1524 Linden Av ST. 14-20 WARD

2-FULL NAME James D. McGinley

(a) RESIDENCE NO 1524 Linden Av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Maude McGinley

6 DATE OF BIRTH (month, day, and year) Jan 28th 1880

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min
51	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Invalid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Florence McDowell

(Address) 1524 Linden Ave

15 Filed 7-2 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest find that said deceased came to (Inquest, autopsy or inquiry) death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage due to incised wound of thigh (rt side)

Suicide (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Zellers, M. D. (Coroner)

7/2, 19 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 7/4/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

IMPORTANT—See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70153

CERTIFICATE OF DEATH

95-051 70153

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) Union Memorial Hosp St. 14-20 (WARD)

2 FULL NAME Mrs alma O. Steele

(a) RESIDENCE NO. (Usual place of abode) 2014 Linden Ave ST. WARD

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced

If married, widowed, or divorced
(or) WIFE of Harry E. Steele

6 DATE OF BIRTH (month, day, and year) Jan ? 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6 ?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Beallsville Ohio

PARENTS

10 NAME OF FATHER Isaac Madley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Evaline Mallatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio Beallsville

14 Informant (Address) Friend Hospital Records

15 JUL 3 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 2 1931 to July 2 1931

that I last saw h alive on July 2 1931

and that death occurred, on the date stated above, at 5 P m

The CAUSE OF DEATH* was as follows:

acute Myocardial Failure

uncertain (duration) yrs. mos. 14 ds.

CONTRIBUTORY (secondary) Auricular Fibrillation (duration) 5 ? ? mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Phy Exam

(Signed) Samuel McClanahan M. D.

(Address) Union Mem. Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL July 4 1931

20 UNDERTAKER Harry H. Woltz ADDRESS 1101 Edmondson

IMPORTANT See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

70154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 ✓

E 70154

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

2-FULL NAME Celia Torn nee Levy

(a) RESIDENCE NO 1624 Cherry St., Jacksonville, Fla. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel B. Torn

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home 07
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Atlanta, Ga.

PARENTS

10 NAME OF FATHER Simon Levy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rebecca Jacobs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Wolf Levy (Uncle)

(Address) 1919 Linden Ave Balto.,

15 Filed _____, 193_. _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopay or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopay or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Alcohol Poisoning-Suicide
(Drank "rubbing" alcohol in Hospital

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Nephritis (Suppression

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____, M. D.
Coroner

(Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta, Georgia

DATE OF BURIAL 7-1-1931

20 UNDERTAKER Lazarus Inc. 1439 E. Balto St.

ADDRESS

JUL 31 1931 THOMPSON JONES, M. D. Registrar

TION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks.

E 70155 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

11-26

E 70155

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1413 E. Lafayette St. 8-17 (WARD)

2 FULL NAME Agnes. Wright

(a) RESIDENCE NO. (Usual place of abode) 1818 N. Broadway St. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 27-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jos. W. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Shuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Interment (Address) Jos W. Wright 1818 N. Bdwy.

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 30-31

17 I HEREBY CERTIFY, That I attended deceased from June 24 19 31, to June 30 19 31

that I last saw h[illegible] alive on June 30 19 31

and that death occurred, on the date stated above, at 8 30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(Duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 1818 N Bdwy

Did an operation precede death? yes Date of June 1-31

Was there an autopsy? no Private Surgery entirely

What test confirmed diagnosis? None

(Signed) Thos F. A Stevens M. D.

7-2 19 31 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 7/3/31 19

20 UNDERTAKER George J. Pfaltz Inc.

ADDRESS 1735 Harford

(See reverse side for important instructions.)

AdCo. C-11 2-28-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70156

CERTIFICATE OF DEATH

46

E 70156

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 Jefferson) St. 5-9 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Beverly Roy

(a) Residence: No. 1421 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Roy

6. DATE OF BIRTH (month, day, year) Aug 17 1875

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	55	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Cleaning Dept.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co Virginia

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Helen Roy
(Address) 1421 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 6/3/ 1931

19. UNDERTAKER Mrs Chas G. Bailey
(Address) 421 Jefferson St

20. FILED 6-3 1931 C. PERCY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to June 30, 1931

I last saw h alive on June 30 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of liver	1-1-1931
Senile Arteriosclerosis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

Spec.—9-30—A. & Co.—250 Blks 3647 Parkwright

70157 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70157

CERTIFICATE OF DEATH

47 V

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 100 Jackson Place 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Minnie Zimmerman

(a) RESIDENCE NO 100 Jackson Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Zimmerman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Isaac Zimmerman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Mills —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): A. J. Zimmerman 2123 Westwood Ave.

15 Filed , 19 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-31

17

I HEREBY CERTIFY, That I attended deceased from April 10, 1930 to July 2 1931

that I last saw h alive on July 2 1931

and that death occurred, on the date stated above, at 3:30 A m.

The CAUSE OF DEATH* was as follows:

Primary Ca of Lung

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Meyer Muller M. D.

, 19 (Address) 3649 Pk Hts Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holmes Rosedale

20 UNDERTAKER: Jack Lewis Inc

DATE OF BURIAL: 7/3 1931

ADDRESS: 1439 E Baltimore

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70158

CERTIFICATE OF DEATH.

131

E 70158

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1137 Woodyear ST. 16-23 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. A. Cutchember

(a) RESIDENCE NO. 1137 Woodyear ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Hester Cutchember

6 DATE OF BIRTH (month, day, and year) march 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) St Mary Co. Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant, Hester Cutchember
(Address) 1137 Woodyear Ave

15 Filed 3rd 1931. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17

I HEREBY CERTIFY, That I attended deceased from 3-5, 1931, to 7-1, 1931, that I last saw him alive on 7-1, 1931, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) nephritis

unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical + Lab. Examination

(Signed) Frank E. Saunders, M. D.

7-2, 1931 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL 7-5-31

20 UNDERTAKER Samuel F. Hemsley

ADDRESS 1178 Bridge

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

E 70159

REGISTERED NO. E 70159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH
CITY OF BALTIMORE (No.) 1712 N. Mount St. 15-21 (WARD)

2—FULL NAME Isaac Burrell

(a) RESIDENCE NO. 1712 N. Mount ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. (If non-resident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Burrell

6 DATE OF BIRTH (month, day, and year) 4-25-1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer O.D.D.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer United Railways

9 BIRTHPLACE (City or town) (State or country): Virginia

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Virginia

14 Informant (Address): Lillie B. Burrell 1712 N. Mount St

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7 — 1 — 1931

17 I HEREBY CERTIFY, That I attended deceased from 12-5- (1930.) to 7 — 1 — 1931.
that I last saw him alive on 6-30 — 1931
and that death occurred, on the date stated above, at 7 A. M.
The CAUSE OF DEATH was as follows:
Chronic Valvular Heart Disease

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George C. Page M. D.
, 19 (Address) 506 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	July 3 1931
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pennsylvania Ave

JUL 3 - 1931

TION is very important. See instructions on back of certificate.

Spec.—8 39—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24[illegible]
70160

1 PLACE OF DEATH [illegible] ST. 15-21 WARD 108

CITY OF BALTIMORE (No.)

REGISTERED NO. 70160
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Smith

(a) RESIDENCE NO. 1627 Baker ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-12-30

7 AGE: Years 1 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ooo
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER John Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md
12 MAIDEN NAME OF MOTHER Mary A. Hawkins
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant [illegible]
(Address) [illegible]

15 [illegible] Registrar

JUL 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17
I HEREBY CERTIFY, That I attended deceased from 2-20, 1931, to 7-1-1931
that I last saw h[illegible] alive on 7-1-1931
and that death occurred, on the date stated above, at 9:[illegible] m.

The CAUSE OF DEATH* was as follows:
Lobar pneumonia
Empyema - rt chest
(duration) 2 weeks yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of
Was there an autopsy? Yes No
What test confirmed diagnosis? [illegible]
(Signed) Rob't H. Hess M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery
20 UNDERTAKER: Thomas E. Kelson
DATE OF BURIAL: July 3 19 31
ADDRESS: 502 Pressman St

Spec.—6-8-29—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70161

CERTIFICATE OF DEATH.

E 70161

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 617 Lovett (St.) 15-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Davis

(a) RESIDENCE. No. 617 Lovett St. Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Durham N.C.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country):
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Mary E Green 617 Lovett St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1931

17 I HEREBY CERTIFY, That I attended deceased from June 29 1931. to June 1 1931.
that I last saw him alive on June 1 1931.
and that death occurred, on the date stated above, at 11.30 A. m.
The CAUSE OF DEATH* was as follows:

Carcinoma
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (Secondary) Nephritis - Extreme Uraet.
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physically
(Signed) Wm H Wright, M. D.
7/3, 1931 Address 1209 Presbyterian

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	July 3 1931

20 UNDERTAKER: Thomas G Kelson — ADDRESS: 1303 Presbyterian

CAUSE OF DEATH is plain terms, so that it may be properly classified. EXACT STATEMENT of OCCUPA-TION is very important. See instructions on back of certificate.

7-2-1931

Spec.—1-10-21—M&T—1500 Blks.

E 70162

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70162

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 729 Reservoir ST. 13-59 (WARD)

2. FULL NAME Louisa K. Bolenius

(a) RESIDENCE NO. 729 Reservoir ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick K. Bolenius

6 DATE OF BIRTH (month, day, and year): March 24 1846

7 AGE: Years 85 Months 3 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hamburg, New York

PARENTS

10 NAME OF FATHER: Matthias Rittmeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna M. Bauerlein

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mr Newton R Haen 729 Reservoir

15 Date rec'd JUL 3 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2 1931

17 I HEREBY CERTIFY, That I attended deceased from June 24. 1931 to July 2 1931.

That I last saw he, alive on July 2 1931

And that death occurred, on the date stated above, at 6.05 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Thrombosis of Coronary Artery

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Ernest F Thomsen M. D.

(Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Buffalo New York

DATE OF BURIAL: July 4 1931

20 UNDERTAKER: Jos J Jordan Son

ADDRESS: 2173 Bway

CAUSE OF DEATH to be given in plain terms, so that it may be properly classified. Information required in every case. Do not use abbreviations or terms not generally understood. Any certificate which is not complete and satisfactory in every particular will be returned for correction. ATTENTION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70163

CERTIFICATE OF DEATH

11 E 70163

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 70163

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Greenmount Ave. ST. 12-50 WARD)

2-FULL NAME Augustus A. Bokel

(a) RESIDENCE NO. 2306 Greenmount Ave ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 6 da. How long in U. S., if of foreign birth? -- yrs. -- mos. -- da

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER Theodore A. Bokel

11 BIRTHPLACE OF FATHER (city or town) (State or country): ------ Germany

12 MAIDEN NAME OF MOTHER Johannah Schroeder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ------ Germany

14 Informant J. A. Bokel

(Address) 5108 York Road

15 Filed _____, 192 _____ C. HAMILTON JONES, M. D. Registrar

3-1931

TION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteio Sclerosis

Duration mos — da

CONTRIBUTORY (Secondary) Carbuncle (duration) yrs. mos. — da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History

(Signed) G. C. Wades, M. D. Coroner

, 19 (Address) 1430 Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL 7/4 1931

20 UNDERTAKER Henry W. Meakins & Son — ADDRESS 805 N. Calvert

1-30—M & T—100 B—501.

E 70164

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 70164

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Howard Emmart

(a) RESIDENCE NO 2303 Edgemont Avenue ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Loretto Teig

6 DATE OF BIRTH (month, day, and year) June 29, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	0	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Commercial Artist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER A. D. Emmert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not obtainable

12 MAIDEN NAME OF MOTHER Laura Show

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Mary L. Emmart
(Address) 2303 Edgemont Avenue

15 Filed _____, 192 _____ Registrar C. HAMPSON JONES, M. D.

3-1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Diabetic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) _____ M. D.
Coroner

7/2/31 19 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 7/4 19 31

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 805 W. Eutaw

TION is very important. See instructions on back of certificate.

1-28—M. & T.—100 B—50L

E 70165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70165

REGISTERED NO. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 Albemarle ST., 3-5 WARD)

2-FULL NAME Roman Lenshuk

(a) RESIDENCE NO 121 Albemarle ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	marr

5a If married, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of Catherine Lenshuk

6 DATE OF BIRTH (month, day, and year) not known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Alex. Lenshuk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Catherine Lenshuk
(Address) 121 Albemarle St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (inquest, autopsy or inquiry) thereon and from the evidence obtained by said ~~Coroner~~ Autopsy (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Meningitis
Fracture Skull from Fall from Stairs.
Homicide (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 121 Albemarle

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James H. Fenton Coroner, M. D.

(Address) 700 Dover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Russian Ind. Cemetery — DATE OF BURIAL: July 4 1931

20 UNDERTAKER: John Trebiauckas — ADDRESS: 423 S. Paca

C. HAMPSON JONES, M. D.

JUL 2 - 1931

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70166

E 70166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Provident Hosp — ST 16-23 WARD

CITY OF BALTIMORE: (No. 15th Division)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Donald Mackay Williams

(a) RESIDENCE NO. 1328 Harlem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 20 29

7 AGE: Years 1 | Months 9 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Montgomery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. Williams 1328 Harlem Ave

15 Filed JUL 3 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17
I HEREBY CERTIFY, That I attended deceased from 6-26, 1931, to 7-1, 1931

that I last saw him alive on 7-1, 1931

and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

Meningitis Tuberculosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Miliary Tuberculosis

(duration) Unknown

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

7-2-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 3 1931

20 UNDERTAKER: Edward P. Hart Sons — ADDRESS: 638 W. Baltimore

(See instructions on back of certificate. This section is very important.)

Spec.—9-30—A. & Co.—250 Blks

70167 HEALTH DEPARTMENT—CITY OF BALTIMORE 70167

CERTIFICATE OF DEATH. 93-003

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore Hospital 4-27 WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Horace Nixon
(a) RESIDENCE NO. 430 N. Gilmore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (?)

6. DATE OF BIRTH (month, day, and year) Oct 11 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	78	?21	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer): -
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Va.

PARENTS
10. NAME OF FATHER: Jack Nixon
11. BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12. MAIDEN NAME OF MOTHER: Nina Carter
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14. Informant: Edna Spencer
(Address): 432 N. Gilmor

15. Filed 7-3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 7-1-31

17. I HEREBY CERTIFY, That I attended deceased from 4-1, 1931, to 7-1-, 1931
that I last saw him alive on 7-1-, 1931
and that death occurred, on the date stated above, at 10-50 P.M.
The CAUSE OF DEATH* was as follows:
Arteriosclerotic Cardio Vasc. ness Disease.
Chronic Myocarditis - Gangrene
of Rt Foot (duration) ? yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute Heart Failure
(Original) (duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of July 11 '31
Was there an autopsy? No. Amputation of Leg
What test confirmed diagnosis? Clinical
(Signed) Luther E. Linn M. D.
7-2 1931 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park (Cem) — DATE OF BURIAL: 7- 1931

20. UNDERTAKER: Chas. W. Chase & Son — ADDRESS: 432 N. Gilmor

Spec.—2-23-28—L. F. S.—500 Blks.

E 70168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 70168

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 649 Bradley ST. 17-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Malachia Milbourne

(a) RESIDENCE NO. 649 Bradley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah Milbourne

6 DATE OF BIRTH (month, day, and year): 1864

7 AGE: 67 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Chas W. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Sue Milbourne

(Address) 649 Bradley St.

Filed JUL 3 - 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1 31

17 I HEREBY CERTIFY, That I attended deceased from July 1, 19 31, to July 1, 19 31, that I last saw him alive on July 1, 19 31, and that death occurred, on the date stated above, at 8:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Paralysis 2

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Clifford Davis M. D.

(Address) 1127 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: July 5, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

Spec.—9 30—A. & Co.—250 Blks

70169 HEALTH DEPARTMENT—CITY OF BALTIMORE 70169

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No University Hospital 15-23 WARD 18

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Merritt

(a) RESIDENCE NO 1318 Woodyear ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Leon Merritt

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Rax Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Raleigh N. C.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Leon Merritt 1316 Fawcett

15 Filed JUL 3 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-30-31

17

I HEREBY CERTIFY, That I attended deceased from May 29, 1931 to June 30, 1931

that I last saw h[illegible] alive on June 30, 1931

and that death occurred, on the date stated above, at 1.50 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of cervix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pyometra, peritonitis & intest. obstruction (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) W. H. Varney M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon Cemetery	July 3, 1931
20 UNDERTAKER	ADDRESS 325 N. Schroeder St.
Mrs. Kodie R. Williams	

Spec.—9-31—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70170

CERTIFICATE OF DEATH. 114-002

L 70170

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Omar Hosp

CITY OF BALTIMORE. (No. 12-20 ST. WARD)

2. FULL NAME David Griffith

(a) RESIDENCE NO. 2003 Maryland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. If married, widowed, or divorced: Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rose Griffith

6. DATE OF BIRTH (month, day, and year): May 21-1901

7. AGE: Years: 30 Months: 1 Days: 11 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10. NAME OF FATHER: David B. Griffith

11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12. MAIDEN NAME OF MOTHER: Emmley May Fickel

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14. Interment (Address): Miss Beulah Fickel 528 Ordway Road

15. Filed July 2 1931 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 2/31

17. I HEREBY CERTIFY, That I attended deceased from June 20 1931 to July 2 1931

that I last saw him alive on July 2 1931

and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

(1) Aspiration Replacable Bridge

2(Lung Abscess (Gangrene) (1) 4 mos (2) 12 days

(Duration) yrs.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Milton Brown M. D.

1931 (Address) Omar Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: July 4 1931

20. UNDERTAKER: George L. Schmat

ADDRESS: 710 Park Ave

1-30—M. & T.—100 B—50L

E 70171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70171

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 Front St. ST. 5-8 WARD)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. (C. D.)

(Address)

15 Date JUL 3 1931 HIMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found June 29, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably acute alcoholism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Carl Leonhardt, Coroner, M. D.

7/1, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY — DATE OF BURIAL JUL 3 - 1931

20 UNDERTAKER — ADDRESS

Commissioner Health.

TION is very important. See instructions on back of certificates.

1-26—M. & T.—100 B—50L

E 70172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174 E 70172

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. WARD 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Green

(a) RESIDENCE NO. 1027 N. Pamela St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Laborer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Margaret Stevens (Address) 1027 N. Pamela

15 Filed JUL 3 1931 C. HAMPTON JONES, M. D. Registrar

THE BOROUGH

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The Cause of Death was as follows:* Hemorrhage due to Hypertrophy of Heart & Emphysema

CONTRIBUTORY (Secondary) (Switch back Knife) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1027 N. Pamela

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) June 17th 1931 Harlan Steele, M. D. Coroner (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL JUL 3 - 1931

20 UNDERTAKER

ADDRESS

(1) See Instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 70173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 70173

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5205 Greenhill Ave ST. 26-41 WARD)

2-FULL NAME Bernard J. Kernan

(a) RESIDENCE NO. 5205 Greenhill Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Roofer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John J. Kernan

11 BIRTHPLACE OF FATHER (city or town) (State or country) alto., Md.

12 MAIDEN NAME OF MOTHER Catherine A. Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant John H. Kernan

(Address) 5205 Greenhill Ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

Per

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Shock-Hemorrhage from mouth
(Probably Gastric & malignant)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cathedral Cem. DATE OF BURIAL 7/4 19 31

20 UNDERTAKER [illegible] ADDRESS [illegible]

IMPORTANT: See instructions on back of certificate.

Spec.—B 38—A. & Co.—250 Blks

Braunmar

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70174 | 18 L 70174

REGISTERED NO. 70174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Union Memorial Hosp. (Street) 12-49 (WARD)

2 FULL NAME Robert Lewis Bramuon

(a) RESIDENCE NO. 566 W University Parkway (Usual place of abode) WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	child

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 26-1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	five (5)	four (4)	(6)	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): child

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): St Louis Montana

PARENTS

10 NAME OF FATHER Walter H. Bramuon

11 BIRTHPLACE OF FATHER (city or town) (State or country): montana

12 MAIDEN NAME OF MOTHER Regina Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address)

15 Filed JUL 3 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1931

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1931 to July 2, 1931

that I last saw h/M alive on July 2, 1931

and that death occurred, on the date stated above, at 12:05 P.M.

The CAUSE OF DEATH* was as follows:

Meningococcus Meningitis

(Contributory)

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? None?

Did an operation precede death? No Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Lewis S. Fair M. D.

(Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: July 4th 1931

20 UNDERTAKER: Chas. S. Nauerson — ADDRESS: 1911 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks

E 70175

70175 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

1 PLACE OF DEATH Baltimore City Hospitals — S 18-26 WARD — REGISTERED NO ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ____)

2 FULL NAME Asby Sherbert

(a) RESIDENCE NO 1215 W. Mulberry ST. ____ WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 13, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	35	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): Anne Arundle Co. Md.

PARENTS
10 NAME OF FATHER Elgin
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER Mary Crosby
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 3-1931 19 ____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-31

17
I HEREBY CERTIFY, That I attended deceased from 6-30-31, 19____, to 7-2-31, 19____
that I last saw him alive on 7-2-31, 19____,
and that death occurred, on the date stated above, at 6:10 P. m.
The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. ____ mos. 14 ds.

CONTRIBUTORY (Secondary) Alcoholism, chronic
Morphinism (duration) yrs. 2 mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What tests confirmed diagnosis? Clinical

(Signed) Jas Schmidt M. D.
(Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 6 1931

20 UNDERTAKER: F Vernon Keehner — ADDRESS: Hollins

FROM IS very important. See INSTRUCTIONS on BACK OF CERTIFICATE

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 70176

E 70176

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital St. 12-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry E. Smith

(a) RESIDENCE NO. 220 E Lafayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co Md

PARENTS

10 NAME OF FATHER Harry H. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER M. Orphe Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs M. Orphe Smith 220 E Lafayette St

15 Filed JUL 3 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1931

17

I HEREBY CERTIFY, That I attended deceased from July 2 . 1931 . to July 3 . 1931

that I last saw him alive on July 3 . 1931

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Rheumatic cardio-vascular disease

Mitral + aortic insufficiency

mitral stenosis

(duration) 16 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute nephritis + myocardial insufficiency (duration) yrs. mos. 7 d(?)

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Signs, symptoms, autopsy.

(Signed) J. H. Stonebraker M. D.

19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Vernon. Howard Co. DATE OF BURIAL: July 5 1931

20 UNDERTAKER: George J Smith ADDRESS: Hollins

FILL IN BACK OF CERTIFICATE. NOTE—Items 1 to 15 very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70177 | 17 | E 70177

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1538 W Saratoga ST. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George W Shipley

(a) RESIDENCE No. 1838 W Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER John R Shipley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Mrs Walter Wise 1838 W Saratoga

15 Filed [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to June 30, 1931.

that I last saw h[illegible] alive on June 30, 1931.

and that death occurred, on the date stated above, at 5.30 a m.

The CAUSE OF DEATH* was as follows:—

Encephalitis

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) Paralysis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. Kadan, M. D.

, 19 (Address) 2306 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reisterstown Md

DATE OF BURIAL July 5 1931

20 UNDERTAKER George I Smith

ADDRESS 1532 Hollins

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70178 — 24 — 70178

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hosp. — 24 — 1806 — REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15½ Division St. — St. — Ward 6)

2 FULL NAME Robert Clarke.

(a) RESIDENCE NO. 303 Lexington St. — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. — How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M — 4 COLOR OR RACE: Colored — 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt, Md,

PARENTS
10 NAME OF FATHER Unknown,
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant
(Address)

15 JUL 3 1931, 19 — 5948 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-31

17
I HEREBY CERTIFY, That I attended deceased from 6-29-, 1931, to 7-2-, 1931
That I last saw h[illegible] alive on 7-2-, 1931
and that death occurred, on the date stated above, at 12 [illegible] m.
The CAUSE OF DEATH* was as follows:
Generalized Tuberculosis

(duration) Not Known

CONTRIBUTORY (Secondary) Tuberculous Meningitis — (duration) yrs. ... mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical [illegible]
(Signed) Dr. George McDonough
7-2-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL: JUL 1931, 19

20 UNDERTAKER — ADDRESS

HAWSON JONES, M. D.
Commissioner of Health.

UNIVERSITY OF MARYLAND

(2) See back of certificate. IMPORTANT. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 70179 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70179

CERTIFICATE OF DEATH. 159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 24-33 WARD)

2-FULL NAME Baby Boy Crager

(a) RESIDENCE No. 1428 Covington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 25 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Crager

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Blanche Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mother

(Address) 1428 Covington St

Filed 3-1931 15 5916 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1931

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to June 25, 1931, that I last saw him alive on June 25, 1931, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephrotomy on mother (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin. Observation

(Signed) Frank [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JUL 3 1931

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D. Commissioner of Health

Spec.—1-10-21—M&T—1500 Blks.

E 70130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001

161 E 70130

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1524 Madison Ave. ST., WARD

2-FULL NAME Baby Boy Bates

(a) RESIDENCE NO. 1524 Madison Ave ST., WARD

((Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	B	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, 16 hrs or 1 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~None~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Eddie Weston Hall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Bates

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant
(Address)

15 Filed 3-15-1931 G. HAMPSON JONES, M. D.
5937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1931

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to June 29, 1931,

that I last saw him alive on June 29, 1931,

and that death occurred, on the date stated above, at 3.05 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Hyaline Membrane Findings

(Signed) Morris Klein, M. D.

7/2, 1931 (Address) Emergency Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19

20 UNDERTAKER ADDRESS

THIS SECTION is very important. See instructions on back of certificates.

Spec—9-30—A & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70181

CERTIFICATE OF DEATH

131 E 70181

1 PLACE OF DEATH Provident Hosp. 7-30

CITY OF BALTIMORE: (No. 1514 Division St.) WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mammie Hakersham

(a) RESIDENCE NO. 633 So. Paca ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE — Years: 50 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant: James Hakersham
(Address) 633 S Paca St

15 Filed 3-3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17
I HEREBY CERTIFY, That I attended deceased from 6-25-, 1931, to 7-1-, 1931

that I last saw h[illegible] alive on 7-1-, 1931

and that death occurred, on the date stated above, at 8.10 p. m.

The CAUSE OF DEATH* was as follows:
Hypertension cardio vascular renal disease.
(duration) Unknown.

CONTRIBUTORY (Secondary) Undetermined
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Clinical.
(Signed) Dr. George McDonald, M. D.
7-2 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson — DATE OF BURIAL: July 4 1931.

UNDERTAKER: Joseph A. Lively — ADDRESS: 4033 Mount St

FOR IS very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70132

E 70132

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 11-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl De Vaughn

(a) RESIDENCE NO. 431 Wyt Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Child~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER John De Vaughn

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Katie Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mother.

(Address)

15 Filed 6-24 1931 5942 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 20 1931

17 I HEREBY CERTIFY, That I attended deceased from June 17, 19 31, to June 20, 19 31, that I last saw her alive on June 20, 19 31, and that death occurred, on the date stated above, at 9.45 p. m.

The CAUSE OF DEATH* was as follows:

Prematurity 30 mths

Natural termin of pregnancy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? NO

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical Observation

(Signed) Franck, D. Kemp Lewis M. D.

6-23 1931 (Address) Lewis Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

UNIVERSITY OF MARYLAND

DATE OF BURIAL 6-25, 1931

20 UNDERTAKER C. HAMPSON JONES, M. D.

ADDRESS

Spec.—1-30—M. & T.—250 Bks

E 70183 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70183

CERTIFICATE OF DEATH. 159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Sessoms

(a) RESIDENCE NO. 221 W. Hamburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4 1/2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ohd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Hubert Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Alice Sessoms

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Mother 221 W. Hamburg St.

15 Filed 1931 No. 5943 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to June 13, 1931,

that I last saw h[illegible] alive on June 13, 1931,

and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Maternal syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical observation

(Signed) [illegible], M. D.

6/5/1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JUL 3 1931

20 UNDERTAKER

ADDRESS

Spec.—9-30—A. & Co.—250 Blks

E 70184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70184

CERTIFICATE OF DEATH

159

1 PLACE OF DEATH Womans Hospital — REGISTERED NO

CITY OF BALTIMORE: (No H-120 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Girl Duncan

(a) RESIDENCE NO McDonough School Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 2, 1931

7 AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or min.
	—	—	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER George Hall Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Edna Mae Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant (Address) George Hall Duncan McDonough School Md

15 C. HAMPSON JONES, M. D. Registrar

3-15-1931 — 5945

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2, 1931

17
I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to July 2, 1931
that I last saw h[illegible] alive on July 2, 1931
and that death occurred, on the date stated above, at 7 a.m. p.m.

The CAUSE OF DEATH* was as follows:
Congenital Anencephalus
Prematurity

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) —
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Rudolph L. Schork M. D.
19 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JH 1931

Fill in on back of certificate. 5. ITEM is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks

70185 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82 C.D. 70185

CERTIFICATE OF DEATH

1 PLACE OF DEATH Sinai Hosp — WARD 27-55 — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2 FULL NAME Anna Frank Miller (Miller)

(a) RESIDENCE NO. 3300 Pimlico Rd ST. WARD

(Usual place of abode) (If non-resident give City or Town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

* PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jacob A. Miller

6 DATE OF BIRTH (month, day, and year): March 6-1893

7 AGE: Years 38 — Months 3 — Days 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Toledo Ohio

PARENTS

10 NAME OF FATHER: Isadore Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Lena —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jacob A. Miller 3300 Pimlico Road

15 Filed 3-1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2/31

17 I HEREBY CERTIFY, That I attended deceased from June 30 31 to July 2 1931

that I last saw h alive on July 2 1931

and that death occurred, on the date stated above, at 5:40 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary): Bronchopn. (not typed) (Hypertension Typ) 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Milton B. Cusick M. D.

19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dale Interw — DATE OF BURIAL: 7-5- 1931

20 UNDERTAKER: Lee Lewis, Inc., 431 E Balto — ADDRESS

TION is very important. See instructions on back

1-16—M. & T.—100 B—50L

Dr Gelbin

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70186

E 70186

CERTIFICATE OF DEATH X 173

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-30 WARD

2-FULL NAME Sophia Lowrey

(a) RESIDENCE NO. Lombaum Eight ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Roland R Lowrey

6 DATE OF BIRTH (month, day, and year): July 6, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Geo Whitney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Rosa Lucas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Roland R Lowrey

(Address): Lombaum Apts Md

15 Filed , 192 Registrar

3 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage due to pistol shot wound of abdomen involving liver & lung. Homicide

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/2/31

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Eugene Gelbin Coroner, M. D.

7/3, 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross U.S. Cemetery

DATE OF BURIAL: 7/9 1931

20 UNDERTAKER: Wilson Cook

ADDRESS: 1217 Park Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

70187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 70137

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1715 E. 33rd. St. 9-Hwlo.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas P. Kennedy

(a) RESIDENCE NO. 1715 E. 33rd. St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred 50 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa G. Kennedy

6 DATE OF BIRTH (month, day, and year) Jan. 27th. 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. City Fire Dept.

9 BIRTHPLACE (city or town) (State or country) New Jersey

PARENTS

10 NAME OF FATHER Patrick Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary C. McKewen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Teresa G. Kennedy

(Address) 1715 E. 33rd. St.

3 - 1931 19 Registrar R.S.H.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) July 3rd. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1930 to July 3, 1931

that I last saw h living on July 2, 1931

and that death occurred, on the date stated above, at 2:30A m.

The CAUSE OF DEATH* was as follows:

Carcinoma pylorus
metastasis to liver.

(duration) yrs. 10 mos. + ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical evidence - X-ray

(Signed) Geo. B. Sybert M. D.

19 (Address) 2802 Harford Av.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery.

DATE OF BURIAL: July 6th. 31

20 UNDERTAKER: Hugh P. Francis Son 1182 W. Mt. Royal Ave.

FROM A VERY IMPORTANT. See instructions on back of certificate

Spec.—9-30—A. A. Co.—250 Blks

E 70188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004 70183

REGISTERED NO. 70183

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 25 WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Hess

(a) RESIDENCE NO. 317 N. 24th St. E. Pratt ST. WARD

(Usual place of abode) (If non-resident give City or Town and State)

Length of residence in city of town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 13/64

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Hess

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Orleans

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Orleans

14 Informant Hospital Records. Univ. Hosp.
(Address)

15 4 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2/31

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to July 2, 1931

that I last saw h or alive on July 2, 1931

and that death occurred, on the date stated above, at 4.50 P. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into the Cerebrum

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy.

(Signed) Morris James Abram M. D.

19 (Address) University Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL July 4 1931

20 UNDERTAKER Philip Henry

ADDRESS 2016 Allendale

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70189

CERTIFICATE OF DEATH

8 21 70189

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 229 S. Bouldin St. 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Zofija Dziemik

(a) RESIDENCE No. 229 S Bouldin St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Wojciech Dziemik

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Ukwszyn Buczkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant (Address) Wojciech Dziemik 229 S Bouldin st

15 Filed . 19 Registrar

C. HAMPSON JONES, M. D.

4 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 31

17 I HEREBY CERTIFY, That I attended deceased from June 1 1931 to Aug 3 1931

that I last saw h[illegible] alive on Aug 3 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Ryan M. D.

19 (Address) 201 N Fremont

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Polish National Holy Cross. DATE OF BURIAL: July 6 1931

20 UNDERTAKER: George A. Weber ADDRESS: 705 S Ann st

TION is very important. See instructions on back of certificate.

Spec.—2-25-28—L. F. S.—500 Blks.

E 70190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 E 70190

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 N. Caroline St. ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katie E. Hopwood

(a) RESIDENCE NO. 1313 N. Caroline St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 27 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67.	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick, Md.

PARENTS

10 NAME OF FATHER Mahlon A. Hopwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick, Md.

12 MAIDEN NAME OF MOTHER Annie S. Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fred. Co. Md.

14 Informant Mrs. Benjamin Purks

(Address) 1313 N. Caroline St.

Filed 7-4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 26 to July 2, 1931, that I last saw her alive on July 2, 1931, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease Hypertension (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis? Clinical Laboratory

(Signed) W. D. Tossmal, M. D.

19 July 3 1931 (Address) 1328 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery Frederick, Md.	7/4 1931
20 UNDERTAKER John O. Mitchell & Son	ADDRESS 100 Eastern Ave

Spec.—1-12-23—M&T—500 Blks.

E 7019 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1001
107 E 7019 1

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Haverhill Rd ST. 25-72 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Agnes J Nelson

(a) RESIDENCE NO. above ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William H Nelson

6 DATE OF BIRTH (month, day, and year) Jan 12-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Edward Roper.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Alberta Jeffers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Chas E Nelson 1100 Haverhill Rd

15 Filed 4 1931 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1931

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to July 3, 1931, that I last saw her alive on July 3, 1931, and that death occurred, on the date stated above, at 7 30 P m.

The CAUSE OF DEATH* was as follows:

Ac Broncho pneumonia

(duration) 2 yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Chr Ilio Colitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) W. A Neill, M. D.

7/3, 1931 (Address) Lexington.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL July 6 1931

20 UNDERTAKER John C. Mitchell & Sons ADDRESS 1700 Eutaw Pl.

TION is very important. See instructions on back of certificates.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70192

CERTIFICATE OF DEATH

46 E 70192

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Greenmount Ave. St. 12-44 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ludo Weber Wilkens.

(a) Residence: No. 3702 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Cora Garrels Wilkens

6. DATE OF BIRTH (month, day, year) Aug. 28th. 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfgr. Brushes
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER'S FATHER'S

13. NAME Louis Wilkens
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Polka Weber
16. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

17. INFORMANT Mrs. Cora Garrels Wilkens
(Address) 3702 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. New York City Date 7/5/31 19

19. UNDERTAKER Sharrett & Ike
(Address) 3401 Edmondson Ave.

20. FILED 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible] 3 , 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1 , 19[illegible], to [illegible] 3 , 19[illegible].
I last saw h[illegible] alive on [illegible] 3 19[illegible] death is said to have occurred on the date stated above, at [illegible] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of [illegible]	
(Primary) (Secondary) (Specify)	
Other contributory causes of importance:	

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy? [illegible]T

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [illegible]E If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70193 X 168 E 70193

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Balt City Hospital (Ward) 16-37

2-FULL NAME Robert Foster Sundalk. Md.

(a) RESIDENCE NO. 6529 Parnell St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17/1896

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	34	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlem Steel

9 BIRTHPLACE (city or town)
(State or country) Virginia

PARENTS

10 NAME OF FATHER Wm B Foster

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lena M. McGary

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Mrs Foster
(Address) 3711 Greenmount Ave

15 JUL 1931 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Incised wound of Throat severing his trachae
Suicide

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 6529 Parnell

Did an operation precede death? Yes Date of July 3 31

Was there an autopsy? no

What lesl confirmed diagnosis? Surgical

(Signed) James M Fenton, M. D.

7 4 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Logan, Va	7/4 1931
20 UNDERTAKER Fox	ADDRESS 1217 E Fayette

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 70194 HEALTH DEPARTMENT—CITY OF BALTIMORE 001 ✓ 70194

CERTIFICATE OF DEATH.

82

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat ST. 28-63 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick W. Scott -

(a) RESIDENCE NO. Mt Hope Retreat ST. 28T. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? Life yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced (write the word)~~
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or Wife of~~ Mrs Scott

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
69	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mt Washington Balto Co

PARENTS

10 NAME OF FATHER Patric Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) (?) Ireland

12 MAIDEN NAME OF MOTHER Helen Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (?) Ireland -

14 Informant (Address) John Mary E. McDermott Same as the last Washington

15 Filed 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 23rd, 1929, to July 4. 1931, that I last saw ~~him~~ her alive on July 3. 1931, and that death occurred, on the date stated above, at 6.05 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage -

(duration) 0 yrs. 0 mos. 10 ds.

CONTRIBUTORY (Secondary) Senile Dementia ~~Syph~~ Ment Dis. Psychosis

(duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? Balto Co

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Frank J Flannery M. D.

, 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL July 7 1931

20 UNDERTAKER Elmer W. Conkling

ADDRESS 924 E. Eager

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 70195

CERTIFICATE OF DEATH

B 70195

95-002

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Fayette St.) (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Melvin Blackwell

(a) RESIDENCE NO. 1007 Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Melvin Blackwell

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Henry Black

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Blackwell 1007 Fayette St.

Filed 4-1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/31

17

I HEREBY CERTIFY, That I attended deceased from June 29 to 7/4/31

that I last saw her alive on 7/4/31

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

Signed [illegible] M. D.

(Address) 92 Lombard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL July 6 1931

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Carolina St.

SEE IF NOT IMPORTANT. See instructions on back of certificate.

1-30—M A T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70196 + 169 ✓ E 70196

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Jewish Mem Hospital) (Ward 17-14)

2-FULL NAME Dr. Wm J Romer

(a) RESIDENCE NO 4404 Lindell Blvd. St Louis Mo WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Nov 8 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Wm. J. Romer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Latrue

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm. J. Romer
(Address) 4404 Lindell Blvd. St. Louis Mo.

15 Filed JUL 5 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Suicide death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Gunshot Wound
Right 4-10 Rib R. Pneumothorax

(duration) yrs. mos 3 ds

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. 2 ds

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? History.

(Signed) G C Glades, M. D.
Coroner
, 19 (Address) 1436 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lima, Ohio	July 6 1931
20 UNDERTAKER	ADDRESS
John A Weikel & Sons	1900 Eastern Pl.

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

250182

E 70197

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70197

CERTIFICATE OF DEATH

REGISTERED NO. 93-003

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-9 ST. WARD)

2 FULL NAME Camilla Amos

(a) RESIDENCE NO. Upper Falls Balto Co. Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William

6 DATE OF BIRTH (month, day, and year) July 18 1874

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56	11	15/24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N. H. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Nicholas Power

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Eliz Cuntry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment Rec'ds Private
(Address)

15 Filed July 1 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3-1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 3, 1931

that I last saw h alive on July 3, 1931

and that death occurred, on the date stated above, at 8 50 p m.

The CAUSE OF DEATH* was as follows:

Hypertensive heart disease

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure.

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) M B Wardlaw M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stephens Bradshaw

DATE OF BURIAL July 1 1931

20 UNDERTAKER H R McComas

ADDRESS Arlington Md

IMPORTANT. See instructions on back of certificates

1-30—M. & T.—100 B—501.

E 70198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+99

E 70198

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Freidman

(a) RESIDENCE NO 152 Eagle St., Dayton, Ohio ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Moshe Friedman

6 DATE OF BIRTH (month, day, and year) --------1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Harry R. Freidman (Son)

(Address) 152 Eagle St. Dayton, Ohio

JUL 5 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2nd, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mesenteric Thrombosis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? (Exploratory)

Did an operation precede death? yes Date of July 2/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Shapiro, M. D. Coroner

7/4/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dayton Ohio

DATE OF BURIAL 7/5 1931

20 UNDERTAKER Jack Levin Inc

ADDRESS 1477 E Baltimore St

THION is very important See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 70199

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 511 W. Lanvale St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas L. Spencer

(a) RESIDENCE NO. 511 W. Lanvale St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora C. Spencer

6 DATE OF BIRTH (month, day, and year): May 1883

7 AGE: Years 47 Months 10 Days 11

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst Weighter

(b) General nature of industry, business, or establishment in which employed (or employer): Governmt

(c) Name of employer: 082

9 BIRTHPLACE (city or town) (State or country): Fredrick Co Md

PARENTS

10 NAME OF FATHER: James Spencer

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Martha Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Cora C. Spencer 511 W. Lanvale St.

15 Filed JUL 5 1931

HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3 1931

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1931, to July 3, 1931.

that I last saw h. alive on July 2, 1931.

and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? X Ray

(Signed) Chas. E. Hamilton M. D.

19 (Address) 3013 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md Date of Burial July 7 1931

20 UNDERTAKER: Samuel Wright ADDRESS 700 N. Carrollton Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 70200 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70200

CERTIFICATE OF DEATH. 82-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Hughes

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) School

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER James Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Curley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Little Sisters of the Poor Preston & Valley

Filed 5 1931 .19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 5 .1931. to July 3 .1931.

that I last saw h alive on July 2 .1931.

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Bernard Loss, M. D.

W. H. (Address) 2116 Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL July 6 1931

20 UNDERTAKER Elmer W. Conklin — ADDRESS 824 E. Eager St.

Spec.—0 30—A. & Co.—250 Blks

E 7020[illegible] **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

E 7020[illegible]

1 PLACE OF DEATH

CITY OF BALTIMORE (No Balto. City Hospitals 5-32 WARD)

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alvodia Croxton

(a) RESIDENCE NO 312 N. Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — (b) HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? 1891

7 AGE — Years: 40 ? Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va ?

PARENTS

10 NAME OF FATHER John Croxton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Alice Monroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Hospital Record

15 Filed [illegible] 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3-31

17 I HEREBY CERTIFY, That I attended deceased from 6-11-, 19 31, to 7-3, 19 31

that I last saw h[illegible] alive on 7-3, 19 31

and that death occurred, on the date stated above, at [illegible] p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach & metastasis of Liver

(duration) 1 yr. 0 mos. ds.

CONTRIBUTORY (Secondary) Starvation Acidosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Leath, M. D.

19 (Address) Balto. City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 DISPOSITION OF BODY: Burial, Cremation or Removal: Holt Auburn Gen 7/6 19 31

DATE OF BURIAL

20 UNDERTAKER: Samuel Hardy Jr. ADDRESS 528 N Bdwy

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70202

CERTIFICATE OF DEATH

131

REGISTERED NO. E 70202

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 1204 Argyle Ave St.) 17th (WARD)

2. FULL NAME George Henry Siddons

(a) RESIDENCE NO. 1204 Argyle Ave St. 17th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 90 yrs. 11 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m

4. COLOR OR RACE: col.

5. Single, Married, Widowed, or Divorced: married

5a. If married, widowed, or divorced — HUSBAND of: Sophia Siddons

6. DATE OF BIRTH (month, day, and year): aug 1, 1840

7. AGE — Years: 90 — Months: 11 — Days: — If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: florist
(b) General nature of industry, business, or establishment in which employed (or employer): flowers
(c) Name of employer: self

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Daniel Siddons

11. BIRTHPLACE OF FATHER (city or town) (State or country): md

12. MAIDEN NAME OF MOTHER: Hannetta Rine

13. BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14. Informant (Address): Sophia Siddons 1204 Argyle ave

15. Filed 19 — Registrar: H. JONES M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 1, 1931

17. I HEREBY CERTIFY, That I attended deceased from march, 19 31, to July 1st, 19 31, that I last saw h.im alive on July 1st, 19 31, and that death occurred, on the date stated above, at 7.30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis ? (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) chronic myocarditis ? (duration) ? yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

19 (Address) 15 W E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20. DATE OF BURIAL, CREMATION OR REMOVAL: July 5 1931

20. UNDERTAKER: Samuel Hensley

ADDRESS: 928 N Broadway

FILED JUL 5 1931 HAMPSON JONES M. D. REGISTRAR

L 5 1931.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70205

CERTIFICATE OF DEATH

121 E 70203

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hos. St. B-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Mary Klein

(a) RESIDENCE NO. 1015 E Pratt St (Usual place of abode) West Balto. Gen. Hospital St. Ward (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Chaim Summerfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Mollie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Mr Stein 1015 E Pratt St

JUL 5 1931 H. C. HAMPSON-JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4/31

17

I HEREBY CERTIFY, That I attended deceased from 6-7-31, 19 to 7-4-31, 19

that I last saw her alive on 7-4-31, 19

and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Peritonitis & septicemia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? yes. Date of 6-17-31

Was there an autopsy? no.

What test confirmed diagnosis? Physical Signs.

(Signed) Mscobler, M. D.

7/4. 1931 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 7/5 1931

20 UNDERTAKER H. Levinson & Bro

ADDRESS 127 E Balto St

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

E 70204 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70204

CERTIFICATE OF DEATH + 1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hospital. 7-13

CITY OF BALTIMORE: (No. ST. WARD)

2 FULL NAME Robert J. Ruth.

(a) RESIDENCE NO. 345 - 5th Ave. New York City. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Clara Ruth

6 DATE OF BIRTH (month, day, and year): Feb. 19. 1891

7 AGE — Years: 40 — Months: 4 — Days: 15 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Professional Service
(b) General nature of industry, business, or establishment in which employed (or employer): 08
(c) Name of employer: E R Squibb Co

9 BIRTHPLACE (city or town) (State or country): Cleveland, Ohio

PARENTS

10 NAME OF FATHER: William A Ruth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Emma Ohles

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Mrs C Ruth
(Address): Rivermont Ohio

Filed JUL 5 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): July 4 - 31

17
I HEREBY CERTIFY, That I attended deceased from June 29 1931 to July 4 1931
that I last saw h[illegible] alive on July 4 1931
and that death occurred, on the date stated above, at 3:25 a. m.

The CAUSE OF DEATH* was as follows:
Typhoid Fever
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (Secondary): Bronchopneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Not known
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Hist. Exp. Physical & Laboratory

(Signed) J. E. Goodman M. D.
7/4 1931 (Address) Sinai Hospital,

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rivermont Ohio
DATE OF BURIAL: 7/5 1931
20 UNDERTAKER: [illegible]
ADDRESS: 1217 E Pratt St

*TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

Coroner Blades Broadway & Fayette

E 70205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70205

CERTIFICATE OF DEATH

118

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5026 Palmer Ave ST.) (WARD 27-5)

2-FULL NAME Alexander Davis Jr

(a) RESIDENCE NO. 5026 Palmer Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Thezza Davis

6 DATE OF BIRTH (month, day, and year) DEC 19-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brick Layer
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer Baltimor Ind

9 BIRTHPLACE (city or town) (State or country) Baltimor Md

PARENTS

10 NAME OF FATHER Alexander Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimor Md

12 MAIDEN NAME OF MOTHER Laura Redden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Laura Davis (Mother)

(Address) 5026 Palmer Ave

15 Filed ..... 1931 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Ac Gastritis

Chron. of Kid & Drinks Ice Water

(duration) 2 yrs mos

CONTRIBUTORY (Secondary) Exhaustion Ac Cocaine Poi (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did operation precede death? — Date of —

Was autopsy held? —

What test confirmed diagnosis? —

(Signed) Geo Blades Coroner, M. D.

7/4/31 (Address) 143 N Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys (Hamilton) Cemetery

DATE OF BURIAL 7/6/31

20 UNDERTAKER Uniman Cook

ADDRESS V2175 Ha

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70206 HEALTH DEPARTMENT—CITY OF BALTIMORE 70206

CERTIFICATE OF DEATH

93-B

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) University Hospital (St.) 34 (WARD)

2. FULL NAME Barbara Wolfe

(a) RESIDENCE NO. 1424 Bough (St.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~
(or) WIFE of Conrad Wolfe

6 DATE OF BIRTH (month, day, and year) About 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	88	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Frederick T. Schlosstein
(Address) 1008 American Bldg

15 Filed JUL 3 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/1/31

17

I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to July 1, 1931
that I last saw her alive on July 1, 1931
and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (Senile)
Starvation & Emaciation

(duration) P. P yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs + autopsy

(Signed) J. H. Hornbaker M. D.

7/1/1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 7/6/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

(Back of certificate) ATION is very important. See instructions on back.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70207

CERTIFICATE OF DEATH

131

E 70207

1 PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 2701 Queen Anne Road ST. 15-65 WARD

2 FULL NAME William Sullivant

(a) RESIDENCE No. 2701 Queen Anne Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Conner

6 DATE OF BIRTH (month, day, and year) Sept 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York State

PARENTS

10 NAME OF FATHER Joseph Sullivant

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Edith Oldacre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

14 Informant Mrs Paul E. Pfeffer

(Address) 2701 Queen Anne Road

15 Filed L 5 1931 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 1 1930 to July 4 1931

that I last saw him alive on July 3 1931

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Chronic parenchymatous nephritis Cystitis- Hypospadias— about 1 yr.

(duration)

CONTRIBUTORY (secondary) Chronic parenchymatous nephritis about 1 yrs. mos. ds.

(duration)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Laboratory

(Signed) W S Nesbitt M. D.

19 (Address) 2230 Garrison ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

21 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Port Servis Md	July 6 1931

20 UNDERTAKER	ADDRESS
John O. Mitchell Sons	1900 Eutaw Place

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70208 — 46 E 70203

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1804 Linden av ST. 14-20 (WARD)

2 FULL NAME Nathan Gordon

(a) RESIDENCE NO. 1804 Linden av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Gordon

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE 66 Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) Bedding

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lillie Gordon (wife)

(Address) 50 Linden Ave

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4th, 1931, to July 4th, 1931

that I last saw h-- alive on July 4th, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(a) Carcinoma of Stomach

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of March 10 1931

Was there an autopsy? no

What test confirmed diagnosis? Clinical. Operative

(Signed) R. B. Micheles M. D.

7/4 1931 (Address) 2230 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Helen Rosedale

DATE OF BURIAL 7-6- 1931

20 UNDERTAKER Jack Lewis, Inc, 1439

ADDRESS Eden St

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70209

CERTIFICATE OF DEATH.

108

E 70209

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 564 Baker St (St.) W H (Ward) 54

2-FULL NAME James H Hawkins

(a) RESIDENCE (Usual place of abode) No. 564 Baker St., WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a If married, widowed, or divorced (or) WIFE of Annie Hawkins

6 DATE OF BIRTH (month, day, and year) April 6 - 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Charles Co Md

PARENTS

10 NAME OF FATHER Matthews Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Annie Hawkins 564 Baker St W H

15 Filed JUL 5 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1 1931

17 I HEREBY CERTIFY, That I attended deceased from June 25 1931 to July 1 1931

that I last saw h[illegible] alive on July 1 1931

and that death occurred, on the date stated above, at 11.30 P m.

The CAUSE OF DEATH* was as follows:

Gastritis + Bronchitis

(duration) yrs. mos. 36 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy Examination

(Signed) William F. Haines, M. D.

July 1 1931 (Address) 200 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. DATE OF BURIAL

Mt Calvary Cemetery July 6 1931

20 UNDERTAKER ADDRESS

Robert E Williams 1518 Mc Elderry St

IION is very important. See instructions on back of certificates.

Spec.—9-20—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70210

125-00 W

E 70210

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) University Hospital ST. (or Town) Yorktown

2 FULL NAME Robert Wimbish

(a) RESIDENCE NO. 2823 Simpson St ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	B	Married.

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Sarah Wimbish

6 DATE OF BIRTH (month, day, and year) ? 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Records.. (Address) University Hosp.

15 Filed ... 19 ... Registrar

L 5 1931.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3/31

17

I HEREBY CERTIFY, That I attended deceased from June 19, 19 31 to July 5, 19 31

that I last saw him alive on July 3, 19 31

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Abcess of Liver (pyogenic)

(duration) yrs. mos 18 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Maurice James Abrams M. D.

19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	7/6/31

20 UNDERTAKER Geo. H. Holland 163 Druid Hill Ave

ADDRESS

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70211 — 93-003 — 70211

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Clinton & Hilton Sts. 15-22 WARD

2-FULL NAME Rufus Bowe.

(a) RESIDENCE No. 1733 N. Stricker ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha Bowe.

6 DATE OF BIRTH (month, day, and year): 1873.

7 AGE: Years 58 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. Carolina

PARENTS
10 NAME OF FATHER: Timothy Bowe.
11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.
12 MAIDEN NAME OF MOTHER: Unk
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant: Martha Bowe
(Address): 1733 N. Stricker

15 Filed ....., 192 ..... Registrar

TION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his or her) death on the day stated above.

The CAUSE OF DEATH* was as follows:

9 Chronic Myocarditis
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geo. H. Kelly, M. D. Coroner

July 4 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 7/5/1931

UNDERTAKER: Mrs. Geo. H. Kelly

ADDRESS: 1631 Druid Hill Ave.

5 1931 — JOSEPH JONES, M. D.

1-30—M. & T.—100 B—50L

E 70212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 70212

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 901 Druid Hill ST. 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo Long

(a) RESIDENCE NO. 901 Druid Hill ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Long

6 DATE OF BIRTH (month, day, and year): Jan 15-1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Atlanta Ga

PARENTS

10 NAME OF FATHER: Luther Long

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Ella Long 901 Druid Hill

Filed JUL 5 1931 HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 2nd 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Regular

What test confirmed diagnosis?

(Signed) H. Hoffman M. D.

Coroner

City Address

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 7/6/1931

20 UNDERTAKER: Wm. Geo. H. Holland

ADDRESS: 1631 Druid Hill

(1) See instructions on back of certificate. (2) See instructions on back of certificate. (3) See instructions on back of certificate. (4) See instructions on back of certificate. (5) See instructions on back of certificate. (6) See instructions on back of certificate. (7) See instructions on back of certificate. (8) See instructions on back of certificate. (9) See instructions on back of certificate. (10) See instructions on back of certificate. (11) See instructions on back of certificate. (12) See instructions on back of certificate. (13) See instructions on back of certificate. (14) See instructions on back of certificate. (15) See instructions on back of certificate. (16) See instructions on back of certificate. (17) See instructions on back of certificate. (18) See instructions on back of certificate. (19) See instructions on back of certificate. (20) See instructions on back of certificate.

IMPORTANT is very important. See instructions on back of certificate.

Spec.—1-12-23—3M—500 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70213

CERTIFICATE OF DEATH.

124-002

E 70213

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 26 E West St. Ward 23-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Sullivan

(a) RESIDENCE No. 26 E. West St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma J Sullivan

6 DATE OF BIRTH (month, day, and year): June 8th 1871

7 AGE: Years 60; Months; Days 25; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Policeman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Roddy Sullivan

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Annie Sullivan

13 BIRTHPLACE OF MOTHER (City or town) (State or country)

14 Informant (Address): Emma J Sullivan 26 E. West St

JUL 5 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1931, to July 3 1931,

that I last saw h[illegible] alive on July 2 1931,

and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH was as follows:

Arterio Sclerosis

1 Day

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Phys. Exam

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 705 Mass Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. V. Cathedral

DATE OF BURIAL: July 6 1931

20 UNDERTAKER: Fred. A Richardson

ADDRESS: 703 Mass Ave

Spac—3-30—A. & Co.—250 Blks.

E 70214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-E 70214

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1423 W. Saratoga ST. 19-27 WARD

2 FULL NAME William Herbert Wortham

(a) RESIDENCE NO. 1423 W. Saratoga ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie E. Wortham

6 DATE OF BIRTH (month, day, and year) Dec 12 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer) dept. Store

(c) Name of employer Hecht Bros.

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm G. Wortham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Louise Harland

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Mrs Annie E Wortham 1423 W Saratoga St

15 Filed 19 Registrar

UL 3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9 1929 to July 2 1931

that I last saw him alive on July 2 1931

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrage

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (secondary) arteriosderonis, right hemiplegia (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? clinical

(Signed) A Kenney M. D.

19 (Address) 1203 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 DATE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

Cedar Hill Cem July 6 1931

20 UNDERTAKER ADDRESS

Wm J Luther & Sons Baltimore

FOR IMPORTANT INFORMATION, See instructions on back of certificate.

Spec.—0-36—A. & Co.—250 Blks

B 70215 HEALTH DEPARTMENT—CITY OF BALTIMORE B 70215

CERTIFICATE OF DEATH

93-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 226 East 25th Street (WARD) 17-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Watson Volmore Percy

(a) RESIDENCE NO. 226 East 25th Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of XX.XX.XX.XX Margaret T. Percy

6 DATE OF BIRTH (month, day, and year) Nov 23-1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Sales Manager 086

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Seigel Rothschild Co.

9 BIRTHPLACE (city or town) (State or country): Bucks Co..Pa.

PARENTS

10 NAME OF FATHER: Thomas Percy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Mary Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna.

14 Informant (Address): Mrs Margaret T. Percy 226 East 25th Street

15 Filed JUL 3 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from May 22, 1931 to July 3rd 1931 that I last saw h alive on July 3rd 1931 and that death occurred, on the date stated above, at 10.25P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H K Jordan M. D.

7-5 31 (Address) 117 W. Saratoga St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia, Pa.

DATE OF BURIAL: July 7th 31

20 UNDERTAKER: H. J. Tschudy

ADDRESS: 1426

CERTIFICATE

TION is very important, see instructions on back of cer

JUL 3 1931

A&Co. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

70216 — 15-68 — 94-001 — E 70216

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 N. Smallwood St. .....Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth D. Mason

(a) Residence: No. 1710 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Christian M. Mason

6. DATE OF BIRTH (month, day, year): November 11, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cincinnati, Ohio

MOTHER FATHER

13. NAME: James Dowling
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Estelle Harrison, 2014 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL — Place: Western Cemetery July 6 1931

19. UNDERTAKER (Address): Joseph B. Cook, 1002 N. Baltimore St.

20. FILED JUL 5 1931 BY ..... HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2 Pm July 2, 1931, to 8 Pm July 2, 1931

I last saw h.. alive on July 2, 1931 death is said to have occurred on the date stated above, at 8 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Date of onset not known	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. H. Durell, M. D.

(Address) 1817 N. Fulton Avenue

Spec.—1-30—M. & T.—250 Bks.

E 70217 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70217

CERTIFICATE OF DEATH. 154

REGISTERED NO. 15567

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 1500 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby F. Blumbaum

(a) RESIDENCE NO. Sinai Hospital ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-5-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
died	30 minutes	after birth		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sinai Hospital Balto. Md.

PARENTS

10 NAME OF FATHER Max F. Blumbaum

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anna Fuchsman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Brenda (Address)

15 Filed JUL 5 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5-31

17 I HEREBY CERTIFY, That I attended deceased from 5h AM 7-5, 1931, to 6h AM 7-5, 1931, that I last saw him alive on 7-5, 1931, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation

(Signed) J. E. Goodman, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Mt Carmel DATE OF BURIAL 7-5- 1931

20 UNDERTAKER Lee Levin Bro ADDRESS 739 E Balto St

1-30—M. & T.—100 B—50L

E 70218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 ✓ B. 70218

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1703 Laurens ST. 15-22 (WARD)

2-FULL NAME Edgar Newman

(a) RESIDENCE NO. 1703 Laurens ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va

PARENTS

10 NAME OF FATHER Jas Newman

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Julia Mash

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Jas Newman

(Address) 1703 Laurens

15 Filed July 6 1931 G. HALSEY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 2 mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Corner, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlestown W Va — DATE OF BURIAL: July 5 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 303 Chestnut St

SECTION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70219

E 70219

CERTIFICATE OF DEATH

18

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 712 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Edwin Cihlar

(a) RESIDENCE NO. 2512 E. Monument ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11/30

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	///	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Cihlar

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Alice Lappe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Joseph Cihlar

(Address) 2512 E. Monument St

15 Filed JUL 6 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Meningitis-(Probably Meningicoccic) Asyet undetermined

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(durstion) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? partial at Hopkins

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

7/5/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL July 6 19 31

20 UNDERTAKER Frank Brockton

ADDRESS 1904 E. Monument

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70220

CERTIFICATE OF DEATH

REGISTERED No. E 70220

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 6-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel Berman

(a) RESIDENCE NO 1819 E. Fairmount Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Berman

6 DATE OF BIRTH (month, day, and year) July 4- 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Supt.,
(b) General nature of industry, business, or establishment in which employed (or employer) Montgomery Ward
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk, Virginia

PARENTS

10 NAME OF FATHER Jos. Berman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Freida-----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Adolph Stern

(Address) 128 S. Bond St

15 Filed 6 1931 E. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: While standing aside of parked auto, he was struck & knocked down by another auto driven (drunken) (Negligent) (Reckless) (Unknown) (Unlicensed) &c.

CONTRIBUTORY (Secondary) Fract. C.C. (Traumatic Nature) Lg. (duration) hrs. yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hale Thorpe

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) A. France Coroner, M. D.

7 5, 19 31 (Address) 2931 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel DATE OF BURIAL 7-6- 1931

20 UNDERTAKER Jack Kevin, Inc ADDRESS 1439 E. Balto

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70221

93-303

E 70221

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE. (No. Monument & Rutland Sts.) WARD 15-68

2 FULL NAME Mr. Louis Levin

(a) RESIDENCE NO. 2107 Rupp St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Fannie Levin

6 DATE OF BIRTH (month, day, and year) 61

7 AGE 90 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Abraham Levin (Son)

(Address) W. North Ave.

15 Filed 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6/31

17 I HEREBY CERTIFY, That I attended deceased from 7/3 19 31 to 7/6 19 31

that I last saw h/M alive on 7/6 19 31

and that death occurred, on the date stated above, at 5:45A m.

The CAUSE OF DEATH* was as follows:

Bilateral Pyelonephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Urethral Stricture

Chr. Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. R. Goodman M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Pikesville Washington Rd | DATE OF BURIAL 7-6- 19 31

20 UNDERTAKER Jack Levin, Inc | ADDRESS 1439 E Balt

ION IS very important. See instructions on BACK OF CERTIFICATE.

Spec.—9-30—A. & Co.—2's Blks

Linn

E 7.0222 HEALTH DEPARTMENT—CITY OF BALTIMORE E 7.0222

CERTIFICATE OF DEATH

117-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Balto. City Hospitals St. 20-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Michael Linn

(a) RESIDENCE NO. 602 S. Eldham ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	1	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Linn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Harry Tigges [Friend]

(Address) 602 Eldham St.

15 Filed 6 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3-31

17

I HEREBY CERTIFY, That I attended deceased from 7-1, 19 31, to 7-3, 19 31

that I last saw him alive on 7-3, 19 31

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Peptic Ulcer

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (secondary) Post-operative Shock

Acute Heart Failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of 7-2-31

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Lenhart E. Hiser M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wm Carmellam	7-6 1931
UNDERTAKER	ADDRESS
Tilly & Feiler Inc.	403 S Wolfe

FOR A VERY IMPORTANT See instructions on back of certificate

E 70223

E 70223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 V

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No St. WARD)

2. FULL NAME Mr. Joseph B. Hoskins

(a) RESIDENCE NO Fallston - Harford Co. Md. St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 7, 1852

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 yrs.	7 mo.	29 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fallston. Md.

PARENTS

10 NAME OF FATHER Mr. Jesse Hoskins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Angeline Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Conn.

14 Informant Hospital Records

(Address)

15 Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6, 1931 (a.m.)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931, to July 6, 1931

that I last saw him alive on July 5, 1931

and that death occurred, on the date stated above, at 6.30 a.m.

The CAUSE OF DEATH* was as follows:

~~Carcinoma & Cachexia~~

Adenocarcinoma of prostate (duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Uraemia, chronic (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Feb 13, 1931

Was there an autopsy? no

What test confirmed diagnosis? Microscopic Section

(Signed) Samuel McLanahan M. D.

Jul 6 19 31 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends' Cem. Fallston — DATE OF BURIAL: July 8 19 31

20 UNDERTAKER: Hamburger & Cross — ADDRESS: Benson Md.

TION is very important. See instructions on back of certificate.

E 7.0224

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7.0224

V 24

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St.) 21-24 (WARD)

2 FULL NAME Thomas B Mensham Jr.

(a) RESIDENCE NO. 1032 Barre St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: ~~child~~

6 DATE OF BIRTH (month, day, and year): ~~July 14~~ 1929

7 AGE — Years: (2) Two; Months: (5) five; Days: (20) twenty; If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer): child

(c) Name of employer: ~~child~~

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas B Mensham

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Julia E Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): parents

15 Filed 6 1931 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4 31

17 I HEREBY CERTIFY, That I attended deceased from June 30 1931 to July 4 1931

That I last saw him alive on July 4 1931

and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Jane L Fitz M. D.

(Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 7-7 1931

20 UNDERTAKER: Bernard C Harte — ADDRESS: 1000 S Paca St

IMPORTANT: See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

70225 E 70225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 115-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 12-49

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Fannie Broderick

(a) RESIDENCE NO. (Usual place of abode) Frederick Rd. near Paradise Ave WARD Catonsville Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

6a If married, widowed, or divorced (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Nov 20, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 yrs	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Joseph W Oliver

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md

12 MAIDEN NAME OF MOTHER Mary A. Tracy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rhode Island

14 Informant (Address) Hospital Record

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3-31

17

I HEREBY CERTIFY, That I attended deceased from June 11, 1931 to July 3 1931

that I last saw h alive on July 3 1931

and that death occurred, on the date stated above, at 11.55 P.m.

The CAUSE OF DEATH* was as follows:

Agranulocytic Angina

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Marked leucopenia

(Signed) Samuel McLanahan M. D.

July 3 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL July 7 1931

20 UNDERTAKER Rita Weddell — ADDRESS 914 Fremont Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70226 — 97 — E 70226

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2212 Fleet St. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frederick Winkler

(a) RESIDENCE NO. 2212 Fleet St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Winkler

6 DATE OF BIRTH (month, day, and year) July 23, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Packing house

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Adam Winkler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Gottlieb Markwardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Eva Winkler

(Address) 2212 Fleet St

15 Filed JUL 6 1931 Registrar C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 14, 1931, to July 4, 1931

That I last saw him alive on July 3, 1931

and that death occurred, on the date stated above, at 3:25 A. m.

The CAUSE OF DEATH* was as follows:

Gangrene (Senile) right foot.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Typical signs

(Signed) C. H. Jones M. D.

7/6/31 (Address) 488 Hart Pk ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Cemetery — DATE OF BURIAL: July 6, 1931

20 UNDERTAKER: H. Sander Sons Inc — ADDRESS: 1710 Fleet St

How to fill out certificate. See instructions on back of certificate.

Spec.-7-17-26—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70227

CERTIFICATE OF DEATH

92-001 E 70227

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 3004 N. Priestman St. 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar M. Page

(a) RESIDENCE NO. 3004 N. Priestman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha C. Page

6 DATE OF BIRTH (month, day, and year): May 26 1870

7 AGE: Years 61 Months 1 Days 7 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Telegraph Operator

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Balto. & Ohio

9 BIRTHPLACE (city or town)

(State or country): Virginia

PARENTS

10 NAME OF FATHER: George W Page Va.

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Hill

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Virginia

14 Informant (Address): Martha C Page 3004 N. Priestman

15 Filed JUL 6 1931 C. HANCOCK JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931 July 3

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1929, to July 3, 1931, that I last saw him alive on July 3, 1931, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis (Valvular Insufficiency)

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Dropsy

(duration) yrs. 1 mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Milton S. Heil M. D.

(Address) 4531 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — Date of Burial 7/6 1931

20 UNDERTAKER: Richard W. Boyer 1642 ADDRESS Ashburton

(OVER)

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70228 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70228

1 PLACE OF DEATH Baltimore City Hospitals (If not in hospital, give street address) ST. 7-2-31 WARD

REGISTERED NO. (If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO

2 FULL NAME Mary Griffin

(a) RESIDENCE NO. 517 Orchard St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Griffin Dec'd

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): Washington D.C.

PARENTS

10 NAME OF FATHER Louis Hensen

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Elmore ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 6 1931 THOMAS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-31

17 I HEREBY CERTIFY, That I attended deceased from 7-1 1931 to 7-2 1931

that I last saw her alive on 7-2-31

and that death occurred, on the date stated above, at 10:45 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio Vascular Renal Disease - Chronic Myocarditis Acute Glaucoma Eyes

(duration) yrs. ? mos. ds.

CONTRIBUTORY (secondary) Acute Heart Failure (duration) yrs. mos. 3 hrs.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther L. Link M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Sion Cemetery DATE OF BURIAL 7-6-1931

20 UNDERTAKER: Charles H. Alexander ADDRESS 1406 Bond Hill Rd

FROM BACK OF CERTIFICATE. See instructions on back of certificate. Very important.

Spec.—9-31—A. & Co.—250 Blks

E 70229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70229

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2721 Winchester St. (Hospital or Institution) 16-68

2. FULL NAME Susetta Clementine Miller

(a) RESIDENCE NO. 2721 Winchester ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? 67 yrs. 10 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Nicholas Miller

6. DATE OF BIRTH (month, day, and year) Aug 27 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	10	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9. BIRTHPLACE (City or town) (State or country) Dorchester Co Maryland

PARENTS

10. NAME OF FATHER John Wroten

11. BIRTHPLACE OF FATHER (City or town) Dorchester (State or country) Maryland

12. MAIDEN NAME OF MOTHER Julia Dean

13. BIRTHPLACE OF MOTHER (City or town) Dorchester (State or country) Maryland

14. Informant (Address) Mrs. Lee Hammer (daughter) 2721 Winchester St.

15. Filed 1931 by HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 3rd 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1931 to July 3rd, 1931

that I last saw h[illegible] alive on July 1 2nd, 1931

and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. 4 mos. 13 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18. Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Henry Theibald M.D.

7/5, 1931 (Address) 1364-20 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July 6 1931

20. UNDERTAKER Stewart & Company ADDRESS Baltimore

CD 1931

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70230

CERTIFICATE OF DEATH.

157-004

15-58

REGISTERED NO. E 70230

1-PLACE OF DEATH

City of BALTIMORE: (No.) Jas. Carlton Home and Infirmary St. 15-58 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Phillips

(a) RESIDENCE NO. 3649 Park Heights Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
FEMALE	WHITE	SINGLE

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) JUNE 13, 1931

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE (Infant)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) BALTIMORE MD.

(State or country)

PARENTS

10 NAME OF FATHER MAX PHILLIPS

11 BIRTHPLACE OF FATHER (city or town)

(State or country) RUSSIA

12 MAIDEN NAME OF MOTHER Fannie Miller

13 BIRTHPLACE OF MOTHER (city or town) RALEIGH

(State or country) North Carolina

14 Interment (Address) Dr Myer Miller 3649 Park Heights ave

15 Filed JUL 6 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JULY 4 1931

17

I HEREBY CERTIFY, That I attended deceased from June 13 1931, to July 4 1931,

that I last saw her alive on July 3 1931,

and that death occurred, on the date stated above, at 12.00 m.

THE CAUSE OF DEATH* was as follows:

Peritonitis following faster enterotomy for pyloric obstruction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (secondary) Atelectasis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? YES. Date of 6/29/31

Was there an autopsy? YES (PARTIAL)

What test confirmed diagnosis? History, Physical examination, operation & Autopsy

(Signed) J. Frank Hewett, M. D.

1931 (Address) Jas Carlton Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rendale — Date of Burial 7/5 1931

20 UNDERTAKER Jack Lewis Inc — ADDRESS 1437 E. Baltimore

OF DEATH in plain terms, so that it may be properly classified. Fact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70231 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70231

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hospital 16-22 REGISTERED NO. 161-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St.) WARD)

2 FULL NAME Baby Benson

(a) RESIDENCE NO. 1120 N. Gilmor St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ——— yrs. ——— mos. 3 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Louis Thomas Benson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Louise Othelia Young
13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant Louis Thomas Benson
(Address) 1126 N Gilmor St

15 Filed ... 19... HAMPSON JONES, Registrar

L 6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-29-31

17
I HEREBY CERTIFY, That I attended deceased from 6-27 .1931. to 6-27 .1931
that I last saw him alive on 6-29 .1931
and that death occurred, on the date stated above, at 5.47 P.M.
The CAUSE OF DEATH* was as follows:
Atelectasis

(duration) ... yrs. ... mos. 3 ds.
CONTRIBUTORY (Secondary) ... Undetermined
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Congenital
Did an operation precede death? No Date of None
Was there an autopsy? Yes
What test confirmed diagnosis? Physical Examination
(Signed) W. B. Bullock M. D.
1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Quantico Marine
DATE OF BURIAL ... 19...
20 UNDERTAKER
ADDRESS

ATION IS very important. See instructions on back of certificate.

Spec. 930 A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70232

CERTIFICATE OF DEATH

45 E 70232

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals WARD)

2 FULL NAME Joseph Hannan

(a) RESIDENCE NO. 146 S. Duncan ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Hannan

6 DATE OF BIRTH (month, day, and year) March 12-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory worker

(b) General nature of industry, business, or establishment in which employed (or employer) Tin Decorating Co.

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Hannan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Records of Balto. City Hosp.

15 Filed . 19 . Registrar

L 6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-31

17

I HEREBY CERTIFY, That I attended deceased from 6-24 . 19 31 . to 7-2 - . 19 31

that I last saw h alive on 7-2-31 . 19

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rt. Tonsil and surrounding soft Parts.

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death)? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther E. Leah M. D.

. 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cem.

DATE OF BURIAL July 6 19 31

20 UNDERTAKER John Ulrich

ADDRESS 2008 Orleans St

HAMDEN JONES, M. D.

1-30—M. & T.—100 B—50L

B 70233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70233

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W. Lanvale ST.) (WARD) 16-22

2-FULL NAME Lana M Powell

(a) RESIDENCE NO. 816 W Lanvale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 3 mos. do. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30-1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ellicott City Md

PARENTS

10 NAME OF FATHER: Saml R. Pugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frankford Ky.

12 MAIDEN NAME OF MOTHER: Mary A Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: E R Harris

(Address) 2016 Brunswick

15 Filed 1931 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs 5 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Hollis McGuirk, M. D.
Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 7-7 1931

20 UNDERTAKER: Robert Brooks & Son — ADDRESS

TION is very important. See instructions on back of certificate.

L 8 1931

Spec.—9-30—A. & Co.—250 Blks

E 70234 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70234

CERTIFICATE OF DEATH.

107-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No City Hospital ST. 4-35 WARD 5) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph J. Jones

(a) RESIDENCE No. 616 W. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Jones

6 DATE OF BIRTH (month, day, and year) Apr 18, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Jas. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann McIntyre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jennie Jones

(Address) 616 West Balto St

15 Filed JUL 6 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/31

17

I HEREBY CERTIFY, That I attended deceased from 1/27, 19 30 to 7/4, 19 31

that I last saw him alive on 7/4, 19 31

and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

Heart Disease - Arteriosclerotic

for more than 1 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. E. Shindel Jr M. D.

7/6/1931 (Address) City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	7/7/1931
UNDERTAKER Wm Cook	ADDRESS 121 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

E 70235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70235

CERTIFICATE OF DEATH.

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N. Fulton Ave St. 4-27 Ward)

2-FULL NAME Isabella S. Karger.

(a) RESIDENCE NO. 101 N. Fulton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life (79) mos. 5 ds. 22 How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry A. Karger

6 DATE OF BIRTH (month, day, and year): May 14-1852

7 AGE: Years 79 Months 5 Days 22½ If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: [illegible] E. Wilhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Catherine [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Gloria Bogue

(Address): 101 N. Fulton Ave

15 [illegible] 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 16, 1931 to July 5, 1931

that I last saw her alive on July 4, 1931

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Strauss M. D.

7/5. 1931 (Address) 1901 Griffis Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery

DATE OF BURIAL: 7/7/1931

20 UNDERTAKER: J. B. Westphal

ADDRESS: 1300 Eastern Ave

CAUSE OF DEATH to be plainly written, so that it may be properly coded. See instructions on back of certificates.

THIS is very important!

Spec.—9-30—A. & Co.—250 Blks.

E 70236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70236

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 22-30 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Guy Moore

(a) RESIDENCE NO. 7 W. York ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ? ? Unknown

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chef

(b) General nature of industry, business, or establishment in which employed (or employer): Ofl

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): El Paso Texas

PARENTS

10 NAME OF FATHER: John Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mich.

12 MAIDEN NAME OF MOTHER: Annie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mo.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 6 1931 19 [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-31

17

I HEREBY CERTIFY, That I attended deceased from 6-29-31, 19, to 7-2-31, 19

that I last saw him alive on 7-2-31, 19

and that death occurred, on the date stated above, at 5:20 A m.

The CAUSE OF DEATH* was as follows:

Syphilis of Central Nervous System - Tabes Dorsalis.

contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jos. Arnold Jr. M. D.

19 (Address) Balto. City Hosp.

*State (b) Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion Ct	6-6-31 19

20 UNDERTAKER: Isaac Powers Co.

ADDRESS: Montgomery

TION is very important. See instructions on back of certificate.

Spec—9 30—A & Co—200 Blks

E 70237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 70237

1 PLACE OF DEATH
CITY OF BALTIMORE (No West Baltimore General Hospital St 16 Ward)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice B Duncan

(a) RESIDENCE No. Annapolis Md St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (Write the word)
F	W	widow

5a If married, widowed, or divorced (or) WIFE of George Duncan

6 DATE OF BIRTH (month, day, and year) 8/23/1852

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	10	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Matthews County Virginia

PARENTS
10 NAME OF FATHER Lewis Keeball
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Annie Atherton
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed 19 [illegible] Registrar

L 6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/3/31

17 I HEREBY CERTIFY, That I attended deceased from 6/24 1931 to 7/3/31 19
That I last saw h alive on 7/3/31 19
and that death occurred, on the date stated above, at 1.15 P m.
The CAUSE OF DEATH* was as follows:

Cerebral Embolism -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sacroiliac Strain

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) H Cashman M. D.
19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 6 19 31
20 UNDERTAKER John F. Denny	ADDRESS 715 Light St

THE PROPERTY CLAIMED BY ANY PERSON AS EVIDENCE OF DEATH OR BURIAL. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70238

CERTIFICATE OF DEATH

131 E 70238

REGISTERED NO.

1 PLACE OF DEATH Balto City Hospt

CITY OF BALTIMORE (No.) Balto Md ST. 17-25 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Junius Williams

(a) RESIDENCE NO. 686 Pierce St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Black	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 060

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N Carolina

PARENTS

10 NAME OF FATHER C Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) N Carolina

12 MAIDEN NAME OF MOTHER Amanda Williams

13 BIRTHPLACE OF MOTHER (City or town) (State or country) N. Carolina

14 Informant Record

(Address) Balto City Hospt

15 Filed 1931 H. C. HAMPSON-JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-1-31

17

I HEREBY CERTIFY, That I attended deceased from 3-21- , 1931, to 7-1- , 1931

that I last saw him alive on 7-1- , 1931

and that death occurred, on the date stated above, at 30 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure
Chr. Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(signed) Wm J Eckenrode M.D.

7/2 1931 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Natwood Cem

20 UNDERTAKER Dent Easton

DATE OF BURIAL 7-6 1931

ADDRESS Balto

Spec.—9-30—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70239

CERTIFICATE OF DEATH

E 70239

REGISTERED NO. 46

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 23-31 ST. WARD)

2 FULL NAME Henry West

(a) RESIDENCE NO. 45 W. West St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: none

9 BIRTHPLACE (City or town) (State or country): Essex Co. Va.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Records of Balto. City Hosp.

15 Filed JUL 6 1931 E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-2-31

17
I HEREBY CERTIFY, That I attended deceased from 6-29-31, 19, to 7-2-31, 19
that I last saw him alive on 7-2-31, 19
and that death occurred, on the date stated above, at 10:30 A. M.
The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? yes Date of
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy
(signed) Jas Glendenning M. D.
(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem
DATE OF BURIAL 7-6 1931
20 UNDERTAKER: Aunt Easter Dear ADDRESS 516

FROM A VERY Important See instructions on back of certificates.

Spec.—9 30—A. A Co.—250 Blks

E 70240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 - E 70240

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1900 McKean av (St.) (Ward) 15-21

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David A Stockdale

(a) RESIDENCE NO. 1900 McKean ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	M.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude H. Stockdale

6 DATE OF BIRTH (month, day, and year) July 27 71

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Stockdale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Arnaudt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Gertrude H Stockdale 1900 McKean ave

15 Filed ... 19 ... JAMES H. BLAMPOIN, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5, 31

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to April 5, 1931

that I last saw him alive on April 5, 1931

and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas A Schaefer M. D.

19 (Address) 2402 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Park Cemetery	July 8 1931

20 UNDERTAKER M M Kirsten

ADDRESS 2237 W North

FROM A very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

E 70241 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70241

1 PLACE OF DEATH Baltimore City Hospitals (No. 26-37 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Sam Brown

(a) RESIDENCE NO. Turner's Station ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred? yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Brown

6 DATE OF BIRTH (month, day, and year)?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): O.H.D.

(c) Name of employer: ?

9 BIRTHPLACE (city or town) (State or country): Blendon Co. N.C.

PARENTS

10 NAME OF FATHER Harry

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER Edna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): Records of Balto. City Hosp.

Filed 6 1931 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3-31

17 I HEREBY CERTIFY, That I attended deceased from 6-6-31, 19, to 7-3-31, 19

that I last saw him alive on 7-3-31, 19

and that death occurred, on the date stated above, at 11:55 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Left
Syphilis ? Central Nervous System
Cerebral Hemorrhage, ?
to be known (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos. Gilmore Jr M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL JUL 6 - 1931

20 UNDERTAKER

ADDRESS

5050

This is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 70242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70242

CERTIFICATE OF DEATH.

18

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 6-22 St. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert West

(a) RESIDENCE NO. 918 Whatcoat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6 Mo	1 d 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unskilled Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kansas City Mo

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant Samuel Jones (friend)
(Address) 918 Whatcoat St

6 File 1931 . 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1931

17

I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to July 5, 1931, that I last saw him alive on July 5, 1931, and that death occurred, on the date stated above, at 3:15 a. m.

The CAUSE OF DEATH* was as follows:

Cerebrospinal Meningitis

Meningococcus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar puncture

(Signed) Myron G. Tice, M. D.

7/6, 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U S National — DATE OF BURIAL: July 8, 1931

20 UNDERTAKER: Joseph A. Lively — ADDRESS: 1821 Mount St

Spec.—9-26—A. & Co.—250 M's

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70243

CERTIFICATE OF DEATH

E 70243

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

2 FULL NAME Florence Russell

(a) RESIDENCE NO. Stimmus Farm ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/26/29

7 AGE: Years 2 Months 10 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Floyd Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Esther Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Reads.

15 Filed 6 1931 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6-31

17 I HEREBY CERTIFY, That I attended deceased from June 29 1931 to July 6 1931

that I last saw her alive on July 6 1931

and that death occurred, on the date stated above, at 3 25 M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Measles

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) E. C. Gordon M. D.

7/6 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL—CREMATION OR REMOVAL: Dr Stevens Cem

DATE OF BURIAL: July 6 1931

20 UNDERTAKER: Wm. H. Locks

ADDRESS: 1302 Hoffman

Spec.—1-30—M. & T.—250 Blks

E 70244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70244

CERTIFICATE OF DEATH.

23

REGISTERED NO. 20-71

1-PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No.) 1000 Eaton Ave. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A Cooke

(a) RESIDENCE NO. 324 Yale Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — — 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 Yrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Laurence Cooke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Jenkins Memorial Hospital 1000 Eaton Avenue

15 Filed 1931, 19 E. AMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 4, 1931, that I last saw her alive on July 4, 1931, and that death occurred, on the date stated above, at 10:40 A.m.

The CAUSE OF DEATH* was as follows:

(1) Org. Fibroid Tuberculosis (Pulmonary)

(2) Myocardial Deg. & Decomp. (duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension-Malignant (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 327 Yale Ave-

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Clinical.

(Signed) Hyman S Berger, M. D.

7-4-31, 19 (Address) 51 Agnes Hartfield

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem.

DATE OF BURIAL 7-7, 1931

20 UNDERTAKER

ADDRESS 1318 Light

Back of certificate. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70245

CERTIFICATE OF DEATH.

93 E 70245

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 435 N. Brice ST. 20-17 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carrie Dresbach

(a) RESIDENCE NO. 435 N. Brice ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): S. C.

PARENTS

10 NAME OF FATHER: Burbis

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown S. C.

14 Informant (Address): Mrs Marie Wunder 435 N Brice St

15 1931 G. LAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to July 5, 1931.

That I last saw her alive on July 4, 1931,

and that death occurred, on the date stated above, at 11.30 a m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary): Aortic Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) M. O'Neill M. D.

7/6, 1931 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: July 7 1931

20 UNDERTAKER: Geo A Farley

ADDRESS: 1100 W Fayette

THION is very important. See instructions on back of certificates. Exact statement of OCCUPA-

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70246 ✓

E 70246

CERTIFICATE OF DEATH.

92-001

24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Riverside Ave ST. ..... WARD)

2-FULL NAME William W. Jenkins

(a) RESIDENCE NO. 1104 Riverside Ave ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Meyers Jenkins

6 DATE OF BIRTH (month, day, and year) June 16 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	0	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur. 823

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Chas Jordan

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER James Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mulmoore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs Margaret Jenkins (Address) 1104 Riverside Ave.

15 Filed JUL 6 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4-1931

17 I HEREBY CERTIFY, That I attended deceased from May 9 1931 to July 4th 1931 that I last saw him alive on July 4th 1931 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) ..... yrs. 2 mos ..... ds.

CONTRIBUTORY (Secondary) ..... (durstion) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C Brinkley M. D.

7/5 1931 (Address) 1279 Millman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 7/7 1931

UNDERTAKER Margaret V. Tyman — ADDRESS 1117 Light St.

Spec.—9-30—A. & Co.—250 Blks

Parrott

E 70247 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70247

CERTIFICATE OF DEATH

93-003

27-43

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 5504 Arabia Avenue, HOUSE) (ST.) (WARD)

2 FULL NAME Margaret Parrott

(a) RESIDENCE NO. 5504 Arabia Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 65 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Parrott

6 DATE OF BIRTH (month, day, and year) May 15, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	80	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Charles Gibbons

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Ireland

12 MAIDEN NAME OF MOTHER Kate Mangan

13 BIRTHPLACE OF MOTHER (city or town) ----- (State or country) Ireland

14 Informant George L. Parrott (Address) 5504 Arabia Avenue

15 [illegible] C. HAMPSON JONES, M. D. Registrar

6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5/31

17

I HEREBY CERTIFY, That I attended deceased from 6/20/31, 19 , to 7/5/31, 19

that I last saw h alive on 7/5/31, 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Emmix M. D.

7/6/31 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 7/8 1931

20 UNDERTAKER: Henry A. Myers & Son — ADDRESS: 805 N. Calvert

IT IS very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70248

CERTIFICATE OF DEATH

19

E 70248

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3422 Lemerton St., 26-37 Ward)

2-FULL NAME Henry H Smith

(a) RESIDENCE NO. 3422 Lemerton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	Whit	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Smith

6 DATE OF BIRTH (month, day, and year) Oct 3 1877

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
53	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md Balto

PARENTS

10 NAME OF FATHER Conrad Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany Baltimore Co Md

12 MAIDEN NAME OF MOTHER Louisa Wennwright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant (Address)

15 Filed 19 H. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism

(duration) yrs., mos. 20 ds.

CONTRIBUTORY (Secondary) Hemorrhage of Brain from alcohol & Heart (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Hanlon M. D.

7.6.1931 (Address) 3002 Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Camp Chapel Cemetery Joppa Rd	7/8/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-0 E 70249

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 E 25th St. (WARD) 9-46

2 FULL NAME Edward J. Haughey

(a) RESIDENCE NO. 1605 E 25th St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 30th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Arthur Haughey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Rose M. Kevitt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Frances Kehl 1605 E 25th St.

Filed 6 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 4 1931 to July 7 1931

that I last saw her alive on July 1 1931

and that death occurred, on the date stated above, at 8.30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

Cardiac decompensation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Carcinoma Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No, Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. P. Schorsty M. D.

19 (Address) 822 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: July 7th 1931.

20 UNDERTAKER: Tom Cook.

ADDRESS 1217 Wilkens Ave

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 70250 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-E 70250

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

13-59

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Bolton Street ST. WARD)

2 FULL NAME Emma L Hedian

(a) RESIDENCE NO. 2112 Bolton Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Edwin A. Hedian

6 DATE OF BIRTH (month, day, and year) May 28- 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Owen McKenney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. Edwin A. Hedian
(Address) 2112 Bolton Street

15 7 1931 16 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5-1931

17 I HEREBY CERTIFY, That I attended deceased from July 3-31, 1931, to July 5-31, 1931

that I last saw h alive on July 5-31, 1931

and that death occurred, on the date stated above, at 4-30 m.

The CAUSE OF DEATH* was as follows:

Anemia Realoris

(duration) 7 yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Tubo Endocarditis (duration) [illegible]

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Lyperius Buck M. D.

7/6, 1931 (Address) 5 Club Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	7/7 19 31
UNDERTAKER	ADDRESS
Chas. E. Evans & Son	1180 W. Royal Ave.

TION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks.

E 7025 HEALTH DEPARTMENT—CITY OF BALTIMORE E 7025

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3109 Homewood Ave (ST.) 9-H (WARD)

2 FULL NAME Peter Joseph Fogerty

(a) RESIDENCE No. 3109 Homewood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Alice M O'Rourke

6 DATE OF BIRTH (month, day, and year) 6-1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	—	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Fallston Balto Md

PARENTS

10 NAME OF FATHER: Patrick Fogerty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Connor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Alice M Fogerty
(Address) 3109 Homewood Ave

15 Filed ..., 19... — HAMPSON JONES, M. D. Registrar

6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/31.

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to July 4, 1931

That I last saw h me alive on July 4, 1931

and that death occurred, on the date stated above, at 7.15a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) Nephritis —

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Thomas J Mahr M. D.

, 19 (Address) 532 E 22nd St —

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Johns Cemetery Longgreen — DATE OF BURIAL: July 7 19-1

20 UNDERTAKER: Mayne Medford — ADDRESS: 501 E 22nd St

TION is very important. See instructions on back of certificate.

E 70252 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70252

CERTIFICATE OF DEATH

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE (No) 307 E. 27 St. (Ward) 12-5

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Tagliavia

(a) RESIDENCE NO 307 E. 27 St. St. WARD

(If usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Phillip Tagliavia

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Carmalo Loppresti

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: V. Fontasca

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Phillip Tagliavia 307 E. 27 St.

15 [illegible] 6 1931 F. AMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4 1931

17 I HEREBY CERTIFY, That I attended deceased from July 2 31 to July 4 31, that I last saw him alive on July 4 31 and that death occurred, on the date stated above, at 4 15 P.M.

The CAUSE OF DEATH was as follows:

Apoplexy

Autopsy pending

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Andrew Rencowski M. D.

7/6 1931 (Address) 2559 E Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: July 7 31

20 UNDERTAKER: John C. Miller ADDRESS: 1135 E Oliver

TION is very important. See instructions on back of

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70253 ✓ E 901 70253

CERTIFICATE OF DEATH

E 70253

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fitzgerald

(a) RESIDENCE NO 707-Mura Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. da. How long in U. S., if of foreign birth? -- yrs. -- mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----none----

6 DATE OF BIRTH (month, day, and year) 1/27/1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Appren. Helper
(b) General nature of industry, business, or establishment in which employed (or employer): to Stone Mason
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Fitzgerald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Newell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary Fitzgerald

(Address) 707-Mura Street

15 [illegible] C. HAMPSON JONES, M. D. Registrar

JUL 7 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage-Fractured skull
Accidentally fell-5th to 3rd story
New Post Office Building-

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

7/6/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 7/7/31

UNDERTAKER: George D. Ruth & Son

ADDRESS: 1735 Hoffman

TION is very important See instructions on back of certificates.

Spec.—0-38—A. & Co.—250 Blks

E 70254 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

117 E 70254

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals) (St.) 7-13 (WARD)

2 FULL NAME George Saunders

(a) RESIDENCE NO. 213 Barnes (St.) (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ( )

6 DATE OF BIRTH (month, day, and year) Oct. 11, 1877

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	53	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Martha Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Paul Creigler 434 N. Gaithers St

15 Filed JUL 7 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-4-31

17

I HEREBY CERTIFY, That I attended deceased from 6-8, 19 31, to 7-4, 19 31

That I last saw living alive on 7-4, 19 31

and that death occurred, on the date stated above, at 11:10 A. m.

The CAUSE OF DEATH* was as follows:

(Perforated) Gastric Ulcer

(duration) yrs. 7 mos. 24 ds.

CONTRIBUTORY (Secondary) Peritonitis - Post operative

Shock (duration) yrs. mos. 24 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7-2-31

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Linton E. Finch M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Int Calvary Cem. DATE OF BURIAL: 7-8 1931

20 UNDERTAKER: Sara Chas. D. Bailey ADDRESS: 1721 Hoffman St

(FOR USE OF PHYSICIAN. See INSTRUCTIONS ON BACK OF CERTIFICATE)

Spec.—8-16-29—L. F. S.—100 Blks.

E 70255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 70255

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 Mosher ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Douglass

(a) RESIDENCE NO. 560 Mosher ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER George Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary F. Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant William Douglas (Address) 560 Mosher St.

15 Filed JUL 7 1931 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 3/31

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to July 3, 1931, that I last saw him alive on July 3, 1931, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Rupture of blood vessels of leg (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Urinalysis

(Signed) H. McCard M. D.

7/6, 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem.

DATE OF BURIAL July 7, 1931

20 UNDERTAKER Lottier Bros

ADDRESS 1405 Eutaw

E 70256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70256

CERTIFICATE OF DEATH.

82

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1123 Forest ST. 10-14 WARD)

2-FULL NAME Amanda J. Wiers

(a) RESIDENCE No. 1123 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Wiers

6 DATE OF BIRTH (month, day, and year) Dec 10-1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	94	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Whitehall, Md

PARENTS

10 NAME OF FATHER John Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Merab Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Thomas R. Wiers (Address) Rider avenue

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 12 1931 to July 6 1931, that I last saw her alive on July 6 1931, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Arterio - Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert Thomas M. D.

7/7 1931 (Address) 1216 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Weisberg M. E. Co

DATE OF BURIAL July 9 1931

20 UNDERTAKER John Burns Sons

ADDRESS Towson

1-26—M. & T.—100 B—50L.

E 70257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70257

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. Provident Hospital ST., 22-30 WARD

2-FULL NAME Walter Robt Johnson

(a) RESIDENCE NO 319 S. Shar ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Bell

6 DATE OF BIRTH (month, day, and year) 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: Do

9 BIRTHPLACE (city or town) (State or country): Do

PARENTS

10 NAME OF FATHER: Jas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do

12 MAIDEN NAME OF MOTHER: Frank Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do

14 Informant: Robt Johnson (Address) 319 S Shar

15 Filed 1931 C. THAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour) July 2 and 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. two hours mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Gross.

(Signed) Harold S. Leavitt, M. D. Coroner

(Address) 19 Bond

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — DATE OF BURIAL: 7/7/31

20 UNDERTAKER: Isaiah L Brown & Son — ADDRESS 108 Montgomery Av

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70258 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70258

CERTIFICATE OF DEATH

1-3 157-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 721 S. Port St. (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jenet Czorapinska

(a) RESIDENCE NO. 721 S. Port St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 17, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Julis Czorapinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Frances Kitkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Frances Czorapinski
(Address) 721 S. Port St.

15 Filed JUL 7 1931 HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6, 31

17

I HEREBY CERTIFY, That I attended deceased from June 17, 31 to July 6, 31

That I last saw h... alive on July 6, 31

and that death occurred, on the date stated above, at 9.30 P. M.

The CAUSE OF DEATH* was as follows:

Spina Bifida

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Cardiac Proctysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rosenau M.D.

1931 Address 801 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus

DATE OF BURIAL: July 7 1931

UNDERTAKER: F W Czapuski 1930 Eastern Ave

ADDRESS

JUL 7 1931 C.C.C.

ATTENTION is very important. See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Blks.

E 70259 HEALTH DEPARTMENT—CITY OF BALTIMORE 49 E 70259

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3500 Brantley Rd WARD 15-62

2 FULL NAME Elizabeth M. Kennedy

(a) RESIDENCE NO. 3500 Brantley Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Hugh M. Kennedy

6 DATE OF BIRTH (month, day, and year) Dec 22/85

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edinburgh Scotland

PARENTS
10 NAME OF FATHER Wm MacLean
11 BIRTHPLACE OF FATHER (City or town) (State or country) Scotland
12 MAIDEN NAME OF MOTHER Janet Simpson
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Scotland

14 Informant (Address) Mr Wm M. Kennedy 3500 Brantley Rd

15 Filed JUL 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 31

17 I HEREBY CERTIFY, That I attended deceased from June 15 1926 to July 5 31
that I last saw h W alive on July 4 31
and that death occurred, on the date stated above, at 3.55 a m
The CAUSE OF DEATH* was as follows:

Epitheliomas of the Vulva (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Carcinoma of Pregnancy (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of July 1 1926
Was there an autopsy? No.
What test confirmed diagnosis? Microscopic Exam
(Signed) Wm Lindsay Steiner M. D.
7/6, 1931 (Address) 711 W Mount Royal

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: July 7 to 31
UNDERTAKER: Wm J Fechtel Sons ADDRESS: North Pa

TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 70260 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93003 E 70260

CERTIFICATE OF DEATH

1. PLACE OF DEATH — CITY OF BALTIMORE (No. 54 St. South Baltimore Gen Hosp Ward) — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs ____ mos ____ ds. How long in U.S. If of foreign birth? ____ yrs ____ mos ____ ds.

2. FULL NAME Miss Georgia Wright

(a) Residence: No. 5011 Elmer ave St., ____ Ward. (Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 12 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aqui Life Ins. Co
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James F. Wright
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Mary Sue Baker
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mrs Fred K. Sigmund
(Address) 5011 Elmer Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date July 8 1931

19. UNDERTAKER John J. Nickel & Sons
(Address) North & Penna

JUL 7 1931 FILED — THOMSON JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 . 1931

22. I HEREBY CERTIFY, That I attended deceased from June 13 . 1931 to July 5 . 1931

I last saw h[illegible] alive on July 5 . 1931 death is said to have occurred on the date stated above, at 4 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	July 5 31
Cardiac Hypertrophy 20 yrs	
myocardial degeneration	

Other contributory causes of importance:

Pleural Effusion 2 wks	

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify

(Signed) Wm J. Sullivan M. D.
(Address) So. Balto Gen Hosp

Spec—9-30—A. & Co.—250 Blks.

E 70261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70261

CERTIFICATE OF DEATH.

93V003

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No City Hospital St 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Carter

(a) RESIDENCE NO 1421 Bundy Lane ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	Married

5a If married, widowed, or divorced ~~HUSBAND OF~~ WIFE OF Maggie Carter

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40 - 50?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York Co, Va.

PARENTS

10 NAME OF FATHER John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Hospital Records

Filed 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/3/31

17 I HEREBY CERTIFY, That I attended deceased from 5/24/31, 19 ... to 7/3, 19 31

that I last saw h-- alive on 7/3/31, 19 ...

and that death occurred, on the date stated above, at 11:15 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis, Chr.

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jos. E. Sherwood Jr. M. D.

, 19 (Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster

DATE OF BURIAL 7/7/31

ADDRESS

20 UNDERTAKER Robert F. Williams 501 N. Eden St.

TION IS VERY IMPORTANT. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 70262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70262

CERTIFICATE OF DEATH

REGISTERED NO. 1013 174

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital ST. (Ward)

2-FULL NAME Lillie Hoffman

(a) RESIDENCE NO. 816 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of 1889

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Gilbert Skipper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant George Hoffman

(Address) 720 N. Caroline St

15 Filed JUL 7 1931 192 Registrar HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage-Struck on head with hatchett- Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) John Haines, M. D. Coroner

7/7/31 (Address) 108 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery DATE OF BURIAL 7/8 1931

20 UNDERTAKER Rayner Sanders ADDRESS 1413 E Preston St

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

70263

HEALTH DEPARTMENT—CITY OF BALTIMORE

2-10-09

E 70263

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. Provident Hosp ST. 14-25 WARD)

2-FULL NAME Claude Thomas

(a) RESIDENCE NO 1835 Druid Hill ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1-7-1891 mgd

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Cora Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Pauline Thompson

(Address) 105 Bentz St Frederick Md

Filed 7 1931 192 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fall in which he was a rider collided with another

(Duration) Fract Base Skull 5 da

CONTRIBUTORY (Secondary) Clerot. Hem (Duration) yrs. mos. da

18 Where was disease contracted if not at place of death? Keswick Va Cold Spring

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. Frame Jr., M. D.

7/7, 1931 (Address) 29 39th & Elderly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Frederick Md — DATE OF BURIAL 7/8 1931

20 UNDERTAKER Samuel Hemsley — ADDRESS 38 Bond

TION is very important See instructions on back of certificates.

Cor.—15-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70264

CERTIFICATE OF DEATH

207 - E 70264

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 4-20 Ward)

2-FULL NAME James Robinson

(a) RESIDENCE NO. Unknown St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Negro	Unknown

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant
(Address)

15 Filed JUL 7 1931 HAMPSON JONES, M. D. Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Amputation of hand & leg.
Fell from moving freight
train. Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Wamsat Worcester Sts.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller M. D.

6/30. 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY.	JUL 7 - 1931
20 UNDERTAKER	ADDRESS

Per [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Theresa Edlavitch)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70265

CERTIFICATE OF DEATH.

106-E 70265

15-58

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 25A Druid Park Drive (Street) (Ward)

2-FULL NAME Theresa Edlavitch (Edlavitch)

(a) RESIDENCE. No. 2518 Druid Park Drive WARD.

(If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Meyer Edlavitch

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 63 yrs. Months Days If LESS than 1 day, hrs. min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Michael Isaacson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Lea - Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Ida Hankin 2516 Druid Park Drive

Filed 7 1931 C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 — 1931

17 I HEREBY CERTIFY, That I attended deceased from July 4 1931. to July 7 1931.

that I last saw her alive on July 5 1931.

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis

about 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) B M Benjamin M. D.

7/7 1931 Address 3455 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rondale Hebrew

DATE OF BURIAL: 7/7/31

20 UNDERTAKER: Jack Lewis Inc

1439 E Balto St

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 70266 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 1 E 70266

1 PLACE OF DEATH

CITY OF BALTIMORE (No Mercy Hospital. 28-644 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bessie Altschull

(a) RESIDENCE NO 5505 Liberty Heights Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joshua Altschull

6 DATE OF BIRTH (month, day, and year): 22 ?

7 AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Louis Rosenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rachael Lenton

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant (Address): Hospital Records

JUL 7 1931

FRANCIS JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from 6/19, 1931, to 7/6, 1931

that I last saw h[illegible] alive on 7/6, 1931

and that death occurred, on the date stated above, at 5[10] P. M.

THE CAUSE OF DEATH* was as follows:

Incarcerated Umbilical Hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Terminal Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Herniotomy 6/14/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operation

(Signed) J Leyko M. D.

7/6 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Levindale Hebrew Home

DATE OF BURIAL: 7-8- 1931

20 UNDERTAKER: Doc Lewis, Inc.

ADDRESS: 1477 E Baltimore

SECTION is very important. See instructions on back of certificate

1-30—M. & T.—100 B—60L

E 70267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121, E 70267

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 10-13 WARD

2-FULL NAME Louis Taylor

(a) RESIDENCE NO 1426 E. Chase ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21yrs mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Pauline Tayler

6 DATE OF BIRTH (month, day, and year) May 10/1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cement Finisher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John H. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ella Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Luther Taylor

(Address) 1426 E. Chase St

15 Filed JUL 7 1931 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction following appendicitis & peritonitis

(duration) yrs about 5 mos ds

CONTRIBUTORY (Secondary)
(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 4/31

Was there an autopsy? (Opened-drained and closed)

What test confirmed diagnosis?

(Signed) J. H. Allen, M. D. Coroner

7/6/31 (Address) 608 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary DATE OF BURIAL July 7 1931

20 UNDERTAKER Mrs. H. A. Elliott ADDRESS 172[illegible] Oakland

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70268

CERTIFICATE OF DEATH

93-003 E 70268

1—PLACE OF DEATH Md General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. 17-24 ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Murphy Howell

(a) RESIDENCE NO. 201 Fessier St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6 If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Albany Co. Virginia

PARENTS

10 NAME OF FATHER Black Howell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Same

12 MAIDEN NAME OF MOTHER Ada Lustes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Same

14 Informant Hospital Records
(Address)

15 Filed JUL 7 1931 19 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1931

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1931, to July 5, 1931

that I last saw him alive on July 5, 1931

and that death occurred, on the date stated above, at 5:10 A.M. P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertensive arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John W. Chenault M.D., M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	July 8 1931
20 UNDERTAKER: Mrs. R. G. Elbert	ADDRESS: 1325 Eastern Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70269

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hosp. 7-6-31 23 E 70269

CITY OF BALTIMORE: (No 1514 Division St 14 WARD) REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary C. Delaphine Combs

(a) RESIDENCE No 536 Lawrence St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 15 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	5	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Pauline Combs (Address) 536 Lawrence St

15 Filed 7-8 19 31 C. HAMPTON JONES, M. D. Registrar

L 7 493

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-31

17

I HEREBY CERTIFY, That I attended deceased from 6-28-, 1931, to 7-6-, 1931

that I last saw her alive on 7-6-, 1931

and that death occurred, on the date stated above, at 6 15/A m.

The CAUSE OF DEATH* was as follows:

Meningitis (Tuberculous)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) Unknown

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed Diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

7-6-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Petersburg	7-8 1931

20 UNDERTAKER George P. A. Gibson ADDRESS 1735 Druid Hill Ave

IMPORTANT: See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70270

CERTIFICATE OF DEATH.

131 E 70270

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Edmonson ave ST. 19-27 WARD)

2-FULL NAME Carrie Coates

(a) RESIDENCE NO. 1607 Edmonson ave ST., ____ WARD ____
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Daniel Coates

6 DATE OF BIRTH (month, day, and year) March 9, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or __ min.
	48	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John N. Gantt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md.

12 MAIDEN NAME OF MOTHER Caroline Macall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Alonzo Gantt
(Address) 722 N. Fulton Ave

15 Filed JUL 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-31

17 I HEREBY CERTIFY, That I attended deceased from 6-1-, 1931, to 7-5-, 1931, that I last saw her alive on 7-5-, 1931 and that death occurred, on the date stated above, at 1 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis & Hepatitis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab. and physical Exams

(Signed) Frank T. Saunders, M. D.

7-6-1931 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL July 8, 1931

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3122 Schroeder St.

Spec.—9-30—A & Co.—250 Blks

E 70273 HEALTH DEPARTMENT—CITY OF BALTIMORE 70271

CERTIFICATE OF DEATH

53

1 PLACE OF DEATH

CITY OF BALTIMORE (No. City Hospitals ST. 4-25 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Leong Han Shung

(a) RESIDENCE NO. 312 Park Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Mch. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Yellow	?

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED ? 087

(a) Trade, profession or particular kind of work ?

(b) General nature of industry, business, or establishment in which employed (or employer) ?

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) China

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address) City Hospitals

15 [illegible] 7 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/31

17

I HEREBY CERTIFY, That I attended deceased from 7-3 31, 19 31, to 7-4, 19 31

that I last saw h[illegible] alive on 7-4- , 19 31

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Malignant neoplasm of rectum

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tumor

Bronchopneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Cytoscopy

(Signed) Lawrence B. Leong M. D.

7/5 19 31 (Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL JULY 8 19 31.

20 UNDERTAKER John F. Penny

ADDRESS 715 Lydia St

(Sec. 20 of Ordinance 1259 requires that this certificate be filed with the Registrar of Vital Statistics before a burial permit is issued. See instructions on back of certificate.)

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-004 E 70272

E 70272

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 648 W. Baltimore St., 4-25 Ward)

2-FULL NAME Unknown

(a) RESIDENCE NO. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 687
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D.

7/2, 1931 (Address) 739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JUL 1931 19

20 UNDERTAKER

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7 1931 5951

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70273

CERTIFICATE OF DEATH

162 E 70273

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 E. 36th St. 9-47 Ward)

Length of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary Ellen Coldewey

(a) Residence: No. 906 E 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late George E. Coldewey

6. DATE OF BIRTH (month, day, year) Jan 21st 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4 5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cotter

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret V. Rogers
(Address) 906 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 8. 1931

19. UNDERTAKER Lilly & Zulick, Inc.
(Address) 403 S. Fulton St

20. FILED July 8 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to July 6 1931

I last saw h— alive on July 4 1931 death is said to have occurred on the date stated above, at 12.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thomas B. Futcher, M. D.
(Address) 915 N. Highland Ave

Spec.—1-12-23—M&T—500 Blks.

E 70274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70274

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 216-E-25th St. 12-50 Ward)

2-FULL NAME Lucy Fields

(a) RESIDENCE NO. 216-E. 25th St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Coleman Fields

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Wicomico Co., Md.

PARENTS

10 NAME OF FATHER George Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Victoria Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Mary Fields 216 E. 25th St

15 1931 .19 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2 .1930. to July 5 .1931.

that I last saw h[er] alive on July 4 .1931.

and that death occurred, on the date stated above, at 4:30 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Ur. Urinary.

(Signed) L. L. Johnson M. D.

.19 (Address) 2309 Gunpowder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 7-6 1931

20 UNDERTAKER Daniel Easton

ADDRESS 916 Bo Ave

TIONS is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70275

CERTIFICATE OF DEATH

120

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Booth ST. 18-29 WARD)

2-FULL NAME Ida Ella Shipley

(a) RESIDENCE NO 1104 Booth ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William H.Shipley

6 DATE OF BIRTH (month, day, and year) ? ? 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 40
(b) General nature of industry, business, or establishment in which employed (or employer) ---- 01
(c) Name of employer ----

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER -----Rodgers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Sarah Brooks

(Address) 1104 Booth Street

15 7 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Gastroenteritis-cause unknown

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) ---

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? --- Date of

Was there an autopsy? No

What test confirmed diagnosis? ---

(Signed) Guy W. Cromwell, Coroner, M. D.

7/6, 1931 (Address) 2203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 7-7 1931

20 UNDERTAKER Daniel Easton ADDRESS 516 Sc Ave.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70276 HEALTH DEPARTMENT—CITY OF BALTIMORE 70276

CERTIFICATE OF DEATH

REGISTERED No. 161-001

1 PLACE OF DEATH (a) If not in a hospital or institution, give its NAME instead of street and number.

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) Caroline & Eutaw (Ward)

2 FULL NAME Baby Girl Raynor

(a) RESIDENCE No. 3433 Lauraswood (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W

5 If Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Raynor

6 DATE OF BIRTH (month, day, and year): 7-6-31

7 AGE: Years — Months — Days — If LESS than 1 day, hrs. or min.: 16 hrs.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mercy Hospital Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Raynor

11 BIRTHPLACE OF FATHER (city or town) (State or country): White Hall Md

12 MAIDEN NAME OF MOTHER: Margaret Hurlock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Anne Arundel Co Md

14 Interment (Address): Prospect Hill

15 Undertaker (Address): G. HAMPSON JONES, M. D. Registrar

7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-6-31

17
I HEREBY CERTIFY, That I attended deceased from 7-6-31, 19__, to 7-6-31, 19__

That I last saw h[illegible] alive on 7-6-31, 19__ and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia (duration) [illegible] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Moseley M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: July 8 1931

20 UNDERTAKER: W M Koulton

ADDRESS: 2538 E. Monument St.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70277

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 8-17 WARD)

2-FULL NAME Earl Alexander Conrad

(a) RESIDENCE NO. 1731 Rutland Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 8/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Alexander Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto, Md,

12 MAIDEN NAME OF MOTHER Ida E. Fautel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Alexander Conrad
(Address) 1731 Rutland Ave

Filed 7 1931 C. HAMPSON JONES, M. D. Registrar
A. P. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Congenital Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Paul, M. D.
Coroner

7/6/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: July 8 1931

20 UNDERTAKER: Henry Lutz — ADDRESS: 1203 N. Broadway

TION is very important. See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Blks

B-270278 HEALTH DEPARTMENT—CITY OF BALTIMORE B-270278

CERTIFICATE OF DEATH

REGISTERED NO. 13552 47

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Miller

(a) RESIDENCE NO. 3992 Roland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Maud

6 DATE OF BIRTH (month, day, and year) April 6-1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER J S Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Rondo

15 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7-1931

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to July 7, 1931

That I last saw him alive on July 7, 1931

and that death occurred, on the date stated above, at 6 30 a m

The CAUSE OF DEATH* was as follows:

Respiratory failure, due to tumor of the right lung

(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) pleural effusion

(duration) yrs. 9 mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? yes

What test confirmed diagnosis? X-ray

(Signed) Walter K Myers M D

7/7, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL 7/9/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

JOHNS HOPKINS HOSPITAL HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

E 70279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 E 70279

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5318 Wesley Ave (St.) Druid Park

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME T. Foley Larkin

(a) RESIDENCE NO. 5318 Wesley Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE~~ of Ella Larkins

6 DATE OF BIRTH (month, day, and year) Mar 2, 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Statistical Supt

(b) General nature of industry, business, or establishment in which employed (or employer): Office Boy

(c) Name of employer: Fidelity Trust & Deposit Co of Md

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Dr Larkin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant Mrs Anderson

(Address) 5318 Wesley ave

15 Filed 7 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6-31

17

I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to July 6, 1931

That I last saw h im alive on July 6, 1931

and that death occurred, on the date stated above, at 7 20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension & Heart Failure, (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bunnan Ford M. D.

7/6, 1931 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Frederick Md — DATE OF BURIAL: 7/8/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—6-30—A. & Co.—250 Blks

E 70280 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70280

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH Baltimore City Hospitals 20-69 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: 1 No. ST. WARD

2 FULL NAME Charles E. Cather

(a) RESIDENCE NO. 246 N. Franklentown Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 187[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Approx 3-30-69	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Attendant
(b) General nature of industry, business, or establishment in which employed (or employer) Gas Station
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robert W Cather
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Sarah P Jacobs
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 7 1931 19 Registrar H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-31

17 I HEREBY CERTIFY, That I attended deceased from 6-16-31, 19, to 7-6-31, 19

That I last saw h im alive on 7-6-31, 19

and that death occurred, on the date stated above, at 1:55 P m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum, left.

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. D. Arnold Jr. M. D.

7/6/1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL 7/9 1931

20 UNDERTAKER J. M. Cook ADDRESS 1217 E. Lond[illegible]

TION is very important. See instructions on back of certificates.

Spec.—0 26—A. & Co.—250 Blks

70281 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 70281

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 12-19 ST. WARD)

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Trainor

(a) RESIDENCE NO 1817 N. Calvert ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George

6 DATE OF BIRTH (month, day, and year) Mar. 15 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ? 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Pa.

PARENTS

10 NAME OF FATHER Don Seir

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Annie Filler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-4-31

17 I HEREBY CERTIFY, That I attended deceased from 6-12-31, 19 , to 7-4-31, 19

that I last saw her alive on 7-4-31, 19

and that death occurred, on the date stated above, at 7:05 P m.

The CAUSE OF DEATH* was as follows: Myocarditis, Acute

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? h. f. m.

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) Jos. L. Brandt Jr. M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Penna | DATE OF BURIAL July 8 19 31

UNDERTAKER [illegible] | ADDRESS River Rd

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E. Anderson 3300 Dudley Ave

E 70282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

E 70282

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4502 Bonlyn Ave S. or W.) (WARD) 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ida L. Hunter

(a) RESIDENCE NO. 4502 Bonlyn Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm C. Hunter

6 DATE OF BIRTH (month, day, and year) July 15th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Gillsgrist Md

PARENTS

10 NAME OF FATHER Valentine Ritter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Jane Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hammond Md

14 Informant Wm C Hunter

(Address) 4502 Bonlyn Ave

15 Filed July 6 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4/31

17

I HEREBY CERTIFY, That I attended deceased from July 1 1931 to July 4 1931

that I last saw her alive on July 4 1931 and that death occurred, on the date stated above, at 10.45 m.

THE CAUSE OF DEATH* was as follows: Carcinoma of uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia Asthenia, Anemia & Cardiac failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2.

Did an operation precede death? no Date of none

Was there an autopsy? no Was there a Dilation of Cardiac Dilation

What test confirmed diagnosis?

(Signed) W. E. Anderson M. D.

. 19 (Address) 3300 Dudley Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	7/8/31

UNDERTAKER L. B. Wellpot ADDRESS 1300 Eutaw Place

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 70233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 70233

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 560 W. Dolphin ST. 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alexander Crane

(a) RESIDENCE NO. 560 W. Dolphin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Crane

6 DATE OF BIRTH (month, day, and year): June 1-1858

7 AGE — Years: 73 — Months: 1 — Days: 4 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Merchants Club

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robert Crane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hannah Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Marie Crane 560 W. Dolphin St

Filed JUL 8 1931 19

H. AMBROSE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1931

17 I HEREBY CERTIFY, That I attended deceased from June 22 1931, to July 5 1931.

that I last saw him alive on July 4 1931,

and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Laboratory

(Signed) W. H. Crosby, M. D.

19 (Address) 140 E. Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: July 8 1931

20 UNDERTAKER: Theodore C. White — ADDRESS: 113 & 115 N. Eutaw St.

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70234

E 70234 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 802½ W. Baltimore St 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rev. Joseph Wilson

(a) RESIDENCE NO. 802½ W. Baltimore (Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Callender Wilson

6 DATE OF BIRTH (month, day, and year) May 1, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clergyman

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): England

14 Informant (Address): Mrs Laura C. Wilson 802½ W. Baltimore St

15 Filed ..... 19.. H. LAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1929 to July 5 1931

that I last saw h alive on July 4 1931

and that death occurred, on the date stated above, at 3.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Delirium

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Hahnemann M. D.

July 7 1931 (Address) 2687 Lorraine Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Conn. DATE OF BURIAL: July 8 1931

20 UNDERTAKER: Wm Flickner & Sons ADDRESS: North Pa

TION is very important. See instructions on back of certificate.

261 [illegible] 193

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70285 | 131 | E 70285

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ethel Dekney

(a) RESIDENCE NO. 613 Gilbert St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. (If foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	black	Widowed

5a If married, widowed, or divorced
(or) WIFE of Coley Dekney

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm Redmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Susan Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Hospital Records.

15 Filed 8 1931 19 ... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/5/31

17
I HEREBY CERTIFY, That I attended deceased from 6/15 1931 to 7/5 1931

That I last saw her alive on 7/5 1931

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Pelvic abscess. (duration) yrs. mos. ds. Operated

CONTRIBUTORY (Secondary) Pulmonary Chronic Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/20/31

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical, ops + autop

(Signed) J Taylor M. D.

7/5 1931 (Address) Mercy Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

UNDERTAKER: John J. Fahey Jan

DATE OF BURIAL: 7/8 1931

ADDRESS: 1318 Light St

(Instructions on back of certificate. See instructions on back of certificate. Very important.)

Spec.—9-30—A. A Co.—250 Bks.

E 70286 E 70286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 16-23 ST. WARD) 13 ✓ REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lucy Hicks

(a) RESIDENCE NO 1220 W. Lafayette Ave. ST. WARD

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James Hicks

6 DATE OF BIRTH (month, day, and year) Oct. 15, 18?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59?		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

PARENTS

10 NAME OF FATHER Louis Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eliz. Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informent (Address) Records of Balto. City Hosp.

15 Filed ... 19 ... 193[illegible] HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-31

17

I HEREBY CERTIFY. That I attended deceased from 6-23-31, 19 ... to 7-6-31, 19 ... that I last saw her alive on 7-6-31, 19 ... and that death occurred, on the date stated above, at 2:05 P m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis with Edema.

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jas. G. Hamp Jones M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL July 10 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pierstman St

IMPORTANT: See instructions on back of certificates.

1-30—M & T—100 B—[illegible]

E 70287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70287

CERTIFICATE OF DEATH

119

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 519 W. Pressman St. 15-71 WARD

2-FULL NAME Richard Foster

(a) RESIDENCE NO. 519 W. Pressman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (Write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): Dec 14-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Richard Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Louisiana

12 MAIDEN NAME OF MOTHER: Fredonia Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Richard Foster

(Address): 519 Pressman

15 Filed, 19[illegible] C. HAMPSON JONES, M. D. Registrar

L 8 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Leitch, M. D. Coroner

19 (Address) 1303 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: July 8 1931

UNDERTAKER: Thomas E. Kelson. — ADDRESS: 1303 Pressman St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 70288

CERTIFICATE OF DEATH

46 V E 70288

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N. Chapel ST. 7-13 (WARD)

2. FULL NAME John Kozak

(a) RESIDENCE NO. 931 N. Chapel ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Kozak

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER John Kozak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Mary Kozak 931 N. Chapel St

15 Filed JUL 8 1931 H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6 '31

17 I HEREBY CERTIFY, That I attended deceased from 4-18-31, to 7-6-31, 19...

that I last saw him alive on 7-6-31, 19...

and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (gastric)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jaralar Hullard M. D.

7-6-31 (Address) 2207 Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 9 1931

20 UNDERTAKER Frank Erickson ADDRESS 1406 Eastwood

FROM is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

B 70289 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

151 V 081 B 70289

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE (No. Catons Lane, WARD)

2 FULL NAME Infant (Girl) Warwick

(a) RESIDENCE NO. Relay Md ST., WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12 hrs	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Warwick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr Charles Warwick

(Address) Relay, Md.

15 Filed JUL 8 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-3-31

17

I HEREBY CERTIFY, That I attended deceased from June 26 1931, to July 7, 1931

that I last saw h-e alive on July 7, 1931

and that death occurred, on the date stated above, at 11.35 P. m.

The CAUSE OF DEATH* was as follows:

1- Hydrocephalus

2- Spina Bifida

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) Hyalmar S Bland Jr M. D.

(Address) 51 Agnes Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Augustine Cem Elkridge Md

DATE OF BURIAL 7/8/1931

ADDRESS

20 UNDERTAKER John J. Cowan & Son Govanstown

Please write very important. See instructions on back of certificate.

Spec.—9-36—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70290

CERTIFICATE OF DEATH.

82-803 E 70290

1 PLACE OF DEATH.

CITY OF BALTIMORE. (No 5239 Fairlawn Ave WARD 28-63)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Kane

(a) RESIDENCE No 5239 Fairlawn Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Kane

6 DATE OF BIRTH (month, day, and year) June 2 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER John Meeks
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs Joseph Kane 5239 Fairlawn Ave

15 Filed JUL 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/6/1931

17
I HEREBY CERTIFY, That I attended deceased from June 15 1931, to July 7 1931
that I last saw h alive on 19
and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. 1 mos. ds.
CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of —
Was there an autopsy? no
What test confirmed diagnosis? Observation
(Signed) A. C. Smith M. D.
1931 (Address) 4309 Rebecca Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	7, 9, 1931.
20 UNDERTAKER: Chas J Cowan & Son	ADDRESS: Gorsuch

IMPORTANT. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70291

E 7.0291

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hospital ST. 27-53 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles W. Rose.

(a) RESIDENCE NO. 301 Oakdale Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. Unknown mos. ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown to us

6 DATE OF BIRTH (month, day, and year) 10/25/1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Building Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer None at present

9 BIRTHPLACE (city or town) (State or country) Talbot County Maryland.

PARENTS

10 NAME OF FATHER William Rose.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Sally Powell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant R. Custer Rose.

(Address) 301 Oakdale Rd.

JUL 8 1931 HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from 7/3, 1931, to 7/6, 1931

That I last saw h alive on 7/6, 1931

and that death occurred, on the date stated above, at 7:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac failure.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic heart disease (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Samuel McCanale M. D.

JUL 6 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery

DATE OF BURIAL 7/8 1931

20 UNDERTAKER Henry U. Pearson

ADDRESS 409 W. Saratoga

HOW IS very important. See instructions on back of certificate

Spec.—9-36—A. & Co.—250 Blks.

E 70292 ✓E 70292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

1 PLACE OF DEATH Union Memorial Hosp. 11-24

CITY OF BALTIMORE (No.) Calvert & 33rd. (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. William D. Bowie (Marie)

(a) RESIDENCE NO. Albion Hotel St. Ward Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] + Mos. Yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed or divorced
HUSBAND of (or) WIFE of William D. Bowie

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77 +			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. ✓d

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Weston W. Va.

PARENTS

10 NAME OF FATHER Jonathan Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Margaret Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Mrs Robert. Crane.
(Address) 1020 N. Calvert st.

15 Filed JUL 8 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/31

17
I HEREBY CERTIFY, That I attended deceased from 4-18-31, 19__ to 7/8/31, 19__

That I last saw h 4e alive on 7/3/31, 19__

and that death occurred, on the date stated above, at 4.45 a m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion.
Portal cirrhosis.
(duration) many yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) C. H. Mortimer Jr. M. D.

19 (Address) Union Memorial. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	July 9 1931

20 UNDERTAKER Henry Worthington Co. ADDRESS Calvert & 33rd St

23 [illegible]

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70293

CERTIFICATE OF DEATH

E 70293

1. PLACE OF DEATH St Agnes Hospital — 118

CITY OF BALTIMORE (No. Caton & Wilkens Aves. St. 20-71 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Elizabeth Burke.

(a) RESIDENCE NO. 3828 Old Frederick Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 2, 1924

7. AGE — Years: 6 — Months: 8 — Days: 4 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): of
(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10. NAME OF FATHER: Michael F.

11. BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12. MAIDEN NAME OF MOTHER: Margaret Foley

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14. Informant: Michael F. Burke
(Address): 3828 Old Frederick Road

15. [illegible] 8 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 7-6-31

17. I HEREBY CERTIFY, That I attended deceased from 6-28 1931 to 7-6 1931

That I last saw her alive on 7-6 1931

and that death occurred, on the date stated above, at 7 25 a m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Acute otitis media

(duration) yrs. mos. 7 ds.

18. Where was disease contracted if not at place of death? x home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? x Ray

(Signed) Hyalmar S. Anderson M. D.

7 8 31 (Address) 51 Agnes Norfolk

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL: July 9 1931

20. UNDERTAKER: Jno A Farley — ADDRESS: 1810 W Fayette

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L.

E 70294

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70294

CERTIFICATE OF DEATH

47

REGISTERED NO. 26-40

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. WARD

2-FULL NAME John Regester

(a) RESIDENCE NO 3300 Regester Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Regester

6 DATE OF BIRTH (month, day, and year) August 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer U.R.& E. Co.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Regester

11 BIRTHPLACE OF FATHER (city or town) Balto. Co (State or country) Md.

12 MAIDEN NAME OF MOTHER Amanda Harley

13 BIRTHPLACE OF MOTHER (city or town) Howard Co. (State or country) Md.

14 Informant Mr. J. R. Mullen, (Address) Harford & Joppa Rds.

15 Filed . 192 Registrar

8 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cancer of Larynx

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Tracheotomy Date of July 7/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] Coroner, M. D.

7/8/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL July 10 1931

20 UNDERTAKER Frederick Lansdowne

ADDRESS 7401 Belair

C. HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Blks

E 70295

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 70295

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3748 Hickory av (St.) 13-52 (Ward)

2-FULL NAME Margaret Bowser

(a) RESIDENCE No. 3748 Hickory av ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Hen Bowser

6 DATE OF BIRTH (month, day, and year) July 22, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	89	11	7 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Lancaster Co. Penna

PARENTS

10 NAME OF FATHER Jonathan Jones

11 BIRTHPLACE OF FATHER (city or town) Smithberg (State or country) Lancaster Co Penna

12 MAIDEN NAME OF MOTHER Hannah Bupstell

13 BIRTHPLACE OF MOTHER (city or town) Smithberg (State or country) Lancaster Co. Pa.

14 Informant Carrie Frye Le (Address) Edmondson Ave

15 Filed July 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, '31.

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1931, to July 7, 1931, that I last saw her alive on July 7, 1931, and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Senile Myocarditis.

not known.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. H. Kerlin Jr., M. D.

July 7, 1931 (Address) 850 N 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Hill — DATE OF BURIAL July 9 1931

20 UNDERTAKER Thanower & Son — ADDRESS 3615 Chestnut Ave

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70296 ✓ 186-001 E 70296

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 70296

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balt City Hospitals 13-52 (WARD)

2-FULL NAME Elizabeth Coons

(a) RESIDENCE No. 905 W 38th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James S Coons

6 DATE OF BIRTH (month, day, and year) Oct 16 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3 8	8 22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt City

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Colison Julia

(Address) 905 W 38th St

15 Filed 8 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture R. Hip from fall on pavement

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Congestion of Lungs

(duration) yrs. 2 mos. 3 ds.

18 Where was disease contracted if not at place of death? 905 E 38th St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James H Hanlon, M. D. Coroner

7-8-1931 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Mary's Baltimore	July 11 1931
20 UNDERTAKER Thomson Dixon	ADDRESS 36 S Central Ave

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 70297 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70297

X 142-002

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Boardley.

(a) RESIDENCE NO. 16 Winters Ave ST., ... WARD Catonsville, Md.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. R. Boardley.

6 DATE OF BIRTH (month, day, and year) Feb 22 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	33	4	16.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer 0

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Matthew Coates

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Louisa Randell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Geo. R. Boardley (Address) Catonsville Md.

15 FILED 8 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 5 1931 to July 8 1931.

that I last saw her alive on July 8 1931.

and that death occurred, on the date stated above, at 1:25 p m.

The CAUSE OF DEATH* was as follows:

Abdominal Pregnancy

(duration) yrs. mos. 280 ds.

CONTRIBUTORY (Secondary) Post operative Shock.

1 hour (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 8, 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) ..... M. D.

19 (Address) Wylie M Law

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catonsville Md.

DATE OF BURIAL July 10 1931

20 UNDERTAKER J. S. Higinbotham Jr

ADDRESS Ellicott City

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70298

CERTIFICATE OF DEATH

94-06 L 70298

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 Bishops Rd (St.) (Ward) 12-49

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Helen Stanislaus Zumbmann

(a) RESIDENCE NO. 10 Bishops Road St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. — mos. — ds. How long in U. S., if of foreign birth? 86 yrs. 11 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced, (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Christian F. Zumbmann

6. DATE OF BIRTH (month, day, and year): Aug-4-1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	11	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: none

9. BIRTHPLACE (city or town) (State or country): Balto Co. Maryland.

PARENTS

10. NAME OF FATHER: Dr. Chas. McLean
11. BIRTHPLACE OF FATHER (city or town) (State or country): Washington D.C.
12. MAIDEN NAME OF MOTHER: Mary Ann Campbell
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D.C.

14. Informant (Address): Mrs. Frederick Attinson 10 Bishops Road

Filed JUL 9 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 7/8/31

17.
I HEREBY CERTIFY, That I attended deceased from 7/8/25, 19 to 7/8, 19 31
that I last saw her alive on 7/8, 19 31
and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis
gradual
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Edw. Schaub M. D.

7/9, 19 31 (Address) 1403 East C

—*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: All Saints - Reisterstown | DATE OF BURIAL: July 10 19 31

20. UNDERTAKER: Stewart & Co. | ADDRESS: Towson Md

TION is very important. See instructions on back of

1-30—M. & T.—100 B—50L

E 70299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 E 70299

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 404 Dillcheuter ST. 12-50 (WARD)

2-FULL NAME Henry J. Stein

(a) RESIDENCE NO. 404 Dillcheuter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/1/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baby
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Jennie Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harry Stein

(Address) 404 Dillcheuter ST

JUL 9 1931

H. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to (his) death on the date stated above.

The CAUSE OF DEATH* was as follows:

Heat Exhaustion

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Thos. Morrison, M. D. Coroner

(Address) 1324 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loley Redeemer Cemetery — DATE OF BURIAL July 10 1931

20 UNDERTAKER Penny Hoech Sons, Inc. — ADDRESS 1301 E Eager

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

70300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

E 70300

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST., 7-16 WARD)

2-FULL NAME Alfred G. Wall

(a) RESIDENCE NO 809 N. Kenwood Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 8/1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Agent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B & O RR at Elkridge

9 BIRTHPLACE (city or town) (State or country) Phila, Pa

PARENTS

10 NAME OF FATHER Thomas A. Wall

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Margaret A. Guillard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Lester A. Wall

(Address) 809 N. Kenwood Ave

15 Filed 9 1931 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquir (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bichloride Mercury Poisoning
Suicide

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Near Elkridge, Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... M. D.
Coroner

19 (Address) 508 E. North Ave

July 9/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: July 10 1931

20 UNDERTAKER: Henry Koch Funeral Inc. — ADDRESS: 1301 E Eager St

TION is very important! See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 70301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 ✓

E 70301

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Riverside ave ~~St~~ 4th WARD)

2-FULL NAME William D. Redell

(a) RESIDENCE NO. 1024 Riverside ave ~~St.~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Redell

6 DATE OF BIRTH (month, day, and year): Feb. 3, 1867

7 AGE: Years 64; Months 5; Days 5; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman 6 yrs

(b) General nature of industry, business, or establishment in which employed (or employer): D. J. Facy

(c) Name of employer: Iron Foundry

9 BIRTHPLACE (city or town) (State or country): Pa.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant (Address): Mrs Anna Cook 1029 Riversideave

15 Filed JUL 9 1931 E. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6. 1931. to July 8. 1931.

that I last saw he alive on July 7. 1931.

and that death occurred on the date stated above, at 8:40 A.M.

The CAUSE OF DEATH* was as follows: Acute Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY Arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) F. H. Cook M. D.

July 8, 1931 (Address) 1024 Riverside ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: July 11 1931

20 UNDERTAKER: F. A. Wilson & Son

ADDRESS: 706 S Hanover

Spec.—9-29—A. & Co.—250 Blks

C 70302

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 70302

CERTIFICATE OF DEATH

REGISTERED NO 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital ST 20-28 WARD

2. FULL NAME Louis Berger

(a) RESIDENCE NO 2019 Wilkins av ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Celia Berger

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Jacob Berger
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Lena
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Anna Berger 2019 Wilkins ave.

JUL 9 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-8-31

17
I HEREBY CERTIFY, That I attended deceased from 7/2, 1931, to July 8, 1931
that I last saw h[illegible] alive on July 8, 1931
and that death occurred, on the date stated above, at 2 P. M.
The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia (type not determined) (duration) yrs. mos. 11 ds.
CONTRIBUTORY (Secondary) Coronary sclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Obs
(Signed) Nelson B Kurtz M. D.
19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington Rd DATE OF BURIAL 7/9 1931
20 UNDERTAKER Jack Lewis Inc ADDRESS 1437 E. Baltimore st

(See instructions on back of certificate. IMPORTANT is very important.)

Spec.—2-28-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70303

CERTIFICATE OF DEATH

131 E 70303

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 W. Lanvale St. WARD) 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Wilhemina Sophia Mitchell

(a) RESIDENCE NO. 2509 W. Lanvale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced (or) WIFE of Wm C. Mitchell

6 DATE OF BIRTH (month, day, and year) Oct. 4. 1869

7 AGE: Years 61; Months 9; Days 4; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Oaeta and

PARENTS

10 NAME OF FATHER: Ferdinand Schultze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Donat Braun

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Andrew Hummel 2509 W. Lanvale St.

15 Filed 19 Registrar

61 6 JUL 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July - 8 - 1931

17 I HEREBY CERTIFY, That I attended deceased from May 30 — 1931 to July - 8 — 1931 that I last saw h[illegible] alive on July - 8 — 1931 and that death occurred, on the date stated above, at 2.55 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis, (duration) — yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Martin W. Straub, M. D.

(Address) 806 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 9/10/1931

20 UNDERTAKER: George Valentine Son

ADDRESS: 2503 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks

70304 HEALTH DEPARTMENT—CITY OF BALTIMORE 107-6 E 70304

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Joseph's Hospital 508 N. Calvert St. REGISTERED NO.
CITY OF BALTIMORE (No. Calvert S. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter McArthur

(a) RESIDENCE No. 220 August St. WARD
(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Black | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12, 1901

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lumberton, N. C.

PARENTS
10 NAME OF FATHER Sandy McArthur
11 BIRTHPLACE OF FATHER (city or town) (State or country) Lumberton, N. C.
12 MAIDEN NAME OF MOTHER Annie McNeil
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lumberton, N. C.

14 Informant (Address) Fanny McArthur (wife) 220 August St.

JUL 9 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, 1931

17
I HEREBY CERTIFY, That I attended deceased from June 26, 1931 to July 7, 1931
that I last saw he/she alive on July 7, 1931
and that death occurred, on the date stated above, at 7-15 P. M.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

2 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Influenza
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Con.
(Signed) W. W. Keen, M. D.
, 19 (Address) 22 Francis Court

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Henson's Crem
DATE OF BURIAL 7-9 1931
UNDERTAKER Byron Knight 1218 McCulloh St
ADDRESS

(See instructions on back of certificate. ITION is very important.)

1-30—M. & T.—100 B—50L.

0305

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 70305

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 739 Wilmore ST. 17-24 WARD)

2-FULL NAME Virginia Butler

(a) RESIDENCE NO. 739 Wilmore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fml

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard Butler

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Talbot Co Md

PARENTS

10 NAME OF FATHER: Chas Taylor

11 BIRTHPLACE OF FATHER (City or town) (State or country): Talbot Co Md

12 MAIDEN NAME OF MOTHER: Virginia Bowen

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Talbot Co Md

14 Informant: Wm. Essex
(Address) 739 Wilmore

15 Filed Sept 8, 1931. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Hampson Jones, M. D.

(Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: 7-9 1931

20 UNDERTAKER: Byron Wright

ADDRESS: 1218 McCulloh St

TION is very important. See instructions on back of certificate.

1-36—M & T—100 B—501.

E 70306

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70306

CERTIFICATE OF DEATH

REGISTERED NO. 209

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. Balto Gen Hosp (St.) 26-37 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Edwin Hafner.

(a) RESIDENCE NO. 115 S. Eaton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	40	9	13	;

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Iron Molder
(b) General nature of industry, business, or establishment in which employed (or employer): Ferdinand Hoff
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Wm H. Hafner
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Annie Burke
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Mary M. Hafner
(Address) 115 S. Eaton

15 Filed . 19 HAMPSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6th 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the date stated above) The CAUSE OF DEATH was as follows: Acute Cardiac Accident

Shock following Amputation of Left Leg below knee

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Bayview Hospital & Edmondson Ave Date of July 1/36

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Regnolds

(Signed) Reginald Corner M. D.
(Coroner)
July 6th 1937
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL 7/9 1937

20 UNDERTAKER Philip Herring — ADDRESS 5016 Belair

Filed 1937

IMPORTANT See instructions on back of certificate.

Spec.—6 30—A. & Co.—250 Blks

E 7.0307.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7.0307

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hy Jones Sanitarium 946

CITY OF BALTIMORE, (No.) Glenarm ST. Ward 24

REGISTERED NO. 947

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gertrude Leigh Gund

(a) RESIDENCE NO. Middle River ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred: Life 3 mos. 4s. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced (or) WIFE of Conrad A. Frank

6 DATE OF BIRTH (month, day, and year) Dec 8/84

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Stanceslaus Walker

11 BIRTHPLACE OF FATHER (City or town) (State or country) Polan

12 MAIDEN NAME OF MOTHER Rose

12 BIRTHPLACE OF MOTHER (City or town) (State or country) Polan

14 Informant (Address) Conrad A. Frank Middle River Md

Filed JUL 9 1931 C. HAMPSON JONES, M. D. Registrar

No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7-31

17 I HEREBY CERTIFY, That I attended deceased from 4-6-31, 19 , to 7-7-31 19

That I last saw h 7 alive on 7-7-31 19

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows: Cerebral Embolism Contributed with Chronic Nephritis (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Dyspnoea (duration) yrs. 1 mos 10 ds.

18 Where was disease contracted if not at place of death? H

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Legal Co

(Signed) W H Hamer M. D.

19 (Address) Jones Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 7/10 1931

UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St

(See instructions on back of certificate. Items are very important.)

Spec.—1-10-21—MAT—1500 Blks.

E 70308 HEALTH DEPARTMENT—CITY OF BALTIMORE, 151 E 70308

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1401 Division St. (Ward) 14-20

2-FULL NAME Mary Josephine Smith

(a) RESIDENCE NO. 1401 Division St (St., Ave., etc.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 8, 1931

7 AGE — Years | Months: 3 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS:

10 NAME OF FATHER: Hugh Liberto

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York City

12 MAIDEN NAME OF MOTHER: Elizabeth Welsh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs. Elizabeth Smith 1430 Guilford Ave

Filed JUL 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1931

17 I HEREBY CERTIFY, That I attended deceased from April 8. 1931. to July 8. 1931.

that I last saw her alive on July 8. 1931.

and that death occurred, on the date stated above, at 4:30 P. m.

The CAUSE OF DEATH* was as follows:

Congenital abnormalities incompatible with life. Spina Bifida, Hydrocephalus, absence of adrenals, kidneys, ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Margaret B. Ballard, M. D.

7/ 1931 (Address) 1046 N. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 9 1931

20 UNDERTAKER: Martin Fahey & Sons — ADDRESS: 1827 N. Monta...

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 70309

CERTIFICATE OF DEATH

E 70309

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 912 McKean Ave ST. (WARD)

2—FULL NAME Elenora Shary Viol.

(a) RESIDENCE NO. 912 McKean Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced (b) HUSBAND of (or) WIFE of Wm. Richard Viol.

6 DATE OF BIRTH (month, day, and year) Jan. 4 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6.	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Baldauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jno. Filling 1. Cabrel

(Address) 912 McKean Ave

15 Filed 1931 . 19 . C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from January 30 1931 to July 8 1931

that I last saw h[illegible] alive on July 7 1931

and that death occurred, on the date stated above, at 7:00 A.m.

The CAUSE OF DEATH* was as follows: Arterio - Sclerosis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) myocarditis (duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam'n.

(Signed) Lucius I. Baggott M. D.

. 19 (Address) 2229 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: July 10 1931

20 UNDERTAKER: Jos. L. Syfer.

ADDRESS: 16 W. North Ave

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

E 70319

21V E 70310

1 PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital (St.) 14-20 (WARD)

2 FULL NAME Charles Wesley Miller

(a) RESIDENCE No. 1611 Park Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Horstmeyer

6 DATE OF BIRTH (month, day, and year) July 4 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real Estate Associate

(b) General nature of industry, business, or establishment in which employed (or employer) City of Baltimore

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Richard W. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Sophia Waller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Charlotte H. Miller

(Address) 1611 Park Ave

15 Filed JUL 9 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 8, 1931

that I last saw him alive on July 7, 1931

and that death occurred, on the date stated above, at 3.45 a.m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix with appendical abscess

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 1, 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Louis L. Tyorby M. D.

(Address) 3116 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dyker Park DATE OF BURIAL July 10 1931

20 UNDERTAKER Blue Mitchell ADDRESS Howard & Eutaw Place

FROM IS very important. See instructions on back of certificate.

Cor.—11-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

173 E 70311

E 70311

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5017 Eastern Avenue St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME HELEN FLORENCE TURNER

(a) RESIDENCE NO. 5017 Eastern Avenue St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Barrett Turner

6 DATE OF BIRTH (month, day, and year) February 5, 1907

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	24	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Liberty Lunch Room

9 BIRTHPLACE (city or town) Brunswick

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Thomas H. Carter

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie V. Fox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland

14 Informant (Address) Mr. Thomas H. Carter (Father) 405 S. Newkirk Street.

15 Filed JUL 9 1931 16 [illegible] JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Aut[illegible] July 7 (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy, Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Bullet Wound through chest, Arm, Lung Stomach & Liver

Murder (duration) yrs. mos. 1 hr.

CONTRIBUTORY (Secondary) Internal Hemorrhage (duration) yrs. mos. 1 hr.

(Signed) James W Denton M. D. (Coroner)

7 9. 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Barnesville Md. Date of Burial July 10, 31

20 UNDERTAKER Henry Sander & Sons, Inc. ADDRESS Baltimore St & Broadway.

Property classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70312

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 70312

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No. 16-26 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter Marshburn

(a) RESIDENCE NO. 793 W. Mulberry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Thelma

6 DATE OF BIRTH (month, day, and year) July 12, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Burgnow N. C.

PARENTS

10 NAME OF FATHER Vander

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Susie Hand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 1931 H. FRANKLIN JONES, M. D. Registrar

L 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7-31

17 I HEREBY CERTIFY, That I attended deceased from 7-6-31, 19 to 7-7, 19 31

that I last saw h[illegible] alive on 7-7-31, 19

and that death occurred, on the date stated above, at 3:35 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid
& Metastasis to Liver

(duration) 1 yrs. 7 mos. 7 ds.

CONTRIBUTORY (Secondary) Acute Heart Failure (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7 days ago

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther C. Peter M. D.

7-9, 1931 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rodney Point N. C. DATE OF BURIAL 7-10 1931

20 UNDERTAKER Jno. H. Chase & Son ADDRESS 63 N. Eutaw

FROM IS VERY important. See instructions on back of certificate.

Spec—1-30—M. & T.—200 Nbs

E 70313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70313

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1-PLACE OF DEATH 2241 Kirk ave
CITY OF BALTIMORE: (NO. Baltimore, Md ST., 9-46 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sarah Ellen Ruth

(a) RESIDENCE NO. 2241 Kirk ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

6a ~~Married~~, widowed, ~~or divorced~~
~~HUSBAND of~~ or) WIFE of George W. Ruth

6 DATE OF BIRTH (month, day, and year) July 30, 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
80 yrs	11.	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) York, Pa

PARENTS
10 NAME OF FATHER Thos Heiniger
11 BIRTHPLACE OF FATHER (city or town) Holland (State or country)
12 MAIDEN NAME OF MOTHER Louisa Heniger
13 BIRTHPLACE OF MOTHER (city or town) Holland (State or country)

14 Informant Robert Cooper
(Address) 2241 Kirk Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6 ,19 31, to July 9 ,19 31,
that I last saw him alive on July 9 ,19 31,
and that death occurred, on the date stated above, at 12:50 A.m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
Hypertension
(duration) unknown yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) E. Egner Carrington, M. D.
, 19 (Address) 2038 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem York Pa
DATE OF BURIAL July 11 31

20 UNDERTAKER J. J. Waterston Son 136
ADDRESS Lexington Ave

9 1931 [illegible] Registrar

Spec.—9-36—A. A. Co.—250 Blks

E 70314 ✓ E 70314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Provident Hospital St) (Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Stewart

(a) RESIDENCE NO 1650 Druid Hill Ave ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col Col	Maried

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby Stewart

6 DATE OF BIRTH (month, day, and year) June 26 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Elevator Operator

(b) General nature of industry, business, or establishment in which employed (or employer) 08

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Wm Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm Stewart (Address) 1620 Druid Hill Ave

15 Filed 9 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/31

17 I HEREBY CERTIFY, That I attended deceased from 7-3-31 19 to 7-8 19 31

that I last saw h[illegible] alive on 7-8 19 31

and that death occurred, on the date stated above, at 4 45 a m.

The CAUSE OF DEATH* was as follows:

Gangrenous Appendicitis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 7-7-31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) Bernard Farris M. D.

7/8 19 31 (Address) Provident Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Union Cemetery — DATE OF BURIAL 7/9/1931

20 UNDERTAKER Geo. E. Hafle — ADDRESS 1631 Druid Hill Ave

Filed in duplicate. See instructions on back of certificate.

11 Spec.—1-30—M. & T.—250 Blks.

E 70315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70315

CERTIFICATE OF DEATH.

25-72 97

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Coolidge Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth L.Blankner,

(a) RESIDENCE NO. 3510 Coolidge Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word)
Female	White	Widow

5a If ~~married~~, widowed, ~~or divorced~~ (a) ~~HUSBAND~~ of (b) WIFE of Lawrence Blankner,

6 DATE OF BIRTH (month, day, and year) November 25, 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Carl Ossman,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Weitzel,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Eliza Born,

(Address) 3510 Coolidge Ave.

15 Filed JUL 9 1931 19 Pat C. PAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUL 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1929, to July 8, 1931,

that I last saw her alive on July 8, 1931,

and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Arteri Sclerosis

(duration) yrs. 1½ mos. da.

CONTRIBUTORY (Secondary) Cardiac Debility

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Regular Dill, M. D.

7/9, 1931 (Address) 1733 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL JUL 11, 1931

UNDERTAKER Geo W Little

ADDRESS 2700 Pennsylvania Ave.

E 70316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

127 E 70316

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. Volunteer Hospital ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary V Rasmussen

(a) RESIDENCE NO. 249 S. Chester ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs 8 mos 5 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas A. Rasmussen

6 DATE OF BIRTH (month, day, and year) Sept 3 '62

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Carlson V Elgenfritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER A Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Carl A. Rasmussen (Address) 249 S Chester

15 Filed 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1931

17 I HEREBY CERTIFY, That I attended deceased from 7-7-31, 1931, to 7-8-31, 1931,

that I last saw her alive on 7-8-31, 1931

and that death occurred, on the date stated above, at 4.27 P m.

The CAUSE OF DEATH* was as follows:

(a) Coronary Occlusion

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno Carrad M. D.

7.31 (Address) 214 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July 11 1931
20 UNDERTAKER	ADDRESS
H M Routson	2230 N Monroe

TION is very important See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

Hollmeyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70317

CERTIFICATE OF DEATH

E 70317

127-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: IN Carlton St. 27-41 WARD

2 FULL NAME Mary C Hollmeyer

(a) RESIDENCE NO. 4912 Belair Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Frank Hollmeyer

6 DATE OF BIRTH (month, day, and year) Jan 4 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Patrick Lennon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Josephine Akers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Frank Hollmeyer 4912 Belair Rd

15 Filed SEP 9 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-8-31

17 I HEREBY CERTIFY, That I attended deceased from 7-6-31, 19 to 7-8-31, 19

that I last saw h living on 7-8-31, 19

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows: Duodenal Ulcer Hemorrhage

Contributory (secondary) (duration) yrs. 2 mos. ds.

Acute Tonsilitis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 7/11/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N B Handley M. D.

19 (Address) Joseph Wayne

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	7-11 19 31

20 UNDERTAKER Leonard C Cook ADDRESS Baltimore

FOR IMPORTANT INSTRUCTIONS see reverse side of certificate.

Spec.—9-30—A. & Co.—250 Blks.

B 70318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 E 70313

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 807 N. Central ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Kiggins

(a) RESIDENCE NO. 807 N. Central ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Kiggins

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: about 61 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Dretrich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Schwarz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mr. James J. Kiggins

(Address): 807 N. Central ave.

15 [illegible] 9 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 1930, to July 7, 1931

that I last saw h[illegible] alive on July 7, 1931

and that death occurred, on the date stated above, at 12:45 a.m.

The CAUSE OF DEATH* was as follows:

Adeno carcinoma of Breast

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? yes Date of ?

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Tourney M.D.

(Address) 500 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 10, 1931

20 UNDERTAKER: John A. Mann — ADDRESS: 3030 E. Baltimore St.

See instructions on back of certificates. IT IS VERY IMPORTANT

Spec.—9-30—A. & Co.—250 Blks.

E 70319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70319

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — 48 — REGISTERED NO.
CITY OF BALTIMORE: (No.) — ST. 18-16 — WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Lucy Finney

(a) RESIDENCE NO. 104 Amity St. — ST. — WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert

6 DATE OF BIRTH (month, day, and year) April 15 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	42 ?		21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Va.

PARENTS
10 NAME OF FATHER Harry Bailey
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.
12 MAIDEN NAME OF MOTHER Anna Badger
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant
(Address) Records of Balto. City Hosp.

9 15 1931 — 19 — C. HAMPSON JONES, M. D. Registrar

5455

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-31

17 I HEREBY CERTIFY, That I attended deceased from 5-21, 1931, to ____, 19____
that I last saw her alive on ____, 19____
and that death occurred, on the date stated above, at ____ m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus
Ca Ureteral Abdominal Metastasis

Duration (1) 1 yrs. — mos. — ds.

CONTRIBUTORY (secondary) Hypostatic Congestion
of Lungs (duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Fenton E. Plitt M. D.
19____ (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS — DATE OF BURIAL: 19

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSP.

FROM 1 to 10 important. See instructions on back of certificate.

Spec.—6-30—A. & Co.—250 Blks.

E 70320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70320

CERTIFICATE OF DEATH

159

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 27-56 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Lutz

(a) RESIDENCE NO. 3511 Virginia Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/11/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Harry Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga.

12 MAIDEN NAME OF MOTHER Helen Darnall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Johns Hopkins Hospital

FILED 6 1931 19 C. HAMPSON JONES, M. D. Registrar

5956

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-18-31

17

I HEREBY CERTIFY, That I attended deceased from 6 17, 19 31, to 6 18, 19 31

that I last saw her alive on 6 18, 19 31

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage
1 Prematurity (Premature)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Charles H. McLane M.D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSP. DATE OF BURIAL: JUL 1931

UNDERTAKER

ADDRESS

FROM IS VERY important. See instructions on BACK OF CERTIFICATE

1-30—M. & T.—100 B—501.

E 70321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70321

REGISTERED NO. 92

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 Cecil Ave ST. 9-46 WARD)

2-FULL NAME Ruth Fox

(a) RESIDENCE NO. 2240 Cecil Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Lane

6 DATE OF BIRTH (month, day, and year) Sept 19/1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	8	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Charles S. Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury, Md.

12 MAIDEN NAME OF MOTHER Ida Robertson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salisbury, Md

14 Informant Charles S. Fox
(Address) 2240 Cecil Ave

15 Filed 1931 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Valvular Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

19 (Address) 508 E. North Ave

July 9/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL July 11 31.

20 UNDERTAKER Kendall & Capper — ADDRESS 3a Solon

TION is very important. See instructions on back of certificate.

9 1931

Spec.—2-21-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70322

CERTIFICATE OF DEATH

97-001 E 70322

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Liberty Heights Ave) (WARD 56 60)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Goldberg

(a) RESIDENCE NO. 2607 Liberty Heights Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced WIFE of: Mayer Goldberg

6 DATE OF BIRTH (month, day, and year): March 23 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER ? Gochnach

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Thos Goldberg

(Address): 2607 Liberty Heights Ave

15 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 - 31

17 I HEREBY CERTIFY, That I attended deceased from April 12 1931 to July 8 1931

that I last saw h alive on July 8 1931

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Chronic Endocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Central Pneumonia

(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos D Dorsey, M. D.

July 9 1931 (Address) 1358 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Friendship Cemetery — DATE OF BURIAL: July 10 1931

20 UNDERTAKER: J. Thomas & Son — ADDRESS: 2493 Reisterstown Rd

1-20—M. & T.—100 B—50L.

E 70323

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70323

CERTIFICATE OF DEATH

16-67

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital ST.. WARD

2-FULL NAME Louise Bassler

(a) RESIDENCE NO 1202 Longwood Street ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8/1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None 0 0
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John E. Bassler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ida Sebastian

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Ida S. Bassler (Mother)

(Address) 1202 Longwood Street

15 Filed _____ 192 _____ Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Erysipelas-infection due to injury to knee-fell on front cement side-walk of residence. . Accidental (duration) yrs. mos 16 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) _____, M. D.
Coroner

7/8/31 (Address) 502 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL—CREMATION OR REMOVAL Western Cem. DATE OF BURIAL July 11 1931

20 UNDERTAKER Geo. W. Little ADDRESS 1709 Edmondson

THOMPSON JONES, M. D. Registrar

TION is very important. See instructions on back of certificate.

9

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E. 70324 — E. 70324

93-003 — REGISTERED NO.

8-17 — WARD

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1639 N. Broadway (St.)

2 FULL NAME William Thomas Riley

(a) RESIDENCE NO. 1639 N. Broadway St. WARD
(Usual) place of abode)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lottie Wagner

6 DATE OF BIRTH (month, day, and year) Jan. 23, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Physician

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Harford County
(State or country) Maryland

PARENTS

10 NAME OF FATHER William T. J. Riley

11 BIRTHPLACE OF FATHER (city or town) ----
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary F. Whiteford

13 BIRTHPLACE OF MOTHER (city or town) ----
(State or country) Maryland

14 Interment
(Address) Mrs. Lottie W. Riley, 1639 N. Broadway

15 Filed ... 19 ... Registrar

9 1931 — HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 9, 1931, to July 7, 1931

That I last saw him alive on July 7, 1931

and that death occurred, on the date stated above, at 8 1/4 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. W. Rowers M. D.

(Address) 1612 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 7/10 19 31

20 UNDERTAKER: Henry W. Myers and Son — ADDRESS: 505 N. Calvert

FROM A very important. See instructions on back of certificate.

Spec.—6-30—A. & Co.—250 Blks.

E 70325 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 93

CERTIFICATE OF DEATH

93-E 70325

1 PLACE OF DEATH Baltimore City Hospitals 96-37 REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD

2 FULL NAME Waldemar Janzen

(a) RESIDENCE NO. none ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 29, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10 NAME OF FATHER: John Janzen
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Caroline George
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 1931 G. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-8-31

17
I HEREBY CERTIFY, That I attended deceased from 12-26-28, 19, to 7-8-31, 19
that I last saw him alive on 7-8-31, 19
and that death occurred, on the date stated above, at 4:25 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cirrhosis Chronic
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas. G. Lenox Jr M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loch Lawn Cem. | DATE OF BURIAL: July 1931

20 UNDERTAKER: John C. Miller | ADDRESS: 1437 E. Blvd. Av.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 70326

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 1-3 WARD)

2-FULL NAME Victor Rakowski

(a) RESIDENCE NO 318 S. Madeira ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Rakowski

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butcher
(b) General nature of industry, business, or establishment in which employed (or employer) 613
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Rakowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Josephine Rakowski

(Address) 316 S. Madeira St

15 Filed 7/9 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Thoracic Hemorrhage- pistol shot wound- Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____ Coroner, M. D.

7/9/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL _____ DATE OF BURIAL _____ 19 31

20 UNDERTAKER _____ ADDRESS _____

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Ellen Blessing

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70327

CERTIFICATE OF DEATH

E 70327 V 46

1 PLACE OF DEATH (a) Johns Hopkins Hospital

CITY OF BALTIMORE: (b) Carlton Avenue (c) Ward

2 FULL NAME Ellen Blessing

(a) RESIDENCE NO 502 E North St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Dec 16th 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Blessing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary C Rase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm J. McGahan

(Address) 502 E North Ave

15 Filed JUL 10 1931 HAWSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-31

17

I HEREBY CERTIFY, That I attended deceased from July 31, 19 to 7-9-31, 19

that I last saw h alive on 7-9-31, 19

and that death occurred, on the date stated above, at 2a m

The CAUSE OF DEATH* was as follows:

Cancer Sigmoid

Intestinal Obstruction

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Insanity

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Here

Did an operation precede death? Yes Date of 7/6/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I B Brickley M. D.

19 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	7/11/ 1931
20 UNDERTAKER D. M. Cook	ADDRESS 119 St Paul St

HOW TO FILL OUT CERTIFICATE. See instructions on back of certificate. Items 1 to 15 are very important.

Spec.—9 30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70328 + 46 70328

70328

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) University Hospital St. 4-30 (WARD)

2 FULL NAME Wesley L. Wheat

(a) RESIDENCE NO. Severn - A.A. Co Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED Farmer

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Road Const

(c) Name of employer State Roads Commission

9 BIRTHPLACE (city or town) (State or country) Severn Maryland

PARENTS

10 NAME OF FATHER Wm Wheat

11 BIRTHPLACE OF FATHER (city or town) (State or country) Severn Md.

12 MAIDEN NAME OF MOTHER Rosetta Tuffett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Severn Md.

14 Informant Ferris Griffith
(Address) Severn A.A.Co. Md

15 Filed 7-10 1931 C. HAMPSON JONES, M. D. Registrar

JUL 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8/1931

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1931, to July 8, 1931

that I last saw h[illegible] alive on July 8, 1931

and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

~~Hemorrhage from~~ Carcinoma of the stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Gastric Hemorrhage

(duration) yrs. mos. 1 day

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? Yes Date of June 1-1931

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Wyle M Tant M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Severn A.A.Co Md Suffix Roads Cemetery

DATE OF BURIAL 7/11/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70329

E 70329

CERTIFICATE OF DEATH.

57 V

REGISTERED NO. 9-47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1124 E. 36th St. (Ward) 9-47

2-FULL NAME William Derbyshire

(a) RESIDENCE NO. 1124 E. 36th St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Emma J. Derbyshire

6 DATE OF BIRTH (month, day, and year) Oct 3rd 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurseryman

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER John Derbyshire

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Jane McAllister

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Frank T. C. Nicholson

(Address) 1124 E. 36th St

15 Filed Jul 3 1931 Dr. HAMPTON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9/ 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1929 to July 9th 1931.

that I last saw him alive on July 9th 1931.

and that death occurred, on the date stated above, at 9:30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilitation
Pulmonary Edema

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Senility and Chronic Arthritis (duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Wm F Byerly M. D.

. 19 (Address) 3346 Jonquil Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Vernon Cemetery Phila. Pa

DATE OF BURIAL 7/11 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 70330

HEALTH DEPARTMENT—CITY OF BALTIMORE

1731

E 70330

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1520 Wilmore St. 14-20 (WARD)

2-FULL NAME Jacob Moore

(a) RESIDENCE No. 630 Pitcher ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Moore.

6 DATE OF BIRTH (month, day, and year): Apr. 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Jacob Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Mikens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Henry Moore

(Address) 630 Pitcher

15 Filed 10-1931, 193.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 7th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.†

The CAUSE OF DEATH* was as follows: Homicide. Hemorrhage due to fractured skull Striking head on Curb

(duration hrs. mos. ds.)

CONTRIBUTORY (Secondary)

(duration yrs. mos. ds.)

18 Where was disease contracted if not at place of death? 1520 Wilmore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waverly M. C.

DATE OF BURIAL: 7/10/31

20 UNDERTAKER: Charles H. Alexander

ADDRESS: 1406 Druid Hill Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 70331

CERTIFICATE OF DEATH

46 E 70331

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3203 Sequoia Ave. ST.) 16-62 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward J. Butler

(a) RESIDENCE NO. 3203 Sequoia Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Budget Butler

6 DATE OF BIRTH (month, day, and year) 12-22-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Budget Cummings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Budget Butler

(Address) 3203 Sequoia Ave

15 H. M. JONES, M. D. Registrar

JUL 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1931

17

I HEREBY CERTIFY, That I attended deceased from March 26 1931 to July 9 1931

that I last saw him alive on July 8 1931

and that death occurred, on the date stated above, at 7:40 A. M.,

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos O'Neill M. D.

, 19 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 7/11/1931

20 UNDERTAKER Chas J Cowan & Son

ADDRESS Govans Md

TION IS very important. See instructions on back of cer

B 70332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. E 70332

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteer Hospital ST. 15-58 WARD

2-FULL NAME Charles Hanna

(a) RESIDENCE NO. 2819 Kate Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie G. Hanna

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1872

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
59	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles F. Hanna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Catherine Crawford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Elsie G. Hanna 2819 Kate, Ave

Filed 7-9-1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/4/31

17 I HEREBY CERTIFY, That I attended deceased from 3-20-31 to 7-9-31

that I last saw him alive on 7-9-31

and that death occurred, on the date stated above, at 9 05a m

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hellard M. D.

7-9-31 (Address) 2214 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL 7/11 1931

20 UNDERTAKER Frederick A. Able

ADDRESS 1200 W Lombard St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70333

CERTIFICATE OF DEATH

93-0333

1 PLACE OF DEATH Baltimore City Hospitals

18-26

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No ... ST. ... WARD)

2 FULL NAME Hammie Cuffy

(a) RESIDENCE NO 912 W. Fayette ST. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) Jan. 14 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Factory work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hartsville S.C.

PARENTS

10 NAME OF FATHER Cuff

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Alice Mack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Records of Balto. City Hosp.

Filed JUL 10 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-6-31

17

I HEREBY CERTIFY, That I attended deceased from 7-3-31, 19 ... to 7-6-31, 19 ...

that I last saw him alive on 7-6-31, 19 ...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of ...

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Hollis Hendrix M. D.

19 7 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct

DATE OF BURIAL 7/10/31

20 UNDERTAKER Frank L Pierce & Son

ADDRESS 107 Montgomery

FROM 25 very important ... See INFORMATION ON BACK OF CERTIFICATE

Spec.—9-30—A. & Co.—250 Blks

E 70334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23V E 70334

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 22-30 WARD)

2. FULL NAME Clarence Beardley Jr.

(a) RESIDENCE NO. 622 Barre ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 8 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	B.	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	18	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Clarence Beardley.

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Interment (Address) Mt. Johns Co. Univ. Hosp.

15 1931 C. HAMPSON JONES, M. D. Registrar

10/1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to July 9, 1931

that I last saw h im alive on July 9, 1931

and that death occurred, on the date stated above, at 1-30 A.M.

The CAUSE OF DEATH* was as follows:

Acute General Miliary Tuberculosis.

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis.

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Maurice Jones Abrams M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cy — DATE OF BURIAL 7/11/31

20 UNDERTAKER Frank L. Brown — ADDRESS 1615 Montgomery

(See instructions on back of certificate. IT IS very important.)

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70335

CERTIFICATE OF DEATH

1-PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE (No. 1514 Division ST. 21-31 WARD) 107 007

REGISTERED NO. E 70335

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Mc Honey.

(a) RESIDENCE NO. 1132 Russell ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	18		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Provident Hospital

15 Filed JUL 10 1931. C. HAMMOND JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-7-31

17 I HEREBY CERTIFY, That I attended deceased from 6-24, 1931, to 7-7-, 1931, that I last saw him alive on 7-7-, 1931, and that death occurred, on the date stated above, at 3 18 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Bronchial

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Unknown (duration) Unknown ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George Mc Donald M. D.

7-8, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cl	7/9/31

20 UNDERTAKER Isaac L. Purnell & Undertaking ADDRESS 1015 W

UL 10 1931.

Spec.—9-30—A. & Co.—250 Blks.

70336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70336

1-001E

1. PLACE OF DEATH Baltimore City Hospitals

22-30

CITY OF BALTIMORE: (No. ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Harriet Osgood

(a) RESIDENCE NO. 669 Washington Blvd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Divorced

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework; sewing
(b) General nature of industry, business, or establishment in which employed (or employer): 069
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Pa.

PARENTS
10 NAME OF FATHER John Gainer
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.
12 MAIDEN NAME OF MOTHER Armand Buck
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 10 1931 J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-31

17 I HEREBY CERTIFY, That I attended deceased from 1-21-30, 19, to 7-9-31, 19
that I last saw her alive on 7-9-31, 19
and that death occurred, on the date stated above, at 3:15 P. m.
The CAUSE OF DEATH* was as follows:

Anemia, Pernicious.

more than (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Sclerosis, Combined.

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas Gaines M. D.

19 Address Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	July 11 1931
20 UNDERTAKER	ADDRESS
Jos Joerdens Son	207 S. Pine

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 70337

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70337

CERTIFICATE OF DEATH

+ 66-005

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE, (No. Md. Gen. Hosp. 11-25 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Eva Carey

(a) RESIDENCE NO. Talbot Co., Md. St Michaels WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced
(or) WIFE of H. G. Carey

6 DATE OF BIRTH (month, day, and year) July 10, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co., Md.

PARENTS

10 NAME OF FATHER Jos. R. Marshall

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Hunt.

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md.

14 Informant Hosp. Records
(Address)

15 Filed July 12, 1931 HAMPSON JONES, M. D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 26, 1931, to July 9, 1931

that I last saw her alive on July 9, 1931

and that death occurred, on the date stated above, at 7:15 A. m.

The CAUSE OF DEATH* was as follows:

Adenoma of Thyroid

(duration) 3½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency.

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? Home. 7/7/31

Did an operation precede death? Yes. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Findings

(Signed) Gilbert R. Wilkerson, M. D.

(Address) Md. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Michaels Md	July 11 1931
20 UNDERTAKER John T Dennis.	ADDRESS 715 Light St

Spec.—9 36—A. & Co.—250 Blks.

E 70338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 70338

REGISTERED NO. L 10 1931

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St.) 1244 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William D. Poultney

(a) RESIDENCE NO. Towson, Md (St.) ..... WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mrs Wm Poultney

6 DATE OF BIRTH (month, day, and year) Sept. 21, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate (Office)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas Poultney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hosp. Record.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 9, 1931

That I last saw him alive on July 9, 1931

and that death occurred, on the date stated above, at 3 35 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular renal disease

(Vascular nephritis with arterio sclerosis and hypertension)

(duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Chemical, Microscopic, Blood Exam.

(Signed) C. H. Mortimer Jr. M. D.

. 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Thomas Parish Forest	July 11 1931
20 UNDERTAKER	ADDRESS
Harry N. Jenkins Sons Co.	McCulloh & Orchard Sts

HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 70339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-047 0339

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. 13-59 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME D. Coblman Polmer

(a) RESIDENCE NO. Lake Ariel Apts. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel W. Polmer

6 DATE OF BIRTH (month, day, and year) Feb 17, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchandise

(b) General nature of industry, business, or establishment in which employed (or employer): Manager

(c) Name of employer: Liberty Mortgage Co

9 BIRTHPLACE (city or town) (State or country): La.

PARENTS

10 NAME OF FATHER: Leon Polmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Augusta Teitel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): La.

14 Informant: Mrs. Isabel Polmer

(Address): Lake Ariel Apts

JUL 10 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9/31

17 I HEREBY CERTIFY, That I attended deceased from May 3 1931, to July 9 1931, that I last saw h alive on July 9 1931, and that death occurred, on the date stated above, at 3.50 P m.

The CAUSE OF DEATH* was as follows:

Subacute bacterial Endocarditis

(duration) Approx yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Cultures

(Signed) Milton B Kirsh M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Orleans, La.

DATE OF BURIAL: 7/10/1931

20 UNDERTAKER: Harid Sondheimer Son

ADDRESS: 1902 Eutaw Place

IF DEATH IS DUE TO VIOLENCE, see instructions on reverse side.

Spec.—9-30—A. & Co.—250 Bks.

Chas Fagan

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70340

CERTIFICATE OF DEATH

E 70340

1332

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1117 Record St. 11-24 (Ward)

2 FULL NAME Chas Fagan

(a) RESIDENCE NO. 1117 Record St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Fagan

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer Brick

(b) General nature of industry, business, or establishment in which employed (or employer): B & O R.R.

(c) Name of employer: B & O

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country) Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant: Mattie Fagan (Address) 1117 Record St.

15 Filed 10 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/31

17 I HEREBY CERTIFY, That I attended deceased from 7-6-31 to 7-8-31

that I last saw h[illegible] alive on 7/8/31 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Pyelo-Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. [illegible] M. D.

(Address) 724 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL 7/10 1931

20 UNDERTAKER Wm. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

FROM IS VERY important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

Ches.

E 70341

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 70341

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S Ann ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julia Ches.

(a) RESIDENCE NO. 523 S Ann ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Ches

6 DATE OF BIRTH (month, day, and year) Nov 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	55	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany Poland

PARENTS

10 NAME OF FATHER John Mazany

11 BIRTHPLACE OF FATHER (city or town) (State or country) German Poland

12 MAIDEN NAME OF MOTHER Cathrine Leyzer 1931

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany Poland

14 Informant Michael Ches

(Address) 523 S Ann

15 Filed 1932 C. HAMPSON JONES, M. D. Registrar

101931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs mos 1 hr

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

(Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: July 13 1931

20 UNDERTAKER: John M Weber — ADDRESS: 401 E Chase St

IMPORTANT: See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 70342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-001

E 70342

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 Herring Ct ST. 6-4 WARD)

2-FULL NAME Gertrude Rinsey

(a) RESIDENCE NO. 235 Herring Ct ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2 1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER James Rinsey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Ella Hedley

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant James Rinsey
(Address) 235 Herring Ct

15 _____ 19 HAMPSON JONES, M. D.
Registrar

L 101931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pernicious Anemia

(duration) yrs. 3 mos. _____ ds.

CONTRIBUTORY (Secondary)
(duration) yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James H Paulon, M. D.
Coroner

(Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JHH

DATE OF BURIAL JUL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL
Department of Health.

...tion is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70343

CERTIFICATE OF DEATH

V 108 E 70343

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N. Bond St. 7-13 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Mills

(a) Residence: No. 104 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward E. Mills

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Co Va

FATHER
13. NAME Martin Cooper
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Lotus Mills 104 N. Bond St.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Calvary Date July 9, 1931

19. UNDERTAKER Mrs. R. A. Elliott
(Address) 1715 Eastlund Ave

FILED JUL 10 1931 HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1931

20. I HEREBY CERTIFY, That I attended deceased from May 25 1931 to July 6, 1931

I last saw h[illegible] alive on July 6, 1931, death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1 day
Other contributory causes of importance: Myocarditis	6 weeks

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following. Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) [signature] M. D.

(Address) 55 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

E 70344 HEALTH DEPARTMENT—CITY OF BALTIMORE 70344

CERTIFICATE OF DEATH

1 PLACE OF DEATH
CITY OF BALTIMORE. (No. 214 S Holyoke St. (If not in hospital or institution, give WARD)

REGISTERED No. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Warren

(a) RESIDENCE NO. 214 S Holyoke St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if alien or foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.
4 COLOR OR RACE: C.
5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry Warren.

6 DATE OF BIRTH (month, day, and year): Feb. 3. 1866

7 AGE — Years: 65 — Months: 5 — Days: 4 — If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS
10 NAME OF FATHER: Edw Hatton
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: Adeline Allgood
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Addie Woodson 214 S Holyoke St.

15 DATE RECEIVED July 9 1931 REGISTRAR HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 31

17 I HEREBY CERTIFY, That I attended deceased from June 24 31 to July 7 31
that I last saw her alive on July 7 31
and that death occurred, on the date stated above, at 11.45 p m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease
Ext 1 yr.
Exhaustion

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H B Hyslop M. D.
July 9 1931 (Address) 1413 Linden Ave Fallston Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: July 10 1931

20 UNDERTAKER: Mrs R. G. Elbert — ADDRESS: Westminster

TO 1931

Spec.—9-30—A. & Co.—250 Blks

Conack ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70345

CERTIFICATE OF DEATH

131 E 70345

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 740 Bradley St. (If death occurred in a hospital or institution, give its NAME instead of street and number.) WARD 17th

2 FULL NAME Philip Conack

(a) RESIDENCE NO. 740 Bradley St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced (write the word): Widower.

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Honey Conack

6 DATE OF BIRTH (month, day, and year): January 1867

7 AGE — Years: 64 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Norfolk Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Fanny Williams

(Address): 740 Bradley St.

15 JUL 10 1931 H. SAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1931 to July 9, 1931

that I last saw him alive on July 8, 1931

and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis - Angina

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Leader M. D.

, 19 (Address) 1807 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary DATE OF BURIAL: July 10 1931

20 UNDERTAKER: W. N. Y. Eccles ADDRESS: 425 Asquith

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 E 70346

70346

CERTIFICATE OF DEATH

REGISTERED NO

1 PLACE OF DEATH Good Shepherd General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No) 1512 Gilmor St. 15-21 WARD

2 FULL NAME Charlotte Rice

(a) RESIDENCE NO 713 Baker ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 9+ yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm J. Rice

6 DATE OF BIRTH (month, day, and year) 3-15-1875

7 AGE 56 Years | Months 3 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Penn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bessie Combs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs Wm J Rice 713 Baker St

15 Filed [illegible] 19 C. HAMPSON JONES, M. D. Registrar

L 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/31

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1931, to 7/8/31, 19

that I last saw h[illegible] alive on 7/8/31, 19 at 8:40 am

and that death occurred, on the date stated above, at 8:40 am

The CAUSE OF DEATH* was as follows:

Myo-Carditis

(duration) yrs. 6 mos. dys.

CONTRIBUTORY (Secondary) Arteri Sclerosis

(duration) [illegible]

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Wm R. Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Peter's County | DATE OF BURIAL 7-11 1931

UNDERTAKER George T. A. Gibson | ADDRESS 1735 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 70347 | B 70347 | 93-003 | REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 217 N. Milton Ave (b) 6-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John F. Weems

(a) RESIDENCE NO. 217 N. Milton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ late Annie J. Weems

6 DATE OF BIRTH (month, day, and year) July 1/56

7 AGE: Years 75 | Months 10 | Days 8 | If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) House Painter

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Annapolis Md.

PARENTS

10 NAME OF FATHER James Weems

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Matilda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jno. F. Weems 217 N. Milton Ave

15 "JUL 10 1931" HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9/31

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1931 to July 9, 1931

that I last saw h~~im~~ alive on July 9, 1931

and that death occurred, on the date stated above, at 8-30 A.M.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(duration) 5 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Acute myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Examination

(Signed) Chas. S. Trenstadt M. D.

, 19 (Address) 1730 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn | DATE OF BURIAL 7/12 1931

20 UNDERTAKER Philip Henry 2016 Orleans | ADDRESS

(See instructions on back of certificate. ATION is very important.)

Spec.—2-25-28—L. F. S.—500 Blks.

Hardrupt

HEALTH DEPARTMENT—CITY OF BALTIMORE

70348

CERTIFICATE OF DEATH

131 E 70348

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Bond ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Josephine Hardrupt

(a) RESIDENCE NO. 501 N. Bond ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Hardrupt

6 DATE OF BIRTH (month, day, and year): July 12/56

7 AGE: Years 74; Months 11; Days 27; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Seamstress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Atlanta Georgia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. S. Porter

(Address): 501 N. Bond St.

15 Filed JUL 10 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7—9—31

17 I HEREBY CERTIFY, That I attended deceased from 7-4-31, 19 . to 7-9, 19 31

that I last saw h— alive on 7-9 — 19 31

and that death occurred, on the date stated above, at 3:20 P. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular - Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W B Butler, M. D.

7/9/31 19 (Address) 425 N. Carlton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 7/11 1931

20 UNDERTAKER: Kilby Herring

ADDRESS: 2016 Arlington Ave

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—2-28-28—L. F. S.—500 Blks.

E 70350

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70350

CERTIFICATE OF DEATH

159

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE. (No. 4314 Biddeson Ave. ST. 26-41 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Claude Edison Thern Jr.

(a) RESIDENCE NO. 4314 Biddeson Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Claude E. Thern

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Anna Ehrett Bates.

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Claude E. Thern

(Address) 4314 Biddeson Ave

15 JUL 10 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/9/31

17

I HEREBY CERTIFY, That I attended deceased from 7/9/31, 19 , to 7/9/31, 19 ,

that I last saw h[illegible] alive on 7/9/31, 19

and that death occurred on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Premature birth
(5½ months)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claude Jones, M. D.

7/10/31 (Address) 4702 Hampden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cem.	July 10 1931.

20 UNDERTAKER Mrs Chas. John W. Temple & Son ADDRESS 801 W. Fayette St

10 1931

AaCo. 5-31 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70351

CERTIFICATE OF DEATH

131 E 70351

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Wilkens Ave. St. 20-7-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Powers

(a) Residence: No. 2605 Wilkens Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Florence E. Powers

6. DATE OF BIRTH (month, day, year): Sept. 13, 1875

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	55	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cooper 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Preserves & Jams

10. Date deceased last worked at this occupation (month and year): 2 years ago

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Jeffersonville Indiana

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Florence E. Powers
(Address): 2605 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: July 11, 1931

19. UNDERTAKER: J. Pld Cook
(Address): 1003 W. Baltimore St.

C. HAMPSON JONES, M. D.
Registrar

JUL 10 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to July 7, 1931

I last saw h im alive on ... 19... death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	

Other contributory causes of importance:

Chronic Intestinal Nephritis

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed): Walter A Coy M. D.

(Address): 54 S. Fulton Ave. 7/9/31

Spec.—9-31—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

S 70352

CERTIFICATE OF DEATH

1 PLACE OF DEATH
C. 70352

CITY OF BALTIMORE (No. 2500 Reisterstown Rd. St.) (7-15-58 WARD) 12 1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice May Moore

(a) RESIDENCE NO. 2500 Reisterstown Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Moore

6 DATE OF BIRTH (month, day, and year) May 1-1858

7 AGE: Years 73 | Months 2 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS
10 NAME OF FATHER Jacob C. Brown
11 BIRTHPLACE OF FATHER (city or town) Northumberland
(State or country) Virginia
12 MAIDEN NAME OF MOTHER Alice Owen
13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant (Address) Mrs. Geo. B. Wilson Jr. Taylor Ave

15 JUL 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9. 1931

17 I HEREBY CERTIFY, That I attended deceased from July 7th 1931 to July 9th 1931
that I last saw h-er alive on July 8th 1931
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:

Acute cholecystitis (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) See explanation on reverse side (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam

(Signed) Thos B E Brogan M. D.
19 (Address) 904 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Ridge Cemetery | DATE OF BURIAL: July 11 1931

20 UNDERTAKER: Edward Moran & Bro. | ADDRESS: Baltimore

(FROM A VERY important. See instruction on back of certificate)

Spec.—9 30—A. & Co.—250 Blks

70353 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70353

CERTIFICATE OF DEATH 93-003

1 PLACE OF DEATH Baltimore City Hospitals ST 5-8 WARD

CITY OF BALTIMORE: (No

2 FULL NAME Alexander Gaines

(a) RESIDENCE NO 414 N. Somerset St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Gaines

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS
10 NAME OF FATHER Robert
11 BIRTHPLACE OF FATHER (city or town)
(State or country) East Indies
12 MAIDEN NAME OF MOTHER Charlotte Thompson
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) East Indies

14 Informant Records of
(Address) Balto. City Hosp.

15 JUL 10 1931 HAMPSON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-31

17
I HEREBY CERTIFY, That I attended deceased from 7-7-31, 19, to 7-9-31, 19
that I last saw him alive on 7-9-31, 19
and that death occurred, on the date stated above, at 8:50A m.

The CAUSE OF DEATH* was as follows:
Heart disease, arteriosclerotic

more than (duration) yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) arteriosclerosis
unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? Autopsy
(Signed) Jas Glendell Jr M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mary Cemetery — DATE OF BURIAL July 12 1931

20 UNDERTAKER Edward Bryan — ADDRESS 631 orleans st

IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70354

CERTIFICATE OF DEATH

92-001 E 70354

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3023 Pinewood ave (Ward) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hattie E. Francis.

(a) RESIDENCE NO. 3023 Pinewood ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion A. Francis.

6 DATE OF BIRTH (month, day, and year) Feby 7th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Albert Marvel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Del.

12 MAIDEN NAME OF MOTHER: Elizabeth Garrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Marion Francis. (Address) 3023 Pinewood ave

15 Filed JUL 10 1931 HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-31

17

I HEREBY CERTIFY, That I attended deceased from July 2 1931 to July 9 1931

that I last saw h er alive on July 9 1931

and that death occurred, on the date stated above, at 8 PM

The CAUSE OF DEATH* was as follows:

Rheumatic Heart disease
Mitral Stenosis & Insufficiency
Aortic Insufficiency
Uncertain
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congestive failure
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) J Nelson Carey M. D.

19 (Address) 1041 St Paul St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: July 11 1931

20 UNDERTAKER: Frederick Lassahn & Son — ADDRESS: 1401 Belair Rd

HOW TO FILL OUT CERTIFICATE. See Instructions on back of certificate.

AdCo. 5-31 2500

E 70355

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-001

E 70355

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Belt Ward 24-34

Length of residence in city or town where death occurred 74 yrs mos 4s. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME James Thomas

(a) Residence: No. 1739 Belt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annabell

6. DATE OF BIRTH (month, day, year) Aug 15 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) July 1924

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sadie Waters

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Annie Holmes
(Address) 1739 Belt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 13 1931

19. UNDERTAKER William Evans
(Address) 1217 St Paul St

C. HAMPSON JONES, M. D. Registrar

10 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2 1931 to July 10 1931

I last saw him alive on July 10 1931, death is said to have occurred on the date stated above, at 5.55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	about 6 months

(Other contributory causes of importance)

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (or) Specify

(Signed) C. Bartlett M. D.

(Address) 1214 Mt Vernon Pl

Cor.—10-16-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70356

131 E 70356

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph's Hospital St. 12-51 Ward)

2-FULL NAME John L. O'Connor

(a) RESIDENCE NO. 259 W, 31st. St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 19th, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	50	10	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William L. O'Connor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret E. Collins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Fannie M. O'Connor
(Address) 259 W. 31st. St.

15 Filed 19 C. HAMPSON JONES, M.D. Registrar

10 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Uremia & Chr Nephritis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. H. Cullen, M. D.

7/10/31 (Address) 508 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery.	July 13 19 31

20 UNDERTAKER Wm. H. Bruce & Son ADDRESS 118 W. Mt. Royal Ave.

IMPORTANT. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-19-31—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70357

CERTIFICATE OF DEATH

93-003 E 70357

REGISTERED NO.

1—PLACE OF DEATH
CITY OF BALTIMORE (Co.) Md. General Hospital ST. 10-30 WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Zenker

(a) RESIDENCE NO. 26 South Kossuth ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced (HUSBAND of (or) WIFE of)

6 DATE OF BIRTH (month, day, and year): Oct 1, 1857

7 AGE — Years: 73 — Months: 9 — Days: 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Kent Co - Md.

PARENTS
10 NAME OF FATHER: David Zenker
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hospital records.
(Address)

15 Date Received: 10 1931 By: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/8/31

17 I HEREBY CERTIFY, That I attended deceased from 6-25, 1931, to 7-8, 1931, that I last saw h[illegible] alive on 7-8-31 and that death occurred, on the date stated above, at 10 55 P. m.

The CAUSE OF DEATH* was as follows:
Benign hypertrophy of prostate
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic hydronephrosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of 7-7-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert T. Chenault M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet - [illegible]
DATE OF BURIAL: 7/11/31
UNDERTAKER:
ADDRESS: Wippert - 185 N. Baltimore

Spec.—2-29-29—L. F. S.—500 Blks

E 70358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 70358

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 E. Fort ST. 24-35 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose Taylor.

(a) RESIDENCE NO. 1410 E Fort a ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thomas Taylor

7 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 63; Months -; Days -; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER: James Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Frank Taylor

(Address): 1410 E Fort ave

15 Filed: 10 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8- 31

17 I HEREBY CERTIFY, That I attended deceased (from June 27. 1931. to July 8. 1931

that I last saw h[illegible] alive on July 7. 1931

and that death occurred, on the date stated above, at 4.30 a. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurg taken Decompensated
Chr Rheumatical Nephritis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Mitral Regurgitation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Unknown

(Signed) Thos Fa Stevens, M. D.

7-8. 1931 (Address) 2828 Harford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: July 11- 1931

UNDERTAKER: Margaret G. Flynn

ADDRESS: 1411 Light St

Spec.—0-30—A & Co.—250 Blks

E 70359 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

160-0027 E 70359

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1210 Hull St. Ward 24-35

2 FULL NAME Baby Girl Wisniewski

(a) RESIDENCE No 1210 Hull St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9/31

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Wisniewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Gralecka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mr. Joseph Wisniewski
(Address) 1210 Hull St.

15 10 1931

19 C. HAMPSON JONES, M. D.
(Signature) 1211 Hull St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10/31

17

I HEREBY CERTIFY, That I attended deceased from 7/9 . 1931 . to 7/10 . 1931

that I last saw h[illegible] alive on 7/10 . 1931

and that death occurred, on the date stated above, at 3,30 P. m.

The CAUSE OF DEATH* was as follows:

Intra cranial hemorrhage

(duration) yrs. mos. days

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? By usual Signs

(Signed) Daniel F. Devlin M. D.

. 193[illegible] (Address) 2165 Pulaski

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	July 11 1931

20 UNDERTAKER ADDRESS
John H. Weber 401 N. Chester St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53 V E 70360

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE (No. Calvert & 33rd. St.) 12-44 WARD 1

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Jacob Henry Herzog

(a) RESIDENCE NO. 50 (Usual place of abode) State St. Albany N. Y. WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married.

5a If married, widowed, or divorced, HUSBAND of (or WIFE of) Mrs. J. H. Herzog.

6 DATE OF BIRTH (month, day, and year) Mar. 18, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Banker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Albany N. Y.

PARENTS

10 NAME OF FATHER Jacob Herzog (2)

11 BIRTHPLACE OF FATHER (city) Albany N. Y.

(State or country)

12 MAIDEN NAME OF MOTHER Mary Eberman.

13 BIRTHPLACE OF MOTHER (city or town) Albany N. Y.

(State or country)

14 Informant Capital Reads.

(Address)

15 JUL 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10/31

17

I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to July 10, 1931

That I last saw h[illegible] alive on July 10, 1931

and that death occurred on the date stated above, at 5.45P m.

The CAUSE OF DEATH* was as follows:

Brain tumor glioma malignant. (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Post operative cerebral oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 9, 31

Was there an autopsy? yes

What test confirmed diagnosis? Brain tumor at autopsy

(Signed) E. L. Mortimer Jr. M. D.

7/10/1931 (Address) Union Memorial.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Albany N. Y. DATE OF BURIAL Jul 13 1931

20 UNDERTAKER John D. Mitchell ADDRESS [illegible]

TION IS very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

70361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

70361

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. West Balto Gen Hosp 14-W

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vincentia Franks

(a) RESIDENCE NO. (Usual place of abode) 1308 W Lexington ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S. (if of foreign birth) 26 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of M. Frank

6 DATE OF BIRTH (month, day, and year) No. 1889

7 AGE 42 Years —	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER Vincent Degutis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant (Address) M. Frank 1308 W Lexington St.

Filed 7 1 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-10-31

17 I HEREBY CERTIFY, That I attended deceased from 7-7-31, 19 — to 7-10-31

that I last saw h alive on 7-10-31

and that death occurred, on the date stated above, at 4.45 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage c
Right Sided Hemiplegia

(duration) yrs. — mos. 17 ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Spinal Puncture

(Signed) H Weinman M. D.

19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 14, 1931
20 UNDERTAKER	ADDRESS
John Grebliauekas	423 S Paca St.

TION IS very important. See instructions on back of cer

Spec.—9-30—A. & Co.—250 Blks.

E 70362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 70362

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 13-59

CITY OF BALTIMORE: (No. ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Mattox

(a) RESIDENCE NO. 1222 W. North ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Florida

PARENTS

10 NAME OF FATHER Walter Mattox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Sarah Bright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant (Address): Hospital Records

11 1931 . 19 RHH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1931, to July 9, 1931

that I last saw h 1m alive on July 9, 1931

and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Spontaneous pneumothorax

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Laurence H. Serra M. D.

7-10, 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery, July 11 1931 — DATE OF BURIAL

20 UNDERTAKER: John Grebhanckas — ADDRESS: 423 S. Broadway

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70363

75 vE 70363

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospitals Ward)

2-FULL NAME Elmer Barrett

(a) RESIDENCE NO. 343 S Robinson St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common
(c) Name of employer: Worlington

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER James Barrett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D C

12 MAIDEN NAME OF MOTHER Eliz. Perkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D C

14 Informant Brother (Address)

15 Filed . 39 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Alcoholism

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Wood alcohol

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

7/10. 1931 (Address) Fort Chaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	July 11 1931
20 UNDERTAKER Lilly & Julian Inc	ADDRESS 1098 Wash Blvd

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70364 X 131 E 70364

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) #1417 Washington Blvd WARD 21378

2 FULL NAME Mary Boyce

(a) RESIDENCE NO. #1417 Washington Blvd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widow

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of the late John Boyce

6 DATE OF BIRTH (month, day, and year) Unknown 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
61	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) /

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

PARENTS

10 NAME OF FATHER Michael Boyce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Shilds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 (Informant) Mrs. O'Connor (Address) 1417 Washington Blvd.

15 Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/10/1931.

17 I HEREBY CERTIFY, That I attended deceased from July 9 1931 to July 10 1931 that I last saw h[illegible] alive on July 9 1931 and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Cholelithiasis
Cholecystitis
Myocarditis
Nephritis 2 yrs. ? mos. ds.
(duration)

CONTRIBUTORY (Secondary) Uremic Coma. 2 ds.
(duration) yrs. mos.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. Edward Norris M. D.

(Address) July 10 1931 107 East-west st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Saint Agnes Cem.	7/14/1931.
20 UNDERTAKER John J. Cowan & Son.	ADDRESS 901 Holliday St.

TION IS very important. See instructions on back of cer

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70365

2102 001 70365

REGISTERED NO. 2147

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No.) Union Memorial Hospital Ward

2-FULL NAME Louise Hohnberger

(a) RESIDENCE NO. 3308 Westerwald Ave Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Hohnberger

6 DATE OF BIRTH (month, day, and year) April 11, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	62	2	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Donald Collier

11 BIRTHPLACE OF FATHER (city or town) Scotland
(State or country) England

12 MAIDEN NAME OF MOTHER Louise Dilson

13 BIRTHPLACE OF MOTHER (city or town) London
(State or country) England

14 Informant (Address) Mr. Henry A. Hohnberger 3308 Westerwald Ave

15 Filed ____, 19__ H. LAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above from the CAUSE OF DEATH* was as follows:

Struck & knocked down by moving car while crossing street.

@ C.C. Fracture both legs (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Second Infarct (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fell at 3308 Westerwald Ave

Did an operation precede death? yes Date of 7/8/31

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X-Ray

(Signed) H. Hamm M. D.

7/10 1931 (Address) 2933 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	July 11, 31
20 UNDERTAKER Wm. Peckham Sons	ADDRESS North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 1931

Spec.—9 30—A. & Co.—200 Blks

E 70366 E 70366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1-PLACE OF DEATH

CITY OF BALTIMORE. (No Bon Secours Hospital St 9-47 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Hilda Convery

(a) RESIDENCE NO. 3707 Greenmount St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 57 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Augustus J. Convery

6 DATE OF BIRTH (month, day, and year) Oct. 2, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John P. Muth

11 BIRTHPLACE OF FATHER (city or town) ----.
(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary M. Poudriet

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. John C. Muth
(Address) 16 Melvin Avenue

15 Filed 1931 J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-10-31

17
I HEREBY CERTIFY, That I attended deceased from 6-17, 1931, to 7-10, 1931

that I last saw her alive on 7-10, 1931

and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the small intestines

not definite
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal obstruction & Toxemia

(duration) yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? yes Date of 6-19-31

Was there an autopsy? No

What test confirmed diagnosis? Questions Clinically.

(Signed) Audrey E. Colas M. D.

(Address) Bon Secours Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 7/13 1931

20 UNDERTAKER Henry W. Spears — ADDRESS 1 E. Lexington St.

TION is very important. See instructions on back of certificate

1-20—M. & T.—100 B—50L

E 70367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70367

CERTIFICATE OF DEATH

92-003

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 331 Mosher St. 16-23 WARD

2-FULL NAME Jas Starks

(a) RESIDENCE NO. 331 Mosher ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1890-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ~~A~~ Ala

PARENTS

10 NAME OF FATHER Albert Starks

11 BIRTHPLACE OF FATHER (city or town) ~~A~~ Ala
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ~~A~~ Ala
(State or country)

14 Informant Albert Starks
(Address) 331 Mosher

15 Filed July 16, 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Chas. H. Elliott, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 11 1931

20 UNDERTAKER John F. Chase & Co. ADDRESS 638 N. Gilmore

TION is very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Bks

E 70368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70368

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 W. Fayette ST., 18-26 WARD 119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Elliott

(a) RESIDENCE No. 1019 W. Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 24 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm Elliott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Drewry, Va.

12 MAIDEN NAME OF MOTHER Beulah Pryor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York, Pa.

14 Informant (Address) Mrs. Elliott 1019 W. Fayette St

15 Filed July 11 1931, 19 at 10 A.M. O. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 July 31

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1931, to July 9, 1931, that I last saw h[illegible] alive on July 9, 1931, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Diarrhea Congestion of Lungs, etc.

(duration) 3 yrs. 7 mos. 3 ds.

CONTRIBUTORY (Secondary) Heart Failure Collapse

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) E. Mayfield Boyle M. D.

19 (Address) 1017 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL July 11 1931

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 Schroeder Av.

Spec.—1-30—M. & T.—250 Blks

James Campbell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70369

CERTIFICATE OF DEATH.

E 70369

REGISTERED NO. 127

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eutaw Ave. ST. 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME James Campbell

(a) RESIDENCE NO. 1408 N. Fremont ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) abt 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Campbell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Elmira Longhorn

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant (Address) Jenkins Memorial Hosp. Eutaw & Druid Hill Ave.

15 Filed . 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 10, 1931, that I last saw h[illegible] alive on July 7, 1931 and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Obstructive Jaundice
(Chronic)
(duration) yrs. mos ds

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Physical Examination

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 7/13/31

20 UNDERTAKER [illegible] — ADDRESS 1733 [illegible]

Spec.—9-30—A. & Co.—250 Blks.

E 70370

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-2-70370

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315-Hillman Street ST. 9-18 (WARD)

2 FULL NAME James H. Smith

(a) RESIDENCE NO. (Usual place of abode) 1315-Hillman Street ST. WARD

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? -- yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Myrtle M. Tiemerson

6 DATE OF BIRTH (month, day, and year) 7/19/1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	20	xxx

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman U.Ry.Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co/Md.

PARENTS

10 NAME OF FATHER Thomas Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Eliz. Chreswell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Myrtle Smith 1315-Hillman Street.

15 11-1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 30 1930 to July 9 1931

that I last saw h[illegible] alive on July 8 1931

and that death occurred, on the date stated above, at 7P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria-Sclerosis

(duration) yrs. 2mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. W. Kovers M. D.

19 (Address) 1812 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pennsylvania Rahway Cem. Carroll Co Md

DATE OF BURIAL 7/11/31 19

20 UNDERTAKER: [illegible] with Mc [illegible]

ADDRESS 1330 Mc

HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

70371

HEALTH DEPARTMENT—CITY OF BALTIMORE

70371

CERTIFICATE OF DEATH X 186-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No.) West Balto Gen Hosp 46-68 (Street)

2 FULL NAME Lenna Fett

(a) RESIDENCE NO. Freeland, Md. or WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 8-1867

7 AGE: Years 64 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Missouri

PARENTS
10 NAME OF FATHER John Schaumleffel
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER Lenna Gates
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mich.

14 Interment (Address): West Balto General Hospital Baltimore

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12/1931

17
I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1931 to July 12 1931
that I last saw her alive on July 12 1931
and that death occurred, on the date stated above, at 12:30A.M.
The CAUSE OF DEATH* was as follows:

Metastatic Carcinoma (of Long Bones) - Primary focus Breast & Terminal Bronchopneumonia

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pathological Fractures of neck of femur (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
Were findings confirmed (diagnosis)?

H. Ashman M.D.
(Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Freedom Pa — DATE OF BURIAL 1/14 1931

20 UNDERTAKER: Hartenstein Homemaker - Mt Airy Md
ADDRESS

FILED JUL 12 1931

H. HAMILTON JONES, M.D.
Registrar

THION is very important. See instructions on back of cer

1-20—M. & T.—100 B—501.

E 70372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

E 70372

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 W. Hamburg St, ST. 23-31 WARD)

2-FULL NAME Mary Johnson.(C)

(a) RESIDENCE NO. 141 W. Hamburg St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Robert L. Johnson.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Joseph White.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Margaret -----(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Robert L. Johnson.(C) husband.

(Address) 141 W. Hamburg St.

Filed 7 21 1931 . 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10°1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Enquiry

(Signed) Edw. M. Heinkel, M. D. Coroner

7/11 19 31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemtery	July 12 1931
20 UNDERTAKER	ADDRESS
Walter B Griggs	12 Guilford Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

70373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001E 70373

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (a) No 3726 Elm Ave ST 13-32 WARD

2 FULL NAME John A. Madary

(a) RESIDENCE NO. 3726 Elm Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy V Madary

6 DATE OF BIRTH (month, day, and year) Sept 13 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56 57	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer Md Casualty Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Emanuel Madary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Martha Leach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Daisy V. Madary (Address) 3726 Elm ave

15 Date received APR 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10/31

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930 to July 10, 1931

That I last saw h[illegible] alive on July 9, 1931

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - aortic insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) C. T. Englert M. D.

7/11 1931 (Address) 3701 Maryland Ave

*State the Disease Causing Death, or In deaths from Violent Causes State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Elementary Cemetery Balt Co Md — DATE OF BURIAL July 13 1931

20 UNDERTAKER Franklin H Leitz — ADDRESS 709 1/3 E Fayette St

IMPORTANT: See instructions on back of certificate

Spec.—9-30—A. & Co.—200 Blks.

B 5981842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 E 70374

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) JOHNS HOPKINS HOSPITAL (Street) 13-59 (WARD)

2 FULL NAME Joseph Deane

(a) RESIDENCE NO. 34 Aisquith (Street) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6 DATE OF BIRTH (month, day, and year) 12/29/80

7 AGE: Years 50 51 | Months 6 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: merchant

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. Balto

PARENTS

10 NAME OF FATHER Solomon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Leah Fetter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed 1-9-1931 19 M. Burdine

C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-11-31

17 I HEREBY CERTIFY, That I attended deceased from 1-9-, 1931, to 1-11-, 1931

That I last saw him alive on 1-11-1931

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Ascending paralysis of spinal cord — Landry's paralysis (?)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of ——

Was there an autopsy? yes

What test confirmed diagnosis? clinical neurological.

(Signed) Harold Barker M. D.

1-12-1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: 1/12 1931

20 UNDERTAKER: Jack Levin Inc 1459 E Balto St

TION is very important. See instructions on back of c

Spec.—1-12-23—M&T—500 Blks.

E 70375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70375

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Wilkens ave St. W.69 WARD)

2-FULL NAME Nathan Banks

(a) RESIDENCE No. 2110 Wilkens Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: N.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara Banks

6 DATE OF BIRTH (month, day, and year): Sept 5 1875

7 AGE — Years: 55 Months: 10 Days: 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jack Levi 1439 E. Balto

15 JUL 12 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/11 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/3, 1931, to 7/11, 1931, that I last saw him alive on 7/11, 1931, and that death occurred, on the date stated above, at 1:50 P. m.

The CAUSE OF DEATH* was as follows:

Lymphatic Leukemia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Washington Rd — DATE OF BURIAL: 7/12 1931

20 UNDERTAKER: Lock Lewis & Co — ADDRESS: 1439 E Balto

IMPORTANT—See INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-12-23—M&T—500 Blks.

E 70376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 70376

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 700 N. Arlington Ave. 16-23 WARD)

2-FULL NAME J. Howard Tolson

(a) RESIDENCE NO. 700 N. Arlington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) Jan 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	56	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Insurance

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER E. Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER S. Hensel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Minnie Tolson (Address) 700 N. Arlington Ave

15 Filed July 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25 1931 to July 8 1931

that I last saw him alive on July 8 1931

and that death occurred, on the date stated above, at 4:45 A m

The CAUSE OF DEATH was as follows*:

Diabetes Mellitus
with gangrene
of Left Foot & Leg Right

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A B Hyslop M. D.

July 11 1931 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 7/12/1931

20 UNDERTAKER Wm. Geo. H. Holland — ADDRESS 1618 Druid Hill Ave

FROM is very important. See instructions on back of certificate

1-30—M. & T.—100 B—50L

E 70377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70377

REGISTERED NO. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1550 N. Bruce ST. 15-21 WARD)

2-FULL NAME Arthur L. Dare.

(a) RESIDENCE NO. 1550 N. Bruce ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 1-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Clyde Dare

11 BIRTHPLACE OF FATHER (City or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Frey

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Md

14 Informant Chas Dare

(Address) 1550 N. Bruce

15 Filed July 16 1931 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hoffman, M. D.

(Address) 1550 N. Bruce (Official Position)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson July

DATE OF BURIAL 12 1931

UNDERTAKER Joseph A Lucy

ADDRESS 1019 N Mount St

TION is very important. See instructions on back of certificate.

Spec.—0-20—A. & Co.—250 Blks.

E 70378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70378

CERTIFICATE OF DEATH

REGISTERED NO 161-001

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 6 Caroline ST. 9 WARD

2 FULL NAME Baby Girl Walsh

(a) RESIDENCE NO 201 3rd ave ST. WARD

(Usual place of abode) (If not a resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Wh

5 If single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7-10-31

7 AGE: Years — Months — Days: Infant — If LESS than 1 day, hrs. or 9 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Johns Hopkins Hospital Baltimore Md

PARENTS

10 NAME OF FATHER: William Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Pauline Grazzi

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Hospital Records

15 Filed: [illegible] H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-10-31

17 I HEREBY CERTIFY, That I attended deceased from 7-10-31 19 to 7-10-31 19

that I last saw h alive on 7-10-31 19 10 P m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis 1 da.

(Duration) yrs. mos.

CONTRIBUTORY (Secondary): Lung Pneumonia

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Hurst M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross

DATE OF BURIAL: July 8 19 31

20 UNDERTAKER: M. W. E. Duppal Inc

ADDRESS: 37 Dam St

Back of certificate. TION is very important. See instructions on back

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

70379

161-004 ✓ E 70379

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1411 Clarkson St. S. 33-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Boy Loerwald

(a) RESIDENCE NO. 1411 Clarkson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ½ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10th 1931

7 AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Aloys Loerwald.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Mary E. M. Janssen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Aloys Loerwald. (Address) 1411 Clarkson St

15 L 12 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12 1931

17 I HEREBY CERTIFY, That I attended deceased from July 10 1931 to July 12 1931

That I last saw h[illegible] alive on July 11 1931

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial pneumonitis of the new born

(duration) yrs. mos 1½ ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) E. Klassen, M. D.

19 (Address) 6833 Loppe Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross a.a.Co. DATE OF BURIAL: 7-12th 1931

ADDRESS

20 UNDERTAKER: E & B Harle 115 E West St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Thorne

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70330 X 30 E 70380

CERTIFICATE OF DEATH.

1 PLACE OF DEATH President Hospital 14-20

CITY OF BALTIMORE: (No.) (Street) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edna L Howard Thorne

(a) RESIDENCE NO. Cockeysville, Howard Co, Md ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	colored	M—

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jesse Thorne

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard County Md.

PARENTS

10 NAME OF FATHER Richard Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elijahai Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Emma Cohens
(Address) Brentsville Md.

15 JUL 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 31

17

I HEREBY CERTIFY, That I attended deceased from June 16, 19 31, to July 12, 19 31

that I last saw h- alive on July 12, 19 31

and that death occurred, on the date stated above, at 6 A.M. P.M.

The CAUSE OF DEATH* was as follows:

1a Kidney

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of 7-8-31

Was there an autopsy?

What test confirmed diagnosis? Clinical & Pathol

(Signed) Wm Dwight Higgins M.D.

, 19 (Address) President Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether (Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Hopkins Chapel — DATE OF BURIAL July 14 1931

20 UNDERTAKER H. H. Higginbotham, D — ADDRESS Edmondson Ville

(Signature of Physician or Coroner)

IMPORTANT. See instructions on back of certificate.

AaCo. 5-31 250B

70331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76-2 72-0 E 70331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 3 East Ave St.) (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Rosalia Drimal

(a) Residence: No. 5 3 East Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13 th 1923

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	8	I	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at school
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Bernard C Drimal
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Agnes E Holston
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Bernard C Drimal
(Address) 5 3 East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Jul 13 1931

19. UNDERTAKER John Ullrich
(Address) 2005 Orleans St

20. FILED Jul 14 1931 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1931

22. I HEREBY CERTIFY, That I attended deceased from July 3 1931 to July 8 1931

I last saw her alive on July 7 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Sen Kemia — Date of onset 1/2/31

Other contributory causes of importance Cardiac Prostration — 1 day

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William Rexauer M. D.

(Address) 20, N Eutaw

Spec.—0.30—A. A. Co.—200 Blks.

Goodgal ✓

70382

HEALTH DEPARTMENT—CITY OF BALTIMORE

70382

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH Hebrew Home for Aged & Infirm — REGISTERED NO
CITY OF BALTIMORE: (No Belvedere & Greenspring Aves. 27-54
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hannah Goodgold

(a) RESIDENCE NO Belvedere & Greenspring Aves.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): W.

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 76 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant
(Address)

15 12-1931 16 HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year): 7-12-31

17
I HEREBY CERTIFY, That I attended deceased from June, 19 31, to 7-12, 19 31
that I last saw her alive on 7-11, 19 31
and that death occurred, on the date stated above, at 1 A. M.
The CAUSE OF DEATH* was as follows:
Ch. cord. valvular disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H Edmund Korn M. D.
19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Fd Laurel
20 UNDERTAKER: Jack Levin Inc
DATE OF BURIAL: 7/12 19 31
ADDRESS: 1429 E. Baltimore St

TION is very important. See instructions on back of certificate.

Rpec—1-30—M. & T.—250 Blks

E 70383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122-002

E 70383

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No 3223 Milford ave 28-64 WARD)

2-FULL NAME Sarah Louise Robinson

(a) RESIDENCE No 3223 Milford ave ST. WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs 4 mos 24 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jonathan Spencer Robinson

6 DATE OF BIRTH (month, day, and year) Feb 17 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Jefferis

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md

12 MAIDEN NAME OF Brown Eliza Diamond

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

14 Informant (Address) Miss Elizabeth P. Robinson 3223 Milford ave

15 Filed 7-12 1931. 19 E. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1931

17 I HEREBY CERTIFY, That I attended deceased from July 3 1931 to July 11 1931

that I last saw h alive on July 10 1931

and that death occurred, on the date stated above, at 2-15 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Emphysema Colon

(duration) yrs. mos ? ds.

CONTRIBUTORY (Secondary) Carcinoma

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. A. Clegg M.D.

19 (Address) 1734 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 13 1931

20 UNDERTAKER: Chas. S. Black — ADDRESS: 1472 N. Howard ave

Spec.—9-30—A. & Co.—250 Blks.

E 70384

70384

250074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital) St. 7-9 (Ward)

2 FULL NAME Betty Jane Hoffman

(a) RESIDENCE NO. Freeland Balto Co Md St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-7-30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ba

PARENTS

10 NAME OF FATHER Charlie Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Jennie Hare

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Records Johns Hopkins Hospital

C. HAMPSON JONES, M. D. Registrar

JUL 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July-12-1931

17

I HEREBY CERTIFY, That I attended deceased from June 28, 1931, to July 12, 1931

That I last saw h 22 alive on July 12, 1931

and that death occurred, on the date stated above, at 4.55 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Freeland Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) J. C. Goodwin M. D.

7/13 1931 (Address) J. H. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Freeland, Md. DATE OF BURIAL: July 14, 31

20 UNDERTAKER: E. Leroy Stiffler, Inc. 125 E. North Ave.

FILLING IS VERY IMPORTANT. See instructions on back of certificate

Spec.—8-30—A & Co.—250 Blks

E 70385

70385

250250

T. Aug

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 17

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) No. JOHNS HOPKINS HOSPITAL ST. 7-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Williams Wallace

(b) RESIDENCE NO. 1125 Dillwyth Rd ST. WARD

(Usual place of abode) Charlotte N.C.

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucy

6 DATE OF BIRTH (month, day, and year) 3/5/93

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) corporation

(c) Name of employer Lumberer.

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Interment Records

(Address) JOHNS HOPKINS HOSPITAL

15 7-12 1931 C. HAMPSON JONES, M. D. Registrar

C. M. Issued (a) EB

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12-31

17

I HEREBY CERTIFY, That I attended deceased from 7-7-, 1931, to 7-12-, 1931

that I last saw h[illegible] alive on 7-12-, 1931

and that death occurred, on the date stated above, at 1:35 P. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North Carolina

Did an operation precede death? yes Date of 7-9-31

Was there an autopsy? yes Pathology

What test confirmed diagnosis? Observation - Clinical Course

(Signed) M D Woodhall M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Atlanta Ga. Cemetery

DATE OF BURIAL 7/12/ 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of cer

Spec.—9-30—A. A Co.—250 Blks.

E 70336

E 70336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106002

REGISTERED NO. 2333

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31-E. Hamburg Street (Ward) 23

2 FULL NAME Carmelo Sberna

(a) RESIDENCE NO. 31-E. Hamburg Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pierina Di Blasi

6 DATE OF BIRTH (month, day, and year) 9/29/1867

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or xxxx
	63	9	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Serafino Sberna

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Lucia Di Vita

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Rosario Di Blasi 31- E. Hamburg Street.

13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10/31

17

I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to July 10, 1931, that I last saw him alive on July 10, 1931, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
Renal Cardiac Failure

(Duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

July 13 1931 (Address) 1038 N Monroe

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer DATE OF BURIAL 7/13/31

20 UNDERTAKER George D. Zahn & Son ADDRESS 1703 Fleet Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70387

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70387

CERTIFICATE OF DEATH

115-001

REGISTERED NO.

1 PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. 416 W. Fayette) ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Carroll Stegmeyer Strasburg

(a) RESIDENCE NO. 723 S. Lehigh St ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7. 1913.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18.	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bread wrapper.

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Union Bridge Md.

PARENTS

10 NAME OF FATHER: Saml. Strasburg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll County

12 MAIDEN NAME OF MOTHER: Mary Rhudleather

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Lulla Scally 723 S. Lehigh St.

15 Filed JUL 13 1931, 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-11. 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 11, 1931, that I last saw h[illegible] alive on July 11, 1931, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Septic Sore throat C
Acute Sinusitis
Multiple organ

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Septicemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical & Lab findings

(Signed) H B Hinds M. D.

Address [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet DATE OF BURIAL: July 13 1931

20 UNDERTAKER: Handell & Hoppel ADDRESS: 508 N Gay

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70388

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70388

CERTIFICATE OF DEATH.

34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. University Hospital St. 5 8 WARD)

2 FULL NAME Francis Perry Carter

(a) RESIDENCE NO. 1012½ East Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wellinger

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70 71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Jay Watchman 67

(b) General nature of industry, business, or establishment in which employed (or employer) United Dent Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER Francis Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll County, Md.

12 MAIDEN NAME OF MOTHER Caroline Simon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland

14 Informant Wilbur D. Carter

(Address) 391 Park Heights Ave

15 7 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 20th, 1931, to July 12, 1931

that I last saw h/m alive on July 11th, 1931

and that death occurred, on the date stated above, at 8 45 A. m.

The CAUSE OF DEATH* was as follows:

① Arterio-sclerotic heart disease ② Myocardial insufficiency ③ Generalized arterio-sclerosis ④ Syphilis, tertiary ⑤ Syphilis, CNS

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) .... Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Signs, symptoms and autopsy

(Signed) J. H. Fordenbaker M. D.

7/12/1931 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	7/14/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

TION is very important. See instructions on back of certificates.

Xpec.—9-30—A. & Co.—250 Blks

E 70389

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70389

CERTIFICATE OF DEATH

46

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE. (No. 616 Bartlett St.) 9-46 WARD

2 FULL NAME Eliza V Cresswell

(a) RESIDENCE NO. 616 Bartlett ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
(or) WIFE of George W.

6 DATE OF BIRTH (month, day, and year) Nov. 19. 1865.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER William Callahan
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Annie Payne
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Tena Wagenschlager
(Address) 616 Bartlett St

Filed 7-13 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 - 31

17
I HEREBY CERTIFY, That I attended deceased from July 7th 31 to July 10th 31
that I last saw ... alive on July 10th 31
and that death occurred, on the date stated above, at 7.20A
The CAUSE OF DEATH* was as follows:

Carcinoma of Liver 6

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Geo Fergotrige M.D.
(Address) 401 E 25th St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Hampden
DATE OF BURIAL 7/13 1931
20 UNDERTAKER William Cook
ADDRESS 121 St Paul

TION is very important. See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks

E 70390

E 70390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Homan's Hospital ST 8-40 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Emma Lucille Goad Pappe

(a) RESIDENCE NO. 3203 Ravenwood Ave. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of William Pappe

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	30	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Wilson County Tennessee

PARENTS

10 NAME OF FATHER: Newton Goad

11 BIRTHPLACE OF FATHER (city or town) Wilson Co. (State or country) Tennessee

12 MAIDEN NAME OF MOTHER: ? Morlan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Informant (Address): William Pappe 3203 Ravenwood

15 Filed — 19— — Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1931, to July 12, 1931

That I last saw h[illegible] alive on July 12, 1931

and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

Papillary cyst-adenoma of right ovary.

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) ? yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 9, 1931

Was there an autopsy? No. Nature of lump

What test confirmed diagnosis? Clinical

(Signed) Randolph J. Schoch M. D.

7/12/1931 (Address) Homan's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lebanon Trin. Cemetery — DATE OF BURIAL: 7/13/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificates.

AACo. 5-11 2508

E 7039 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7039 1

CERTIFICATE OF DEATH

Registered No. 486

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3357 Fulton Road St. 13-57 Ward)

Length of residence in city or town where death occurred 5 yrs mos dy How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Catherine M. Murdock Flowers

(a) Residence: No. 3357 Fulton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	white	widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Frank E. Flowers

6. DATE OF BIRTH (month, day, year) March about 1871

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
about 60	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Edward E Murdock

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Catherine Stevenson

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. Edward E Flowers
(Address) 3357 Fulton Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Rd Date July 14th, 1931

19. UNDERTAKER Reuter & Son
(Address) 3715 Eastern Ave

13792 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1931, to July 11th, 1931

I last saw her alive on July 11th, 1931, death is said to have occurred on the date stated above, at 12:15 a m

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? 4 years Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. H. Jones, M. D.

(Address) 3417 Fulton Rd.

Cor.—10-10-29—A Co.—100 Bks.

E 70392

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70392

163

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial Hospital St. (Ward)

2-FULL NAME Mildred E Baum

(a) RESIDENCE NO. 2240-Eutaw Pl St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
F.	Wh.	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of John E.

6 DATE OF BIRTH (month, day, and year) Nov 14, 1906

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	24	7	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Chas Wagner

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

14 Informant (Address) Jno E Baum 2240 Eutaw Pl

15 Filed JUL 3 1931 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Intestinal Obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross Exam

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bait Lawn Cem	July 31 1931
20 UNDERTAKER Wendell & Rigopulos	ADDRESS 200 Eden

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70393

E 70393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 1327

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital ST. 26-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David T. Harrison

(a) RESIDENCE NO. 3607 Guyon Oak Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lelia M. Harrison

6 DATE OF BIRTH (month, day, and year) Sept 28 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coal Dealer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER James Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan Gibbon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Hospital Records

Filed JUL 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11/31

17

I HEREBY CERTIFY, That I attended deceased from 6-30 1931 to 7-11 1931

That I last saw him alive on 7-11 1931

and that death occurred, on the date stated above, at 11.40 P m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy Prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Pyelonephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Leyko M. D.

7/11 1931. (Address) Mercy Hospital

*State the Disease Causing Death, or In Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn DATE OF BURIAL JUL 14 1931

20 UNDERTAKER Geo. C. Sisk ADDRESS 2800 HAMPDEN AVE.

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

E 70394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70394

X 51 V

CERTIFICATE OF DEATH

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St.) 12-49 (WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. W. J. Chapman

(a) RESIDENCE NO. Eden Terrace, Catonsville, Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Brown Mrs. W. J. Chapman

6 DATE OF BIRTH (month, day, and year) Aug 30 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Coal Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Mr. John N. Chapman
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Martha Weldon
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital records

15 C. HAMPSON JONES, M. D. Registrar

JUL 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1931

17
I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to July 11, 1931
that I last saw him alive on July 11, 1931
and that death occurred, on the date stated above, at 8 09 Am

The CAUSE OF DEATH* was as follows:
Perinephritic abscess.
Agranulocytosis.
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Carcinoma of Prostate.
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of May 22, 1931
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) E. H. Martin Jr. M. D.
19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

17 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Ridge Cemetery DATE OF BURIAL: July 13 1931
UNDERTAKER: Chas. O. Mitchell ADDRESS: Govans, Md.

(Rev. 1-31)

(Instructions on back of certificate.)

IMPORTANT. See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Blks

E 70395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70395

107001

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE (No. 1423 Fayette St. 6-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Oscar Speisel

(a) RESIDENCE NO. 1423 Fayette St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ida Spivak

6. DATE OF BIRTH (month, day and year): Nov. 21 1877

7. AGE — Years: 54 | Months: 3 | Days: 21 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Dairy Products,
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer: Russid

9. BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10. NAME OF FATHER: Hyman Spivak

11. BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12. MAIDEN NAME OF MOTHER: Anna Topel

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14. Informant (Address): Mrs. Rumlatt 4 Lyons Alley

Filed JUL 13 1931

Thompson Jones, M. D. REGISTRAR OF VITAL STATISTICS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 7/12/31

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1931, to July 12, 1931

that I last saw h(er) alive on July 12, 1931

and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Milton B. Reish M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

UNDERTAKER: Jack Lunn Inc

DATE OF BURIAL: 7/13 1931

ADDRESS: 1439 E. Baltimore St.

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—601.

E 70396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164 001 E 70396

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Hillsdale ave ST. 26-65 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Dolkin

(a) RESIDENCE NO 2805 Hillsdale ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER Harris Dolkin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Wolkoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Dolkin

(Address) 2805 Hillsdale ave

15 Filed JUL 13 1931, 192 C. HAMPSON JONES, M. D. Registrar

By —

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to ... on the day stated above.

The CAUSE OF DEATH* was as follows:

Malignant Pathology. Illumination Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall Floor

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Surgeon

(Signed) John A. Kolb, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL July 13 1931

20 UNDERTAKER Sol Levinson & Bro

ADDRESS 1127 E Balto

JUL 13 1931

TION is very important See instructions on back of certificate.

Spec.—1-10 21—M&T—1500 Mo.

70397 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70397

CERTIFICATE OF DEATH. 120

1-PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., 19-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Cuthrie

(a) RESIDENCE NO. 31 S Calhoun St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F — 4 COLOR OR RACE: white — 5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1929

7 AGE: Years 2 — Months — Days — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Edward Cuthrie
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto
12 MAIDEN NAME OF MOTHER: Ethel
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Edward Cuthrie 31 S Calhoun St

15 Filed 7-14 1931 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-11 - 1931

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to July 11, 1931, that I last saw her alive on July 11, 1931, and that death occurred, on the date stated above, at 10:20 P m.

The CAUSE OF DEATH* was as follows:
acute gastro-enteritis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. W. Peake, M.D.
7/11, 1931 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 7-14 1931

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hollins

CAUSE OF DEATH must be stated in plain terms, so that it may be properly classified. EXACT STATEMENT OF DISEASE OR CONDITION is very important. See instructions on back of certificates.

E 70398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70398

CERTIFICATE OF DEATH

46

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2414 E. Federal St. 8-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Francis Carroll Reilly

(a) RESIDENCE NO. 2414 E. Federal St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of [illegible]

6b Wife of Minnie L. Reilly

6 DATE OF BIRTH (month, day, and year) June 4 1884

7 AGE: Years 47 Months 1 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Proprietor of Lunch Room

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John M. Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md

14 Informant (Address): Mrs Minnie L. Reilly 2414 E. Federal St

15 [illegible] C. HAMPSON JONES, M. D.

13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11 1931

17 I HEREBY CERTIFY, That I attended deceased from February 2 1931 to July 11 1931

that I last saw [illegible] alive on July 10 1931

and that death occurred, on the date stated above, at 7.25 A.M.

THE CAUSE OF DEATH* was as follows:

Carcinoma of Liver and Pancreas.

(duration) yrs. 4 mos. 9 ds.

CONTRIBUTORY (Secondary) Metastasis & Cachexia.

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What tests were made? Physical Examination

(Signed) Albert Abrahams M. D.

7.11 1931. (Address) 3005 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery DATE OF BURIAL: July 14 1931

20 UNDERTAKER: Henry Hauck Sons, Inc ADDRESS: 301 E. Eager St.

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

E 70399 HEALTH DEPARTMENT—CITY OF BALTIMORE VE 70399

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1222 E. Madison St. 10-14 WARD)

2 FULL NAME Nina Webb

(a) RESIDENCE NO. 1222 E. Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alonza Webb

6 DATE OF BIRTH (month, day, and year): 1885

7 AGE: Years 46 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Benson N. C.

PARENTS

10 NAME OF FATHER: Albert Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant (Address): Lessie Best 1222 E. Madison St.

Filed 7/13 1931

C. HAMILTON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11-1931

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to July 11, 1931

that I last saw her alive on July 11, 1931

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis & Acute Jaundice & Hepatitis 4/ (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Diet and work indefinite (duration)

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) James P. Belt M. D.

7/13 1931 (Address) 924 Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: July 14 1931

UNDERTAKER: Chas. H. Johnson ADDRESS: 416 N. Caroline St.

TION is very important. See instructions on back of cer

Spec.—9-30—A. & Co.—250 Blks.

70400 HEALTH DEPARTMENT—CITY OF BALTIMORE 70400

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 N. Chester St. 8-17 Ward) 115-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Eagers

(a) RESIDENCE No. 1304 N. Chester St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced (or) WIFE of August Eagers

6 DATE OF BIRTH (month, day, and year) May 21 67

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) & Seamstress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm Ziegler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Denmark

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant August Eagers (Address) 1304 N. Chester St

15 Filed 1 5 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11/31

17 I HEREBY CERTIFY, That I attended deceased from July 10 19 31 to July 11 19 31

that I last saw h alive on July 11 at 3 P. M.

and that death occurred, on the date stated above, at 11 35 A. M.

The CAUSE OF DEATH* was as follows:

Retro Pharyngeal Abscess

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. H. Stone M. D.

July 15 19 31 (Address) 4 Gramercy Park N.Y.C.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL 7/15 19 31

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St

TION is very important. See instructions on back of certificate.

Spec.—6 20—A. & Co.—250 Blks.

E 70-101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70-101

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Balto City Hospitals St 18-20 (WARD)

2 FULL NAME Helen Dean

(a) RESIDENCE NO. 867 W. Franklin St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Lewis Lumber

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Jennie Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment Balto. City Hospitals Burial
(Address)

15 [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-9-31

17

I HEREBY CERTIFY, That I attended deceased from 6-25, 1931, to 7-9, 1931

that I last saw h alive on 7-9, 1931

and that death occurred, on the date stated above, at 5:50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum
& Dorsal Abdominal
Metastases (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Starvation Acidosis (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ruth G. Clark M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	July 10 1931
20 UNDERTAKER	ADDRESS
Archibald & Schaefer	1840 Eutaw

IMPORTANT. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70402

CERTIFICATE OF DEATH.

27-43

93-003

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 5911 Harford Road ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sophia C. Neidhardt

(a) RESIDENCE NO. 5911 Harford Rd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred. J. Neidhardt

6 DATE OF BIRTH (month, day, and year) June 3, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Reuter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Miss Katie A. Neidhardt 5911 Harford Road

15 Filed [illegible] 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1 1931 to 7/11/31, 19 that I last saw h[illegible] alive on 7/11/31, 19 and that death occurred, on the date stated above, at 9:25 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (Septic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Foley M. D.

19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jerusalem Luth. Cemetery

DATE OF BURIAL: July 15 1931

20 UNDERTAKER: Frederick Lassahn, Inc.

ADDRESS: 7401 Belair Rd

TION is very important. See instructions on back of certificates.

Space above this line for Registrar's use only — B 70403 — 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 70403

CERTIFICATE OF DEATH.

93303

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1680 Darley Ave (St.) 8-45 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Agnes Brigandi

(a) RESIDENCE NO. 1680 Darley Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Michael Brigandi

6 DATE OF BIRTH (month, day, and year): Oct 16, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Anthony Frasca

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Maria Rosa

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Louisa Martelli

(Address): 1680 Darley Ave

15 Filed 7-12-1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 11, 1931,

that I last saw her alive on July 11, 1931,

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Cesarone, M. D.

7/11, 1931 (Address) 5-14 Druid Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: July 14, 1931

20 UNDERTAKER: Frank V. Pipitone

ADDRESS: 2818 E. Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec—1-30—M. & T.—250 Bks.

E 70404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N Vincent St. 16-22 WARD)

REGISTERED NO. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmer Underwood

(a) RESIDENCE NO. 725 N Vincent ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 8, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		[illegible]	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jno Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Florence Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Richmond Va

14 Informant: mother. Florence Underwood

(Address)

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13/31

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to July 13, 1931, that I last saw h alive on July 12, 1931, and that death occurred, on the date stated above, at 2a m.

The CAUSE OF DEATH* was as follows:

Cardiac failure

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Marasmus.

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? fundoscopic exam.

(Signed) J. H. MacMurray, M. D.

19 (Address) 2147 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery

DATE OF BURIAL: 7/15 19 31

20 UNDERTAKER: Archibald C. Geddis

ADDRESS: 1840 N. Caroline

ACo. 5-31 2MB

E 20-105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N Arlington ave 18-25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Allen

(a) Residence: No. 208 N. Arlington ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: C A
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, year): Aug - 18 - 1913
7. AGE: Years 17 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Edward Allen
14. BIRTHPLACE (city or town) (State or country): Essex Co Virginia

MOTHER
15. MAIDEN NAME: Sallie Jackson
16. BIRTHPLACE (city or town) (State or country): Essex Co. Virginia

17. INFORMANT: Dorothy Layne
(Address): 701 Hartlem ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Lebanon Date: 6/12 1931

19. UNDERTAKER: Samuel Enston
(Address): 916 Pa ave

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/10 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/7 1931 to 7/10 1931
I last saw him alive on 7/9 1931 death is said to have occurred on the date stated above, at 4:30 a m
The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset 7/2/31

Other contributory causes of importance:
none —

Name of operation none — Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Drancken M. D.
(Address) 1224 Mc St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70406

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70406

CERTIFICATE OF DEATH

X 131

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (No. Mercy Hospital. ST. 4 7 WARD)

2-FULL NAME Edward Lowe Williams.

(a) RESIDENCE NO Delight, Md. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Letitia N. Williams.

6 DATE OF BIRTH (month, day, and year) April 9, 1871.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Jeweler.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reisterstown, Md.

PARENTS

10 NAME OF FATHER James M. Williams.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Martha Lowe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant J. Sargent Williard. (son)

(Address) Reisterstown Md.

15 Filed JUL 13 1931 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) & inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio vascular renal disease.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

17a Where was disease contracted if not at place of death? Delight, Md.

Did an operation precede death? No. Date of July 11, 1931

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquir

(Signed) Ethel Kennard, Coroner, M. D.

7/13/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL All Saints Cemetery

DATE OF BURIAL July 14 1931

19 UNDERTAKER J. F. Elvin Reisterstown Md

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

E 70407

E 70407

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S Robinson ST. 1-V WARD)

2-FULL NAME Mrs MARGERITE ANNA MEADS

(a) RESIDENCE NO. 30 S ROBINSON ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Meads

6 DATE OF BIRTH (month, day, and year) Dont Know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Severe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant George W. Meads

(Address) 30 S Robinson

15 Filed JUL 13 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 31

17 I HEREBY CERTIFY, That I attended deceased from July 1 , 1931 , to July 12 , 1931 .

that I last saw h[illegible] alive on July 12 , 1931 .

and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Pulmonary TB of both lungs

(duration) 2 yrs 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Edmund Kelly M. D.

, 19 (Address) 1005 N Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL July 15 19 31

UNDERTAKER John Ulrich

ADDRESS 2008 Orleans

TION is very important. See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Blks.

E 70408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70408

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E. Madison St.) (WARD) 713

2 FULL NAME Laura Lawson

(a) RESIDENCE NO. 1508 E. Madison St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Lawson

6 DATE OF BIRTH (month, day, and year) Dec 29, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41 49	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Robt Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Lockman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Laura Stevens 1521 E Madison St

15 Filed ....., 19.. C. HAMILTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 9. 31

17

I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 9, 1931

that I last saw h-e- alive on July 9, 1931

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Acute Myocarditis (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Rupp & Agar.

(Signed) Wm. LeRoy Kelly M. D.

19 (Address) 1420 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. St. Calvary	July 9 31
20 UNDERTAKER	ADDRESS
M. o. R. A. Ellis	1725 Eutaw

TION is very important. See instructions on back of certificate.

Form — 1-30 — M. & T. — 250 Blks.

E 70409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70409

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Hunt

(a) RESIDENCE NO. Mt Hope Retreat ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): March 31. 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	11	10

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Plumber
(b) General nature of industry, business, or establishment in which employed (or employer): Some
(c) Name of employer: Unknown
9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Charles Hunt
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md
12 MAIDEN NAME OF MOTHER: Coffey
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mt Hope Records (Address): Mt Hope Retreat

Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 11. 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to July 11, 1931,
that I last saw him alive on July 11, 1931,
and that death occurred, on the date stated above, at 3.45P m.
The CAUSE OF DEATH was as follows: Chr. Fibroid Phthisis

Unknown (duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Alcoholic Dementia
(duration) 15 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of —
Was there an autopsy? Yes Hospital
What test confirmed diagnosis?
(Signed) Cullen P. Hollis, M.D.
, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 17, 1931

20 UNDERTAKER: Martin Daley & Sons — ADDRESS: 827 N. North Ave

THIS is very important. See instructions on back of certificate.

JUL 14 1931 HAMPSON JONES, M.D.

Spec.—120—M. & T.—250 Blks.

E 70410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70410

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Bell Kennedy

(a) RESIDENCE NO. Chambersburg Pa ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs 7 mos — ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) April 11857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	3	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Unknown Penna

PARENTS

10 NAME OF FATHER John Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Co Derry Ireland

12 MAIDEN NAME OF MOTHER Mary Bell Cortisle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant (Address) Mrs Hope Kennedy Mt Hope Retreat

15 Filed — 19 — C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 9 1930 to July 13 1931

that I last saw h[illegible] alive on July 13 1931

and that death occurred, on the date stated above, at 9.15 a. m.

The CAUSE OF DEATH* was as follows: Chr Hyp Nephritis

(Cardiac Dilatation)

(Pois Carcinoma of Breast)

(duration) yrs 3 mos — ds

CONTRIBUTORY (Secondary) Senile Psychosis

(duration) 2 yrs — mos — ds

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of Unknown

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Heil M. D.

19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Castle Pa.

DATE OF BURIAL July 16th 1931

20 UNDERTAKER B. L. Harle

ADDRESS 115 E. Mt St.

TION is very important. See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks.

E 70411 HEALTH DEPARTMENT—CITY OF BALTIMORE 70411

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Mt St) (Ward) 23

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lena Roberto

(a) RESIDENCE NO. (Usual place of abode) 1201 Mt St ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Harry Roberto

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Louise Pellegrini

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) William Roberto 1201 Mt St

15 131931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17/31

17 I HEREBY CERTIFY, That I attended deceased from July 31, to July 17, 31

that I last saw h[illegible] alive on July 17, 1931

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Pulm Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1017 O. N.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) X. [illegible] M. D.

19 X (Address) 1201 Mt St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Sion	July 15 1931

20 UNDERTAKER Chas H Alexander ADDRESS 1406 Druid Hill Ave

TION is very important. See instructions on back of certificates.

Spec.—2-29-29—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-001 V

E 70412

CERTIFICATE OF DEATH

E 70412

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Street) 27-53 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Sutherland

(a) RESIDENCE NO. 4012 Lake Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/11/31

7 AGE	Years	Months	Days	If LESS than 1 day, Hrs. or Min.
	—	—	—	6

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wesley B. Sutherland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iowa

12 MAIDEN NAME OF MOTHER Carolyn Voltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Hospital Records

(Address)

15 Filed JUL 13 1931, 19 H. A. [illegible] Registrar

5959

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/11/31

17 I HEREBY CERTIFY, That I attended deceased from July 11. 1931. to July 11 1931.

that I last saw h[illegible] alive on July 11 1931

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis of the Lungs.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis?

(Signed) Robert F. Chenoweth M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL JUL 13 1931 19

20 UNDERTAKER [illegible]

ADDRESS

JUL 13 1931 C. HAMPTON JONES, M.D. Baltimore City Health.

Spec.—9-30—A. & Co.—250 Blks.

E 70413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 70413

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hospital. (Lay) ST. 7-13 WARD)

2 FULL NAME Baby Hary

(a) RESIDENCE NO. 1610 Abbot ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: B.

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6 24 31

7 AGE — Years | Months | Days: 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS
10 NAME OF FATHER Jessie Hary
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER Hedebeasley
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Johns Hopkins Hospital.

JUL 13 1931 HARRISON JONES, M. D. Registrar

5969

MEDICAL CERTIFICATE OF DEATH 6 25 31

16 DATE OF DEATH (month, day, and year)

17
I HEREBY CERTIFY, That I attended deceased from 6 24, 1931, to 6 25, 1931
that I last saw h/m alive on 6 25, 1931
and that death occurred, on the date stated above, at 6 45 P m.
The CAUSE OF DEATH* was as follows:
Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY ... (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Charles H. McLane M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL
DATE OF BURIAL: JUL 13 1931, 19
20 UNDERTAKER: Commissioner Health.
ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70414

CERTIFICATE OF DEATH

159 E 70414

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St. 10-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Smith

(a) RESIDENCE No. 1419 E. Eager St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	B.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-16-31

7 AGE	Years	Months	Days	If LESS than 1 day 13 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Alex. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Evelyn Keeley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital.

15 Filed JUL 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17

I HEREBY CERTIFY, That I attended deceased from 6-16, 1931, to 6-17, 1931

that I last saw her alive on 6-17, 1931

and that death occurred, on the date stated above, at 11:45 A. M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles M. McInnes M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
HOPKINS	ADDRESS

20 UNDERTAKER

Registrar

JUL 13 1931

5462

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70415 E 70416

CERTIFICATE OF DEATH

159

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Neblett

(a) RESIDENCE NO. 540 N. Bond St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Black.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-21-31

7 AGE Years Months Days If LESS than 1 day, 4 hrs. 13 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Hus Neblett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Anita Stamby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital

JUL 13 1931

5985 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-21-31

17 I HEREBY CERTIFY, That I attended deceased from 6-21, 1931, to 6-21, 1931

that I last saw him alive on 6-21, 1931

and that death occurred, on the date stated above, at 8:10 A. m.

The CAUSE OF DEATH* was as follows:

Stillborn - Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles Jn McLane M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS

DATE OF BURIAL 19

UNDERTAKER

ADDRESS

JUL 13 1931

Registered H. K. JONES, M. D.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70416

CERTIFICATE OF DEATH

E 70416

159

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. ST. 9-9 WARD)

2 FULL NAME Baby Jackson

(a) RESIDENCE NO. Lyndon, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6 30 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Eug. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Johns Hopkins Hospital

15 Filed 19 Registered 19 5968 C. Harrod

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 5 31

17

I HEREBY CERTIFY, That I attended deceased from 6 30, 19 31, to 1 5, 19 31

that I last saw him alive on 1 5, 19 31

and that death occurred, on the date stated above, at 6:50 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Charles M McLane M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

JUL 13 1931

(See instructions on back of certificate.)

1-20—M. & T.—100 B—50L.

E 70417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 70417

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Prounced dead at Hopkins Hospital ST. 3-5 WARD)

2-FULL NAME Frank Howard

(a) RESIDENCE NO. 911 E. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day hrs. min.
	about 60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Eastern Police Dept

(Address)

Filed JUL 3 1931 C. HAMILTON JONES, M. D. Registrar

THE MORGUE 5072

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. H. Waring Coroner, M. D.

7/2/31 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL JUL 3 1931

ADDRESS

20 UNDERTAKER Undertaker Exam

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

Cor.—16-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158 E 70418

E 70418

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 744 Pierce St., 17-26 Ward)

2-FULL NAME Laura Anderson

(a) RESIDENCE NO. 744 Pierce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Negro	

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
		21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed JUL 13 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus due to Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Sen

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D.

7/11, 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOS

DATE OF BURIAL 19

20 UNDERTAKER Bonner Realty

ADDRESS JUL 13 1931

THE MORGUE

The Surgeon-General requires that the Certificate of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Bks.

E 70419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70419

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Balto City Hospital St. 27-30 Ward)

2-FULL NAME Harvey Henderson

(a) RESIDENCE NO. 513 Montgomery St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Black (Negro)	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer, Construction
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

Filed JUL 13 1931 Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place he lived
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) [illegible] M. D.
7-6-1931 (Address) 1002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19
JUL 13 1931

20 UNDERTAKER Baltimore Health Department

ADDRESS

JUL 13 1931 HARRY [illegible] M. D.

THE MORGUE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-28—M & T.—100 B—50L

E 70420

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

E 70420

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at St. Joseph Hospital ST. 12-4 WARD)

2-FULL NAME Stewart Ellis

(a) RESIDENCE NO. 427 S. Bond St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Eastern Police Dept

(Address)

15 Filed — 19[illegible]

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

7/10/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS JUL 1 1931

4 CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPA-TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7121

REGISTERED NO E 70421

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

2-FULL NAME Beverly Brown

(a) RESIDENCE NO Williamsburg, Pa. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23/1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	3	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Williamsburg. Pa

PARENTS

10 NAME OF FATHER Norman W. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Williamsburg, Pa.

12 MAIDEN NAME OF MOTHER Jessie Pendly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Galveston, Texas

14 Informant Norman W. Brown,
(Address) Williamsburg, Pa

15 Filed JUL 13 1931, 192 . . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis-Ruptured Appendix

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 12/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Bauer, M. D. Coroner

7/13/31 (Address) 600 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williamsburg Penna — DATE OF BURIAL 7-13 19 31

20 UNDERTAKER Henry W. Jenkins' Sons Co — ADDRESS Orchard & Pine Calls

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70422 E 70422

CERTIFICATE OF DEATH.

8-45-23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3018 Clifton Park Terrace (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph G. McQuade

(a) RESIDENCE NO. 3018 Clifton Park Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 23-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John McQuade

11 BIRTHPLACE OF FATHER (City or town) (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Margaret Connor

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant Mrs Monroe Markley (Address) 3018 Clifton Park Terrace

15 Filed L 19 1931 19 Registrar H. M. PERKINSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 20 1931 to July 11 1931

that I last saw him alive on July 10 1931

and that death occurred, on the date stated above, at 5 00 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

July 12, 1931 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL July 14 1931

20 UNDERTAKER Margaret S. Flynn ADDRESS 1019 Light St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Dr Rafaliath Wolpert
1038 Broadway

70423 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 L 70423

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4607 Asbury Ave 27 Ward 41

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Thoman

(a) RESIDENCE NO. 4607 Asbury Ave ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, ~~widowed or divorced~~
(or) WIFE of Adam Thoman

6 DATE OF BIRTH (month, day, and year) Dec 3rd 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: Joseph Kunkel
11 BIRTHPLACE OF FATHER (city or town) (state or country): Germany
12 MAIDEN NAME OF MOTHER: Mary Locher
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Adam Thomas 4607 Asbury Av

15 JUL 3 1931 C. HAMLETT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12th 1931

17
I HEREBY CERTIFY, That I attended deceased from May 2 1931 to July 12 1931
That I last saw her alive on July 12 1931
and that death occurred, on the date stated above, at ____ m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Arterio Renal Disease
(Duration) 2 yrs. 10 mos. Estimate

CONTRIBUTORY (secondary) Exhaustion
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ____
Did an operation precede death? No Date of ____
Was there an autopsy? No
What test confirmed diagnosis? ____

(Signed) A Rafaliath M. D.
7-3 1931 (Address) 1038 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 7/15/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH: This certificate should be filled out with the utmost care. Each question should be answered fully and accurately, and no space left blank unless information cannot be obtained, in which case a reason should be given. PHYSICIAN'S ATTENTION IS CALLED TO THE FACT THAT ACCURATE AND COMPLETE INFORMATION IN REGARD TO CAUSE OF DEATH IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks. Dr Ephraim 1904 E. Balto St

70424

HEALTH DEPARTMENT—CITY OF BALTIMORE 70424

CERTIFICATE OF DEATH

115-001

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) 3307 Foster Ave WARD 26-1

2. FULL NAME Mildred M. Lang

(a) RESIDENCE NO. (Usual place of abode) 3307 Foster Ave WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, ~~widowed or divorced~~ (or) WIFE of Fred O. Lang

6 DATE OF BIRTH (month, day and year) Oct 16 1908

7 AGE: Years 22 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Frederick Krause

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF ~~mother~~ Margaret Klutch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Fred. O. Lang 3307 Foster Ave

15 Filed July 13 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 5. 1931 to July 13. 1931

that I last saw ~~he~~ she alive on July 1 1931

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Infection of breast
Septic

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Eye

(Signed) W. Epha M. D.

19 (Address) 1904 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery DATE OF BURIAL 7/16 1931

20 UNDERTAKER W. M. Cook ADDRESS 1217 St Paul St

CAUSE OF DEATH: Fill in the proper answers to these questions. See instructions on back of certificate. IT IS VERY important.

Spec—9 30—A. A Co.—250 Blks.

E 70425 — E 70425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No.) ST. K2 (WARD) REGISTERED NO. 133

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jame Brown

(a) RESIDENCE NO. (Usual place of abode) 645 S. Kenwood Ave. ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Brooklyn N. Y.

PARENTS

10 NAME OF FATHER: ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 7-14-1931, 19 H. [illegible], M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12-31

17

I HEREBY CERTIFY, That I attended deceased from 7-11-31, 19, to 7-12-31, 19

That I last saw him alive on 7-12-31, 19

And that death occurred, on the date stated above, at 4:30 P. M.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jno. Edmunds Jr. M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery DATE OF BURIAL: July 14 1931

20 UNDERTAKER: Lilly-Zeiler Funeral Home ADDRESS: 4038 Woodland Ave

CAUSE OF DEATH to be given in plain terms. No abbreviations or ditto marks. Space must be properly filled in on back of certificate. ATTENTION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70426

CERTIFICATE OF DEATH

79-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Sinai Hospital 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Glass

(a) RESIDENCE NO. 40 S. Eden ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (HUSBAND of): (or) WIFE of: Late Samuel

6 DATE OF BIRTH (month, day, and year): Aug. 1877

7 AGE: Years 53 54. Months 11 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Aaron Bersky

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Annie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Mr. Sol Glass 3918 Norfolk ave

15 Filed JUL 14 1931 19.. C. H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13/31

17 I HEREBY CERTIFY, That I attended deceased from 7/11 1931 to 7/13 1931

that I last saw her alive on 7/13 1931

and that death occurred, on the date stated above, at 4:35 A m.

The CAUSE OF DEATH* was as follows:

Meningetis (Pneumococcus)

(duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

July 13/31 (Signed) Dalton B. Richey M. D.

(Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern ave

DATE OF BURIAL: 7/14 1931

20 UNDERTAKER: Sol Levinson + Bro

ADDRESS 1127 E Baltimore st

CAUSE OF DEATH: This line to be filled in by physician. See reverse side of certificate. IMPORTANT is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70427

CERTIFICATE OF DEATH

92-001

E 70427

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 W. La Fayette St. (Ward) 17-24

2-FULL NAME Tillie Braxton

(a) RESIDENCE NO. 525 W. La Fayette St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 670
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Lloyd Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Becky Mustoe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ulus Smith (Address) 525 W La Fayette St.

15 Filed JUL 14 1931 192 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) July 10th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Paralitis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Schenk Coroner, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	July 14 1931
20 UNDERTAKER	ADDRESS
Archibald	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 70428

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 N. Camden ST. 1521 WARD

2. FULL NAME Inger Miner

(a) RESIDENCE NO. 1805 Presbury ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Miner

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoe Maker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Harris Miner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Bertha Bunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Robert Miner

(Address) 118 S. Howard st

Filed 7 14 1931 C. HAMPSON, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Revolver wound of chest.
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Topical Examination

(Signed) Eugene Zell Jr. M. D. Coroner

7/13 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Ft. Carroll Circle Baltimore

DATE OF BURIAL 7 14 1931

20 UNDERTAKER: Jack Lewis Inc

ADDRESS 1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 70129

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70129

CERTIFICATE OF DEATH

163

REGISTERED NO. 25-72

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Ethel Wirt

(a) RESIDENCE NO 1923 Breitwert Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lif yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul

6 DATE OF BIRTH (month, day, and year) June 11, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) -------
(c) Name of employer -----

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Robert Vanskiver

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Alverta Hissey

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Paul A.C.Wirt

(Address) 1923 Breitwert Ave.

JUL 14 1931 Filed WILLIAMSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by Carbolic Acid-Probably Suicidal

(duration) yrs. mos 2-3 hrs. ds.

CONTRIBUTORY (Secondary) ----

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign

(Signed) Guy N. Cromwell M. D. Coroner

19 7/12 31 (Address) 2203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL July 14 1931

20 UNDERTAKER George D. Schmidt — ADDRESS 620 Fulk. ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70430

E 70430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

REGISTERED NO. 9-446

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 601 E 32nd St. (Ward) 9-446

2 FULL NAME Isabel J Christie

(a) RESIDENCE NO. 601 E 32nd St. (Usual place of abode) WARD

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of William Christie

6 DATE OF BIRTH (month, day, and year): July 12 1865

7 AGE: Years 66 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Galloway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Isabel Truesdale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): William Christie 601 E 32nd St

15 ... C. HAMPSON JONES, M. D. Registrar

JUL 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 12th 31

17 I HEREBY CERTIFY, that I attended deceased from June 15th 31, to July 12th 31

that I last saw ... alive on July 11th 31

and that death occurred, on the date stated above, at 5:20 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Contusion of Ribs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? —

What test confirmed diagnosis? Physical Exam

(Signed) Geo Lee Hyndman M.D.

(Address) 7/13/31 401 E 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem — DATE OF BURIAL: July 14 1931

20 UNDERTAKER: Wm J. Tuckner & Sons — ADDRESS: Md & Penna

CAUSE OF DEATH in plain terms, so that it may be understood by the public. Do not use abbreviations or technical terms. Do not state mode of dying, as shock, exhaustion or heart failure, alone. Do not give occupation of deceased. Do not state duration of disease unless it is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70431

CERTIFICATE OF DEATH

157-003

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1349 N. Stricker ST. 5-22 WARD

2-FULL NAME Alfred Hall

(a) RESIDENCE NO. 1349 N. Stricker ST., _____ WARD

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 12 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth McCabe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elizabeth Hall (Address) 1349 N. Stricker

FILED JUL 14 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Blue Baby.

(duration) _____ yrs. mos 1 ds

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) A. Gill Brown Coroner, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL July 14 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 303 Preston St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

70432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Myrtle Ave St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathaniel Paul

(a) Residence: No. 1416 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, year) May 13, 1928

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	3	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Francis Paul Brother
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Agnes Brown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Francis Paul
(Address) 1416 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-14-1931

19. UNDERTAKER Daniel Easton
(Address) 916 E Pratt

20. FILED JUL 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1931, to July 13, 1931

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	

Other contributory causes of importance:

Name of operation None Date of d

What test confirmed diagnosis? d Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? d Date of injury d, 19...
Where did injury occur? d
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. d
Manner of injury d
Nature of injury d

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E Dwyer M. D.
(Address) 1416 W Lafayette Ave

State CAUSE OF DEATH in plain terms. Indefinite or unknown causes are not sufficient. See instructions on back of certificate.
OCCUPATION is very important.

Spec.—1-30—M. & T.—250 Bks.

NORMAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70433

E 70433

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat ST. 28-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Phillip M. Nicholas

(a) RESIDENCE NO. Mt Hope Retreat ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wilson N. Nicholas

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Va

12 MAIDEN NAME OF MOTHER Jane Hollins

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant (Address) Mt Hope Retreat Mt Hope Retreat

15 Filed JUL 16 1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12. 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to July 12, 1931, that I last saw h[illegible] alive on July 11, 1931, and that death occurred, on the date stated above, at 1130 P. m.

The CAUSE OF DEATH* was as follows: Chr. Interstitial Nephritis. (Arteriosclerosis)

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Senile Dementia.

(duration) 10 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Milton P. Fell, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 15 1931

20 UNDERTAKER Henry W. Jenkins Sons

ADDRESS McCulloh & Oxford

CAUSE OF DEATH—See instructions on back of certificates. ATTENTION is very important

AaCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

L. 70434 — 131 — E 70434

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 S Carolina St. 3-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Fisher

(a) Residence: No. 907 S Carolina St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Fisher

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dan ler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME Wm Johnson
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Charlotte
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Fisher
(Address) 907 S Carolina St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date July 14 1931

19. UNDERTAKER Funeral Director
(Address) 831 Orleans St

20. FILED JUL 14 1931 C. HALSEY JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1931 to July 13, 1931

I last saw h[illegible] alive on July 13, 1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Intestinal Nephritis	1 Month
Chronic Valvular Disease	

Other contributory causes of importance:

Pneumonia	10 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be understood by the public. Do not state mode of dying, such as heart failure, asthenia, etc., but the disease or injury which caused it. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70435 HEALTH DEPARTMENT—CITY OF BALTIMORE 70435

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St Joseph's Hosp. ST. 9-17 WARD

2 FULL NAME Earl Bentz

(a) RESIDENCE NO. Essex, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Marion Bentz

6 DATE OF BIRTH (month, day, and year) Nov 28, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Bronzer

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (state or country): Pa.

PARENTS

10 NAME OF FATHER: Edward Bentz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Caroline (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Interment (Address): Marion Bentz Lorraine Ave. Essex

15 Filed [illegible] 1931 WM. H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1931, to July 12, 1931

that I last saw ~~him~~ alive on July 12, 1931

and that death occurred, on the date stated above, at 1.45 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstructive jaundice and Toxemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 9, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. H. Hampson Jones M.D.

19 Address 1 E. Chase St.

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: 7/15/1931

20 UNDERTAKER: John F. Connelly ADDRESS: Essex

CAUSE OF DEATH is plain terse, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 70436 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70436

CERTIFICATE OF DEATH

119

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1412 Riggs Ave. 16-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Monroe Rice

(a) RESIDENCE NO. 1412 Riggs Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7, 1930

7 AGE — Years: 1 — Months: — — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dallas. Md.

PARENTS

10 NAME OF FATHER Dennis Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Millie Finn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Millie Rice

(Address) 1412 Riggs Ave

15 Filed JUL 14 1931 14 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13/31

17 I HEREBY CERTIFY, That I attended deceased from July 10 . 1931 . to July 13 . 1931 .

that I last saw him alive on July 13 . 1931

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Acute Illeo. Colitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. Hatcher M. D.

7/17. 1931 (Address) 1 W Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: July 15 1931

20 UNDERTAKER: Saml. W. Chandlee — ADDRESS: [illegible]

important. See instructions on back of certificate.

Spec.—1 30—M. A T.—250 Blks.

E 70437 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70437

CERTIFICATE OF DEATH. 34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mrs Hope Retreat ST. 4 33 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James J. Wooden

(a) RESIDENCE NO. 1410 Robert Lee ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 24 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Oct 20 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
49	8	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marble Setter

(b) General nature of industry, business, or establishment in which employed (or employer) Stone Yard

(c) Name of employer Stone

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas G Wooden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Kenney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Hope Friends Mrs Hope Retreat

15 Filed . 19 H. LESLIE HUGHES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1930 to July 14 1931

that I last saw h alive on July 13 1931

and that death occurred, on the date stated above, at 12.35 m Midnight

The CAUSE OF DEATH* was as follows:

General Paralysis (Syphilis)

Unknown (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Convulsions + Paralysis

(duration) yrs. mos. 5 da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis? Kahn

(Signed) Milton P. Peel M. D.

. 19 (Address) Mrs Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL July 16 1931

20 UNDERTAKER Rita Friedfeld — ADDRESS 917 Fremont Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70438

CERTIFICATE OF DEATH

107-001

107 E 70438

REGISTERED NO.

1 PLACE OF DEATH Provident Hosp. 12-51

CITY OF BALTIMORE { (No. 1514 Division St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carl Page.

(a) RESIDENCE NO. 2539 Oak. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15 JUL 14 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12-31

17

I HEREBY CERTIFY, That I attended deceased from 7-2-, 19 31, to 7-13-, 1931

that I last saw h~~im~~ alive on 7-13-, 1931

and that death occurred, on the date stated above, at 2 40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio - Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute Nutritional disturbance (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

7-13 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS JUL 14 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT LOCATION OF OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-661

E 70439

CERTIFICATE OF DEATH

E 70439

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) ~~5 N. Luzerne~~ St. 6-10 (Ward)

2 FULL NAME John A. Stanton

(a) RESIDENCE NO. 5 No. Luzerne St. WARD VI
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. John J. Stanton

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Stanton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Anna Mullaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Mrs. William E. Lutman

(Address) 3403 Fairview Ave. Balto

15 JUL 14 1931 C. HAMPSON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1931, to July 13, 1931

that I last saw him alive on July 13, 1931

and that death occurred, on the date stated above, at 12.33 P.M.

The CAUSE OF DEATH* was as follows:

~~Uraemia~~ Arteriosclerosis and myocardial failure

(duration) 2 yrs. 6 mos. 5 ds.

CONTRIBUTORY (Secondary) ~~Cystoscopy and test~~ Uremia ~~Catheter~~ (duration) yrs. 5 mos. 5 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? Yes Clinical

What test confirmed diagnosis?

(Signed) W. F. Varney M. D.

, 19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn — DATE OF BURIAL July 15, 31

UNDERTAKER John A. Maan — ADDRESS 3000 E. Balto St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement is necessary TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

Wm H. Douglas

E 70440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70440

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 547 Cayuga St. (Ward) 24

REGISTERED NO. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Douglas.

(a) RESIDENCE No. 547 Cayuga St., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 3 1881

7 AGE: Years 49 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Wm Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Duhamel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Estelle Douglas

(Address): 547 Cayuga

15 Filed ..... 193 ..... C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Coroner (Coroner, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism.

(duration) yrs. ..... mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Eyewitness

(Signed) H. Hoffman, M. D. Coroner

(Address) July 4

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 14 1931

20 UNDERTAKER

ADDRESS

Baltimore Health Commissioner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. A. Co.—250 Blks.

70441 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH X 117-00 70441

1-PLACE OF DEATH

CITY OF BALTIMORE (No) U. M. H. (Ward) 17-49

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Nelson Roberts

(a) RESIDENCE No. (Usual place of abode) 115- Mc Henry ST. Burlington, Vermont. (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. 32 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W hite	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Veronica H. Roberts

6 DATE OF BIRTH (month, day, and year) 7-7-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Burlington Vermont

PARENTS

10 NAME OF FATHER Geo. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Vermont

12 MAIDEN NAME OF MOTHER Sarah Holmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y. State

14 Informant (Address) Veronica H Roberts Burlington, Vermont

15 Filed ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-14-31

17

I HEREBY CERTIFY, That I attended deceased from 6-21, 1931, to 7-14, 1931

that I last saw h~~im~~ alive on 7-14, 1931

and that death occurred, on the date stated above, at 1^10 A. M.

The CAUSE OF DEATH* was as follows:

~~Intestinal Obstruction~~

Cholecystitis Chronic with Cholelithiasis. Duodenal Ulcer,

(duration) 3 yrs. mos ~~26~~ ds.

CONTRIBUTORY (Secondary) ~~cause~~ Intestinal Obstruction (duration) yrs. mos 20 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 6-23-31 7-8-31

Was there an autopsy? Yes.

What test confirmed diagnosis? Pathol. Exam.

(Signed) Samuel McLanahan M. D.

Jul 14 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Burlington, Vermont	July 14th 31

20 UNDERTAKER ADDRESS E. Leroy Stuffler, Inc. 125 E. North ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-001 ✓

70442

CERTIFICATE OF DEATH

E 70442

1-PLACE OF DEATH Old Rodgers ave near Magnolia ave 97-55

City of Baltimore: (No. in front of Arlington School Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jacob Boring

(a) RESIDENCE NO. 5506 Longfellow Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~late Wife of~~ Elizabeth Boring

6 DATE OF BIRTH (month, day, and year) Oct. 10 1859.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	71	9	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self employed.

9 BIRTHPLACE (city or town) Carroll Co.
(State or country) Md

PARENTS

10 NAME OF FATHER Mordica Boring

11 BIRTHPLACE OF FATHER (city or town) Carroll Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Eliza Burns

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co.
(State or country) Md.

14 Informant Ebenezer Boring
(Address) 5506 Long Fellow Road

15 Filed JUL 14 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jabular Diabetes
5 J Dead

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 1931 (Address) 7632 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hamilton Carroll Co Md.	July 15 1931
20 UNDERTAKER	ADDRESS
Walter Davis	3418 Eastern Ave.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70443

93-003

E 70443

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W Lexington ST. 19-27 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary B Thomas

(a) RESIDENCE NO. 1404 W Lexington ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29, 1879.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles E Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Annie Haller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Infotmant (Address) Mrs Martha E Baker 1402 W Lexington St.

15 Filed _____, 19__ C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from March, 1927, to July 13, 1931, that I last saw h[illegible] alive on July 13, 1931, and that death occurred, on the date stated above, at 2.20 m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Acute

(duration) 2 yrs. mos ds

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Edwin B Jones, M. D.

_____, 19 (Address) 1115 St Paul St., City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 7/15 '31

20 UNDERTAKER George F Smith

ADDRESS 1062 Hollins St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

70444 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 L 70444

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1814 Rosedale St. (St.) 15-67 (Ward)

2 FULL NAME Mary E. Taylor

(a) RESIDENCE NO. 1814 (Usual place of abode) Rosedale St. ST. WARD

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John F. Taylor

6 DATE OF BIRTH (month, day, and year): June 20-1856

7 AGE — Years: 75 — Months: — — Days: 22 — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Fredericksburg, Virginia

PARENTS

10 NAME OF FATHER: Wallace Heflin

11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Interment (Address): Mt. Hope Cem. 2304 E. Lanvale St.

15 JUL 14 1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12-1931

17 I HEREBY CERTIFY, That I attended deceased from July 3, 19 31 to July 11, 19 31

that I last saw h[illegible] alive on July 11, 19 31

and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wallace Bowen M. D.

(Address) 1139 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 15-1931

(c) UNDERTAKER: Horace F. Burgee — ADDRESS: 363 Falls Road

CAUSE OF DEATH in plain terms, so that, if may be properly classified, exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 70445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70445

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 4100 Fernhill St. 15 WARD

2-FULL NAME Chas. Henry Lenkeit

(a) RESIDENCE No. 4100 Fernhill St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1-1875

7 AGE Years 56 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Retired Saw Brick

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Louis Lenkeit

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Martha Renken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Julian V. Haspel 4100 Fernhill

(Address)

15 Filed JUL 14 1931 Reg. 172 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide. Hemorrhage due to Pistol wound of Brain. Self inflicted (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

Signed July 13 1931 Robt. Lee Bayley, M. D. (Coroner)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cemetery DATE OF BURIAL July 15 1931

20 UNDERTAKER Haworth Funeral Home ADDRESS Bel Air

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-30—A. & Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 70446 ✓ × 23 L 70446

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital 4 D (WARD) 30

2 FULL NAME Roland Fisher

(a) RESIDENCE NO. Union Bridge Md. ST. WARD Carroll County Md.
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER —
11 BIRTHPLACE OF FATHER (city or town) —
(State or country)
12 MAIDEN NAME OF MOTHER —
13 BIRTHPLACE OF MOTHER (city or town) —
(State or country)

14 Informant (Address) Hospital Records. University Hospital

15 Filed E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1931

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1931, to July 14, 1931, that I last saw him alive on July 14, 1931, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

1. Bilateral Pulmonary Tuberculosis
2. Tuberculous Pleurisy c Effusion

(duration) unknown mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis.
(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical-Laboratory

(Signed) Manning James Abrams M. D.
19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. D. D. Hartley & Sons Inc. DATE OF BURIAL July 16 1931

20 UNDERTAKER Union Bridge Com ADDRESS Union Bridge Md.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70447 59 E 70447

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No.) Altamont Hotel 11-2 (ST.) (WARD)

2 FULL NAME May Barroll (Eutaw Pl. + Laurale St)

(a) RESIDENCE NO. Altamont Hotel ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): May 3 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (state or country): Balto Md.

PARENTS

10 NAME OF FATHER: Benj. C Barroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah Streett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y.

14 Informant (Address): Lee Barroll Balto Trust Bldg.

15 Filed: —

C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1931 to July 13 1931

that I last saw her alive on July 13 1931

and that death occurred, on the date stated above, at 11.30A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus (Pancreatic tumor)
Chronic Nephritis
Broncho pneumonia

(duration) Years mos. ds.

CONTRIBUTORY (secondary): Broncho pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical exam Blood tests Urine & sputum exam. etc

(Signed) Jno A Lamb M. D.

(Address) 12 Cager H Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

DATE OF BURIAL: July 15 1931

20 UNDERTAKER: Henry H Jenkins Sons Co

ADDRESS: 1711 Eutaw & Richmond Sts

CAUSE OF DEATH n plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1931

Spec.—8-16-29—L. F. S.—100 Blks.

E 70448

HEALTH DEPARTMENT—CITY OF BALTIMORE

Registeer

95-002 ✓

E 70448

Balto. Md

CERTIFICATE OF DEATH

1—PLACE OF DEATH 608 Liberty St Apt 5

CITY OF BALTIMORE: (No. 608 ST. 25-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Mary Mather

(a) RESIDENCE NO. 608 Liberty St Apt 5 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron C Mather

6 DATE OF BIRTH (month, day, and year) August 26 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Woodbury Hollidaysburg Pa.

PARENTS

10 NAME OF FATHER Patrick J. Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rose Ann White

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant Boyce & Martin

(Address) 608 Liberty St Apt 5

15 Date received JUL 14 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14/31

17 I HEREBY CERTIFY, That I attended deceased from April 19. 1931. to July 17. 1931.

that I last saw her alive on July 13. 1931

and (that death occurred, on the date stated above, at 1250 P m.

The CAUSE OF DEATH* was as follows:

Acute dilation of heart following Cerebral Hemorrhage

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 7 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of.

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Clinical

(Signed) J. Patrick, M. D.

19 (Address) 3715 Woodbine Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Johns Cem Altoona Pa.	July 17 1931
20 UNDERTAKER	ADDRESS
Harry H Hunsicker Sons	4202 Kingsdale Ave

UL 14 1931

IMPORTANT.—Read instructions on back of certificates.

AACo. 5-31 2'OR

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-804
Registered No.
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 754 McHenry St. or Ward) 21-29
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Barker

(a) Residence: No. 754 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of William W. Barker

6. DATE OF BIRTH (month, day, year) Sept 23rd 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 2
11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER
13. NAME John Fagen
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm W. Barker
(Address) 754 McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 7/17/1931

19. UNDERTAKER Wm Cook
(Address) 1217 E. Paul St

20. FILED ... 19.. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14th, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931 to July 14, 1931
I last saw h[er] alive on July 13, 1931 death is said to have occurred on the date stated above, at 5 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glycosuria Pulmonary oedema Nephritis	July 13
(b) contributory causes of importance Cardiac dilatation Hepatic enlargement- Arteries - sclerosis	

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) M.D.
(Address) 682 Park Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Age, sex, and color of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. A Co—25k Pls

Dr Bokony 2200 E Madison St Hdy 3091 ✓

E 70450 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70450

CERTIFICATE OF DEATH

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1829 E 29th St.) 8-17 (WARD)

2 FULL NAME Minnie A. Carmine

(a) RESIDENCE NO. 1333 N. Broadway WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If ~~married~~, widowed, ~~or divorced~~

(or) WIFE of Walter Carmine

6 DATE OF BIRTH (month, day and year) July 12th 1867

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John W. Shutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Margaret M. Hubbard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Annapolis

14 Interment (Address) Est. 2 Sault 1824 E 29th St

15 Filed 19 Registrar C. HAMILTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 13th 1931

17 I HEREBY CERTIFY, That I attended deceased from May 24 1931 to July 13 1931

that I last saw ~~her~~ alive on July 13, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Coma

Cerebral Hemorrhage (6/12)

(duration)

CONTRIBUTORY (Secondary) Cardio Vascular Renal Disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Nal

(Signed) Joseph Pokorny M. D.

19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL 7/15/1931

UNDERTAKER Wm Cook 1217 St Paul St ADDRESS

Filed 1931 Reg. No.

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Please write in plain terms, so that it may be plainly understood.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 70451

REGISTERED NO.

E 70451

1-PLACE OF DEATH

City of BALTIMORE: (No. 203 E. Mt Royal Ave. Ward 19)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Henry Malone

(a) RESIDENCE NO. 203 E. Mt Royal Ave. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Malone

6 DATE OF BIRTH (month, day, and year): June 8 1854

7 AGE: Years 77 | Months 1 | Days 5 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Co

(State or country): Md

PARENTS

10 NAME OF FATHER: Michael Malone

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Ireland

12 MAIDEN NAME OF MOTHER: Bridget Ward

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Ireland

14 Informant (Address): Alfred J. Malone 203 E. Mt Royal.

JUL 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): July 14 1931

16 I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to July 14 h, 1931, that I last saw h[illegible] alive on July 14 h, 1931, and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows: Uraemic Coma

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(duration) 7 yrs. — mos. — ds.

17 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F B Saunders, M. D.

7/14 1931 (Address) 219 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Woods Cemetery Date of Burial 7/16 1931

UNDERTAKER: Wm Cook ADDRESS 1217 St Paul St

Should be stated EXACTLY. PHYSICIANS should state CAUSE properly classified. Exact statement of OCCUPATION is certificates.

tion should be carefully supplied. Age should be stated in DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 70452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 70452

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 18-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Abraham Young

(a) RESIDENCE NO. 711 W. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Oct. ? 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	?		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): ---
(c) Name of employer: --

9 BIRTHPLACE (city or town) (State or country): Philipsburg N.J.

PARENTS

10 NAME OF FATHER George Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Philipsburg N.J.

12 MAIDEN NAME OF MOTHER Evelyn Young

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Philipsburg N.J.

14 Informant: Davis Arnholz

(Address) Philipsburg N.J.

15 Filed ---, 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) --- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign

(Signed) Guy H. Cromwell M. D. Coroner

7/14, 19 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philipsburg N.J. DATE OF BURIAL: July 21 19 31

20 UNDERTAKER: John C. Miller ADDRESS 2435 E. Oliver St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70453 E 70453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 ✓

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Union Memorial Hospital St. 12-41 WARD) (Ida)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Isaac Sakolski

(a) RESIDENCE NO. 1123 E. Capitol St. ST. WARD Washington, D.C.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. Isaac Sakolski

6 DATE OF BIRTH (month, day, and year) 3/17/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 27

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Moscow, Russia

PARENTS

10 NAME OF FATHER Simon Waifet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Dora Corn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hospital Records
(Address)

15 JUL 15 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14/31

17

I HEREBY CERTIFY, That I attended deceased from June 25, 19 31 to July 14, 19 31

that I last saw her alive on July 14, 19 31

and that death occurred, on the date stated above, at 12:15 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the cecum

known (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Intra-abdominal abscess

known (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 6/30/31 7/14/31

Was there an autopsy? no

What test confirmed diagnosis? obstruction

(Signed) Samuel H. Graham M. D.

7/14 19 31 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington, D.C.

DATE OF BURIAL: 7-15- 19 31

20 UNDERTAKER: Jack Lewis, Inc. ADDRESS: 1439 E Balti

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 70454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70454

CERTIFICATE OF DEATH

93-004

14-30

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Blanche B. Hall. (C)

(a) RESIDENCE NO 1613 Druid Hill Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 5 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) April 9, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Oden Hall. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) A. A. Co. Md.

12 MAIDEN NAME OF MOTHER Lela Holmes. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. Co. Md.

14 Informant Rose Hall. (C) sister.

(Address) 1613 Druid Hill Ave.

15

Filed ..... 192 ..... (Registrar)

JUL 15 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1613 Druid Hill Ave July 12, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) ---------, M. D.
Coroner

7/14 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Auburn Cemetery	July 16 1931
UNDERTAKER Thomas E. Kerson	ADDRESS 1303 Preston

C. HAMPSON JONES, M. D.

Health should be carefully supplied. AGE, sh... CAUSE OF DEATH in plain terms, so that it ma... TION is very important. See instructions on ba... mation should be filled EXACTLY. PHYSICIANS should rule

Spec—1-30—M. & T.—250 Bks

E 70455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70455

CERTIFICATE OF DEATH.

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 433 N. Luzerne Ave (St.) 6-10 (Ward)

2-FULL NAME William E. Stumpf

(a) RESIDENCE NO. 433 N Luzerne Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Alice Stumpf

6 DATE OF BIRTH (month, day, and year) Sept 27 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John J Stumpf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Becker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sophia Stumpf (Address) 433 N Luzerne Ave

15 JUL 15 1931 19.. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-12-31

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1931, to July 12, 1931, that I last saw h alive on July 12, 1931, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-sclerosis

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) yrs. mos. V da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm J Schmitz, M. D.

7-14, 1931 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Crm

DATE OF BURIAL 7/15 1931

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun & Fallsway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9 30—A. & Cu—250 Blks

Florence Rouzier

E 70456

E 70456

V 82-002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 945 Sharp St 23-31 ST WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Rouzier

(a) RESIDENCE NO 945 Sharp St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Rouzier

6 DATE OF BIRTH (month, day, and year) —

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	50 Fifty	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER (?)

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER (?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Marie Rouzier
(Address) 945 Sharp St

15 Filed JUL 15 1931 G. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 12 1931

17

I HEREBY CERTIFY, That I attended deceased from July 5 , 1931 , to July 12 , 1931

that I last saw h[illegible] alive on July 11 , 1931

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos 7 ds.

CONTRIBUTORY ... Arterial Hypertension
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Dr. Carroll M. D.

7/13 1931 (Address) 830 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cem	7/15 1931
20 UNDERTAKER	ADDRESS
Isaiah L Brown & Son	108 Montgomery St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks

E 70457

E 70457 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

401

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) 13-54 (Ward) 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Louis Michelson

(a) RESIDENCE NO. 3401 Woodbrook ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment (Address) Mrs Rose Michelson 3401 Woodbrook ave

15 JUL 15 1931 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14/31

17

I HEREBY CERTIFY, That I attended deceased from 6/5, 1931, to 7/14, 1931

that I last saw h-see alive on 7/14, 1931

and that death occurred, on the date stated above, at 1 11 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Cervix

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/28/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J E Goodman M. D.

7/14 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Sterling Spgs

DATE OF BURIAL 7/15 1931

20 UNDERTAKER Hof & Levinson + Bro

ADDRESS 12 Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 70458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70458

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Louise Memorial Hospital ST., 1751 WARD

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hon. C. W. Schriver

(a) RESIDENCE NO. 414 W. 22nd St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda Schriver

6 DATE OF BIRTH (month, day, and year) Aug 30 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Edward Buttingham

(Address) 414 W. 22nd St

15 Filed ..... 192. ..... HAMILTON JONES, M. D., Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/13 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Thrombosis
Senility

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

9/15 192 (Address) 32 Rolan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakland Cem	Sept 16 19 31

20 UNDERTAKER Chenowith Son

ADDRESS 436 N. Howard

Station should be carefully supplied. AGE should be given in YEARS, MONTHS and DAYS. If LESS than 1 day, HOURS or MINUTES. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

L 70459

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 70459

CERTIFICATE OF DEATH

162

1 PLACE OF DEATH

CITY OF BALTIMORE (No 100 E. Cross St. 24-33 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah E. Christopher

(a) RESIDENCE NO 100 E. Cross ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel A. Christopher

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Church Creek Dorchester Co., Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Minnie B. Eaton

(Address) 100 E. Cross St.

JUL 15 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to July 14, 1931

that I last saw h[illegible] alive on July 13, 1931

and that death occurred, on the date stated above, at 2 A. M.

The CAUSE OF DEATH* was as follows:

Intussusception of age

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. E. Supplee M. D.

7/15 1931 (Address) 910 Eight

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet DATE OF BURIAL July 16 1931

20 UNDERTAKER John F. Denning ADDRESS 715 Fist St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9 30—A. & Co.—250 Blks

F0460

24523 Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

F 70460

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL St. 26-10 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clarence Tierney

(a) RESIDENCE NO. 23 Abington Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/30/07

7 AGE: Years 23 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Auto — 086
(b) General nature of industry, business, or establishment in which employed (or employer): Retail Trade
(c) Name of employer: Autogenous Welding Co.

9 BIRTHPLACE (city or town) (state or country): Md

PARENTS
10 NAME OF FATHER: Francis Tierney
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Augusta Clark
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment
(Address) JOHNS HOPKINS HOSPITAL

15 JUL 15 1931 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-13-31

17
I HEREBY CERTIFY, That I attended deceased from 2-5, 1931, to 7-13, 1931

That I last saw h[illegible] alive on 7-12, 1931

and that death occurred, on the date stated above, at 1:20 P. m.

The CAUSE OF DEATH* was as follows:
Chronic glomerular nephritis & tubular degeneration, nephritic type

(Duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary): Uraemia
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) R. Tousley Pator M. D.

7-13 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

20 UNDERTAKER: Geary Sadler & Sons Inc.

DATE OF BURIAL: July 16 1931

ADDRESS: Biddle St & Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70461 — 93 003 70461

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE, No. 1121 N Carey St. 16-23 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Sarah C. Jones

(a) Residence: No. 1121 N Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Walter T. Jones.

6. DATE OF BIRTH (month, day, year): Jan 9 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: John Tasker

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Cook

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary E. Jones

(Address) 17 N. Allendale Ave Atlantic City

18. BURIAL, CREMATION, OR REMOVAL. Place: Washington D.C. Date: July 17 1931

19. UNDERTAKER: Samuel F. Heusler

(Address) 518 N Eutaw St

FILED JUL 17 1931 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14 1931

22. I HEREBY CERTIFY, That I Attended deceased from July 5 1931 to July 14 1931

I last saw h[illegible] alive on July 14 1931 death is said to have occurred on the date stated above, at 2:17 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	7/5/31

Other contributory causes of importance:

Myocardial Degeneration	Dk

Name of operation — No Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) B. T. Hatcher M. D.

(Address) 1225 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—581.

E 70462

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70462

210-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE; No. Md Gen Hosp ST. 11-24 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nelson Groome

(a) RESIDENCE NO 939 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 14-23

7 AGE — Years: 7 — Months: 10 — Days: 26 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER Harry Groome

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Helen Woodyard

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Mary Groome

(Address) 939 Park Ave

JUL 15 1931 HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture skull at the centre of impression ran into path of moving truck

(Duration) yrs mos ds.

CONTRIBUTORY (Secondary) Crack Skull

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Park Mr & Lanvale Sts

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. Krause, M. D. Coroner

7/15 1931 (Address) 2939 N. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: 7/15 1931

20 UNDERTAKER: Samuel Stansbury — ADDRESS 578 N Bridge

CAUSE OF DEATH must be properly classified. Fill out blank completely. Make statement of OCCUPATION very important! See instructions on back of certificates.

70463

E 70463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 1501 N Patterson Park Ave (Street or Ward) 6th

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Peter M. Ullrich

(a) RESIDENCE NO. 1501 N Patterson Park Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. 10 mos. 3 ds. How long in U. S., if of foreign birth? Life. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Married

5a. If married, widowed, or divorced

HUSBAND of Mrs Ella E Ullrich

6. DATE OF BIRTH (month, day, and year): Sept. 10 1890

7. AGE

Years	Months	Days.	If LESS than 1 day, hrs. or min.
40	10	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Confectionary & Candy Store Owner

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10. NAME OF FATHER: Charles M Ullrich

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Margaret E. Schaffhauser

13. BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

14. Informant: Mrs Ella E. Ullrich

(Address) 1501 N Patterson Park Ave

15. Filed JUL 15 1931 By

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 13 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1 31 to July 13 31

that I last saw ... alive on July 13 31 5 PM

and that death occurred, on the date stated above, at ...

The CAUSE OF DEATH* was as follows:

Shr Pernicious Malaria Nephritis 6 14

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemic Convulsion

(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical W. Allan J. Roanek M. D.

July 13 1931 For the Coroner

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	July 17 1931

20. UNDERTAKER: Henry Strack Sons Inc.

ADDRESS: 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Wilkens & Catonsville 159

CITY OF BALTIMORE: (No. St Agnes Hosp 1928 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Premature Infant Manger

(a) RESIDENCE NO. 1832 N. Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Wh

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7/14/31

7 AGE: Years | Months | Days: 4 hrs | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ✓ Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Herbert Manger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Halma Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Hospital Records

JUL 15 1931

C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-14-31

17

I HEREBY CERTIFY, That I attended deceased from 7/14, 1931 to 7/14, 1931

that I last saw her alive on 7/14, 1931

and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Premature - 7 mo

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History & Physical

(Signed) M Palmer S. Anspach M. D.

7-14-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Plc.

UNDERTAKER: Perry & Nutter

DATE OF BURIAL: 7/15 19 31

ADDRESS: 1101 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2MB

70465 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70465

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 S. Monroe St. St. 30-28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Ann Jackson

(a) Residence: No. 636 S. Monroe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of O. Frank Jackson

6. DATE OF BIRTH (month, day, year) May 26, 1863.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
68	1	19/7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Henry Bolte

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Leiplein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jesse Schubert (Daughter)
(Address) 636 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arcadia, Md. Date July 16, 31

19. UNDERTAKER Harry C. Saffer
(Address) 4201 Edgerton Ave.

20. FILED JUL 15 1931 19 ... Registrar C. HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to July 12 1931
I last saw her alive on July 13 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Endocarditis - Infectious
Hemorrhagic Nephritis
Bronchial Asthma
Hypertension Pneumonia,

Date of onset

Other contributory causes of importance:

Pulmonary Edema

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

M. D. (Signed) J. Wirt Y. Walker M. D.

(Address) 2157 Mulberry

that it may be properly classified. Exact statement of
state CAUSE OF DEATH in plain terms, so that
OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70466

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70466

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 611 Walnut Ave (Ward) 28-16

REGISTERED No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry L Owen

(a) RESIDENCE NO. 611 Walnut Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE W | 5 ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Owen

6 DATE OF BIRTH (month, day, and year) Aug 4-1866

7 AGE: Years 64 | Months 11 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Agt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn N Y

PARENTS

10 NAME OF FATHER Albert Owen

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Mary Ann Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Louise Owen 611 Walnut Ave

15 Filed JUL 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14-1931

17

I HEREBY CERTIFY, That I attended deceased from Nov 28, 1928, to July 14, 1931

that I last saw h— alive on July 14 1931

and that death occurred, on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebro Cardiac

Arteriosclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Gastric analysis

(Signed) J. Hampton Cowan M. D.

(Address) 704 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park | DATE OF BURIAL: July 17 1931

20 UNDERTAKER: Kirkman & Sons | ADDRESS: 1723 N Fulton Ave

CAUSE OF DEATH must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph Hospital (St.) 2748 (Ward) 10

REGISTERED NO. 70467

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby John Miller.

(a) RESIDENCE NO. 308 Rossiter Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months | Days: 21. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry J. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mary Hohman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Henry Miller 308 Rossiter Ave

15 Filed JUL 15 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-15-31

17

I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to July 15, 1931

That I last saw h[illegible] alive on July 15, 1931

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Inanition Edema

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): Early bronchial Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical + autopsy

(Signed) M. B. Hundley M. D.

19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 7/15 1931

20 UNDERTAKER: J. J. Fahey & Sons

ADDRESS: 1818 Light St

JUL 15 1931

J. HAMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70468 — E 70468

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N. Dallas St., 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Williams

(a) Residence: No. 622 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14 31

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. D[illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME John Lee

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Maggie Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John Lee
(Address) 622 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date JUL 15 1931

19. UNDERTAKER
(Address)

JUL 15 1931 ... 19 ... Registrar.

5978

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to July 15, 1931

I last saw him alive on July 13, 1931, death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Pneumonia	July 13
Bilateral	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible], M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70469 — 191 E 70469

1—PLACE OF DEATH Maryland Gen Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 8-12 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Mary Carmine (Carmine)

(a) RESIDENCE NO. 2236 East Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1867 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work.

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Wicks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Virginia Satterfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 Informant Hospital Records

(Address)

15 Filed JUL 16 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-14-31

17 I HEREBY CERTIFY, That I attended deceased from 7-2, 1931, to 7-14, 1931, that I last saw h[illegible] alive on 7-14, 1931 and that death occurred, on the date stated above, at 9:45 a m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Chronic Myocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile prostatitis

(duration) yrs mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of 7-13-31

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Robert W. Clements M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Com.	7/17 1931
20 UNDERTAKER Phillip Herring 2016	ADDRESS Aliceanna St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70470

82-001

E 70470

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2621 E. Monument ST., 7-10 WARD)

2—FULL NAME Theresa E. Starkey (Starkey)

(a) RESIDENCE NO. 2621 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Starkey

6 DATE OF BIRTH (month, day, and year) Sept 2/60

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): " "

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER James A. Hildebrand

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Neuhaus

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant James M. Starkey

(Address) 2621 E. Monument

15 [illegible] 19

Registrar

JUL 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14/31

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to July 13, 1931.

that I last saw h[illegible] alive on July 12, 1931

and that death occurred, on the date stated above, at 12.30 P m.

The CAUSE OF DEATH* was as follows:

Paralysis, Encephalopathy of Brain

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) High Blood Pressure Hardening of Arteries

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

DID an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. C. Cassell, M. D.

7/14, 1931 (Address) 707 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bald Eam

DATE OF BURIAL: 7/16 1931

20 UNDERTAKER: Philip Herring

ADDRESS 2016 Orleans

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 70471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70471

94-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-63 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister Mary Stella Cushman

(a) RESIDENCE NO. Portland Maine. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 15 ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 16, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Home Auburn

9 BIRTHPLACE (city or town) (State or country): Maine

PARENTS

10 NAME OF FATHER: Cephas Cushman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Auburn Maine

12 MAIDEN NAME OF MOTHER: Columba Barry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Auburn Maine

14 Informant (Address): Mt Hope Retreat Mt Hope Retreat

15 Filed JUL 15 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1927, to July 15, 1931, that I last saw her alive on July 14, 1931, and that death occurred, on the date stated above, at 5.25A m.

The CAUSE OF DEATH* was as follows:

Coronary Embolus.
(Sudden Death).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Paranoid Dementia

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Lewiston

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Willis P. Hall, M. D.

, 19 (Address) Mt Hope Retreat.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portland Me.	July 18 1931

20 UNDERTAKER: Edward L Maiorello ADDRESS: Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

Knisley ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70472 — CERTIFICATE OF DEATH — E 70472

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Gatons Ave St. 25-12 75 WARD)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr James Knisley

(a) RESIDENCE No. Burkirk, Md. Prince George cty St. WARD

(Usual place of abode) (If non-residents give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Knisley

6 DATE OF BIRTH (month, day, and year) March 7th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Store
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS
10 NAME OF FATHER: Levi Knisley
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: Emma Wells
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mrs Lola Knisley Burkirk Md

15 Filed 7-15-1931 — C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15-31

17
I HEREBY CERTIFY, That I attended deceased from July 8, 19, to July 15, 1931
that I last saw him alive on July 15, 1931
and that death occurred, on the date stated above at 10:5 a m.

The CAUSE OF DEATH* was as follows:
1) Cerebral Edema
2) Acute Alcoholic Psychosis
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (secondary): Chronic Alcoholism
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Prince George City
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Physical & Post Mortem
(Signed) Hyatt Norman S Anderson M. D.
7-15-31 (Address) St Agnes Hospital

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Savage Md.
DATE OF BURIAL: 7/17/31
UNDERTAKER: L Floyd Kauser
ADDRESS: Laurel Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks 250141 Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70473 97 E 70473

1 PLACE OF DEATH

CITY OF BALTIMORE (No JOHNS HOPKINS HOSPITAL St 8-16 WARD 1

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Affy

(a) RESIDENCE NO 2423 E Hoffman St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a If married, ~~widowed~~, or ~~divorced~~
HUSBAND of ~~WIFE of~~ Mary Affy

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist 31
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER William Affy
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant Records
(Address) JOHNS HOPKINS HOSP.

JUL 15 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUL 14 1931

17
I HEREBY CERTIFY, That I attended deceased from June 30 1931 to July 14 1931
that I last saw him alive on July 14 1931
and that death occurred, on the date stated above, at 11 40 P M.

The CAUSE OF DEATH* was as follows:
Hypertrophied prostate, probably arteriosclerotic in origin.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancerous distribution of ob-
Rectum (duration) yrs. mos. 3-4 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of —
Was there an autopsy? Yes
What test confirmed diagnosis? Physical Examination
(Signed) Walter T Myers M. D.
7/15 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem
DATE OF BURIAL 7/16/31
20 UNDERTAKER Joseph Ahrens
ADDRESS 221 Bway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

250 E 70474 X 121 E 70474

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) JOHNS HOPKINS HOSPITAL (St.) 9-9 (Ward)

2 FULL NAME Allen Dickson

(a) RESIDENCE NO. Baldwin, Md (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 29-1916

7 AGE: Years 15 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.C.

PARENTS

10 NAME OF FATHER: Charles Dickson

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Lillie Witherspoon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Records
(Address) JOHNS HOPKINS HOSPITAL

15 [illegible] 1931 16 Lft. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15-1931

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to July 15, 1931

that I last saw he/she alive on July 15, 1931

and that death occurred, on the date stated above, at 5:20 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis, generalized

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Ruptured Appendix

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes date of 7/10/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) H. C. Smith M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Jefferson N C. | DATE OF BURIAL: 7/16/31

UNDERTAKER: Joseph Ahrens | ADDRESS: 221 Bway

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1931

Spec.—9-30—A. & Co.—250 Blks.

70475 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70475

CERTIFICATE OF DEATH

34

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (or) Union Memorial Hospital

2 FULL NAME George H. West.

(a) RESIDENCE NO. 2211 Roslyn Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk of Circuit Court

(b) General nature of industry, business, or establishment in which employed (or employer): 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

PARENTS

10 NAME OF FATHER: Erasmus West.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md.

12 MAIDEN NAME OF MOTHER: Marie Toagus.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick, Md

14 Informant (Address): Mrs. West Doggett. 2211 Roslyn Ave

15 Filed 1931 C. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/31

17

I HEREBY CERTIFY, That I attended deceased from 7/1, 1931, to 7/15, 1931

that I last saw h[illegible] alive on 7/14, 1931

and that death occurred, on the date stated above, at 5:45 A. m.

The CAUSE OF DEATH* was as follows:

Syphilis, tertiary

(duration) 10+ yrs. mos. ds.

CONTRIBUTORY (Secondary): Malnutrition.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) P. H. Mortimer Jr. M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: July 16 1931

UNDERTAKER: John O. Mitchell & Sons ADDRESS: 1911 Eastern Ave

61 [illegible]

information should be carefully supplied. AGE should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70476

REGISTERED NO. 167 E 70476

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 823 Park ave, St. 11-24 Ward)

2-FULL NAME Lee Roy McDaniel

(a) RESIDENCE NO. 823 Park ave St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	23			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor 10 01
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mrs Dixon

9 BIRTHPLACE (city or town)
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER unknown McDaniel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant Mrs Elizabeth Dixon
(Address) 618 Druid Park Rd

15 Filed C. HAMILTON JONES, M. D. Registrar
by

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Bullet Wound through brain Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Faulgn, M. D.

7/14 1931 (Address) 4006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Coatesville Pa DATE OF BURIAL July 16 31

20 UNDERTAKER John O Mitchell & Sons ADDRESS 1900 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 70477 — X 107 — 801 — L 70477

1 PLACE OF DEATH Sinai Hospital — 713 — REGISTERED NO.

CITY OF BALTIMORE: (No. 1 Druid Drive) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Drane Bullock

(a) RESIDENCE NO. 1531 Edgewood Drive, Columbus, Georgia
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 11 mos. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of Marion Bullock

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Promoter
(b) General nature of industry, business, or establishment in which employed (or employer): Financial
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Columbus, Ga

PARENTS
10 NAME OF FATHER: J. C. Bullock.
11 BIRTHPLACE OF FATHER (city or town) (State or country): Buena Vista
12 MAIDEN NAME OF MOTHER: Minnie Crane
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Buena Vista

14 Informant: Mrs. Marion Bullock
(Address): Columbus, Ga

15 C. HAMPSON JONES, M. D. Registrar

JUL 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 11, 31 to July 15, 31
that I last saw him alive on July 15, 31
and that death occurred, on the date stated above, at 4:15 P. M.

The CAUSE OF DEATH* was as follows:

Bilateral Bronchopneumonia
Type V
(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No Blood Ex. X-Ray
What test confirmed diagnosis?
(Signed) Milton B. Kirsh M. D.
19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Columbus, Ga.
DATE OF BURIAL: 7/15/31

20 UNDERTAKER: Hurd Sondheimer Son
ADDRESS: 1902 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

Spec.—2-23-28—L. F. S.—500 Blks.

E 70478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 70478

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 11-24 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John D. Thos Muller.

(a) RESIDENCE NO. Hollis, Long Island N.Y. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ora Muller

6 DATE OF BIRTH (month, day, and year) 7-2-1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53		13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Real estate business.

(b) General nature of industry, business, or establishment in which employed (or employer) Sold real estate

(c) Name of employer Peter Schultz.

9 BIRTHPLACE (city or town) (State or country) Ackem - Germany

PARENTS

10 NAME OF FATHER John Henry Muller.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ackem, Germany

12 MAIDEN NAME OF MOTHER Mia Wancke.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Ora Muller.

(Address) Hollis Long Island N.Y.

15 Filed OCT 15 1931 19 H. M. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15-31

17

I HEREBY CERTIFY, That I attended deceased from 5-10-31, 19, to 7-15-31, 19, that I last saw him alive on 7-15-31, 19, and that death occurred, on the date stated above, at 8:15 P.M. m.

The CAUSE OF DEATH* was as follows:

Benign hypertrophy of prostate.

(duration) 3-4 yrs mos. ds.

CONTRIBUTORY (Secondary) Ch. myocarditis?

(duration) 2 yrs mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of 5-10, 5-27-31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John F. Clements, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Luthern Cemetery Queens Co. N.Y.	7/15 1931
UNDERTAKER Wellmann Bros	ADDRESS 1215 St Paul

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70479 — 160-002 — E 70479

REGISTERED NO. 70-78

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Hilton ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Verra S. Tacioni

(a) RESIDENCE NO. 10 Hilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	wh.	single

3a If married, widowed, or divorced WIFE of (or) HUSBAND of — baby

6 DATE OF BIRTH (month, day, and year) July 13, 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2 1/2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Gabriel Tacioni

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Ida Pellerosa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant family

(Address)

15 Filed ... 19 ... Registrar

UL 15 1931 E. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1931, to July 15, 1931, that I last saw h[illegible] alive on July 15, 1931 and that death occurred, on the date stated above, at 4 35 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Spinal puncture

(Signed) Francis L. Badaglacca M. D.

19 (Address) 1117 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: July 16th 1931

20 UNDERTAKER: Chas. W. Dill.

ADDRESS 3109 Fredk. Ave.

Before signing, be sure that you have answered all questions. Use ink and write plainly. Cause of death must be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Dr. ✓

E 70480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70480

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2905 Eastern Ave ✓ 191 Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Lewis Riggin

(a) RESIDENCE No. 2905 Eastern ave St. ____ Ward ____ (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Divorced

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederika Riggin

6 DATE OF BIRTH (month, day, and year): March 26 1866

7 AGE: Years 64 - Months 3 - Days 18 - If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS:
10 NAME OF FATHER: Joseph Riggin
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md
12 MAIDEN NAME OF MOTHER: Mary
13 BIRTHPLACE OF MOTHER (city or town) (State or country): ____

14 Informant (Address): Grace Younger 2905 Eastern ave

15 Filed ____ 19 ____ C. HAMPSON JONES Registrar

JUL 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 31

17 I HEREBY CERTIFY, That I attended deceased from April 1 19 31 to July 14 19 31
that I last saw him alive on July 14 19 31
and that death occurred, on the date stated above, at 3a m.
The CAUSE OF DEATH* was as follows:

Mitral regurgitation
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (Secondary) Orthopnea & hard Pectoralis
(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Hyland Dorsey M. D.
19 31 (Address) 127 Mosher St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 19 31
UNDERTAKER: H. Rickard & Sons	ADDRESS: Mulberry

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-26—A. & Co.—250 Blks

E 70481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 70481

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3016 Clenmore Ave. WARD 27-43

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lily May Meyers

(a) RESIDENCE No. 3016 Clenmore Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rev. Francis Meyers

6 DATE OF BIRTH (month, day, and year): May 7 1879

7 AGE: Years 52; Months 2; Days 8; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Oliver Beckett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Rev. Francis Meyers 3016 Clenmore Ave.

15

16 [illegible] 19 31 C. HAMPSON JONES, M. D. Registrar

JUL 15 1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year): July 15 31

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to July 15 31

that I last saw him alive on July 15 31

and that death occurred, on the date stated above, at 12.45 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Supposed

(Signed) Harry A. Cone M. D.

19 (Address) 5305 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: July 18 31

UNDERTAKER: Wm. F. Ickes

ADDRESS: 1000 Harford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spar.—9 30—A. & Co.—250 Blks.

70482 **HEALTH DEPARTMENT—CITY OF BALTIMORE** V-70482

CERTIFICATE OF DEATH 93-603

1. PLACE OF DEATH — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, No. 608-E-41. St. 9-47 Ward

2. FULL NAME Sarah Eva Hennighausen

(a) RESIDENCE No. 608-E-41st St. Ward (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rev. Frederick P. Hennighausen

6. DATE OF BIRTH (month, day, and year): April 5 1845

7. AGE: Years 86 Months 3 Days 9 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9. BIRTHPLACE (city or town) (State or country): Fairbury Ill.

PARENTS

10. NAME OF FATHER: Rev. Christian Leipley

11. BIRTHPLACE OF FATHER (city or town) (State or country): Iowa

12. MAIDEN NAME OF MOTHER: Margaretha Ruplert

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germantown Pa.

14. Informant (Address): Mrs. Henry Haussner 608 E 41

15. UL 16 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 14, 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1923, to July 14 1931

that I last saw her alive on July 14, 1931

and that death occurred, on the date stated above, at 12 54 P. M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia (duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis (duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical finding

(Signed) Maurice E. Shamer, M. D.

7/15, 1931 (Address) 3300 W. Forth Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 16 1931

20. UNDERTAKER: H. J. Tietjen & Sons — ADDRESS: North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70183 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 70183

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (Tbc) 6-9

CITY OF BALTIMORE (No ST. WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Gregory

(a) RESIDENCE NO 1720 McCubbin st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos ds How long in U. S. (If of foreign birth) yrs mos ds

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie Gregory

6 DATE OF BIRTH (month, day, and year) Mch. 26, ??

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Pick & shovel
(c) Name of employer Unknown

9 BIRTHPLACE (City or town) (State or country) Kingston North Carolina

PARENTS
10 NAME OF FATHER John L. Gregory
11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina
12 MAIDEN NAME OF MOTHER Masie Dixon
13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Hospital Records
(Address)

15 Filed JUL 16 1931 G. HAMILTON MOYER, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1931

17
I HEREBY CERTIFY, That I attended deceased from July 8, 1931 to July 14, 1931
that I last saw him alive on July 14, 1931
and that death occurred, on the date stated above, at 2.30 a. m.
The CAUSE OF DEATH* was as follows:

Chronic nephritis (duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Secondary uremia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy
(Signed) Lawrence [illegible] M. D.
7-14 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	7-16 1931
20 UNDERTAKER	ADDRESS
Byron Knight	1218 Mc & Asbury St

Spec.—8-30—A. & Co.—250 Blks.

E 70484

E 70484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 95002

1 PLACE OF DEATH Provident Hosp. REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1514 Division 28-30 WARD

2 FULL NAME Samuel Riley

(a) RESIDENCE NO. (Usual place of abode) 124 Sutton ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: 32 — Months: — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Jamica B. W. I.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Howard Gray

(Address): 628 Greenmount Ave

15 Filed 7-12, 1931 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-10-31

17

I HEREBY CERTIFY, That I attended deceased from 7-8-, 1931, to 7-10, 1931

that I last saw him alive on 7-10-, 1931

and that death occurred, on the date stated above, at 6 15/0 m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardio Vascular disease.

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Dr. George W^m Donald M. D.

7-11, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cy — DATE OF BURIAL: 7/16/31

20 UNDERTAKER: Isaiah L Brown & Son — ADDRESS: 108 Montgomery

JUL 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 70485

E 70485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 12-46 WARD)

2-FULL NAME Scott Ferguson

(a) RESIDENCE NO 2800 Block Reese St ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	about 38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Henry Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Frances Knox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Ferguson

(Address) 210 E. Chase

Filed JUL 16 1931 CLAUDE HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage- Incised wound of abdomen involving liver (Knife)
Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hillen rd nr City Line

Did an operation precede death? yes Date of July 13th

Was there an autopsy? yes

What tests confirmed diagnosis?

(Signed) John Beam Coroner, M. D.

7/16/31 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL July 16 '31

20 UNDERTAKER Mrs. P.G. Elliott — ADDRESS 722 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

REGISTERED NO. E 70486

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital ST. 7-12 WARD)

2-FULL NAME Augusta Tormollen

(a) RESIDENCE NO 822 N. Belnord Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Tormollen

6 DATE OF BIRTH (month, day, and year) Dec 12/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Stumke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Torgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Tormollen
(Address) 822 N. Belnord Ave

15 Filed JUL 16 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Intracranial Hemorrhage - fractured Skull. Accidentally fell in cellar of home.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

7/16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Maxwell Cem. DATE OF BURIAL July 17 1931

20 UNDERTAKER John E. Miller ADDRESS 2435 E. Oliver

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L.

E 70487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E/70487

22-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Pittle Ct ST. 18-26 WARD)

2-FULL NAME Wilford Ingram

(a) RESIDENCE NO 819 Pittle Ct ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 1-1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Louis Ingram

11 BIRTHPLACE OF FATHER (city or town) (State or country) Africa Unknown

12 MAIDEN NAME OF MOTHER Effie Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Africa Unknown

14 Informant (Address) 819 Pittle Ct

15 Filed JUL 16 1931, 193 C. E. PRICE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental

Tetanus

Shot Self in hand

CONTRIBUTORY (Secondary) (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Geo. W. Fowler, M. D. Coroner

July 15 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 7/16 1931

20 UNDERTAKER Mrs. Kate R. Williams

ADDRESS 3221 Edmondson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70488

E 70488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1115 Bonaparte Ave ST. 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David E. Tucker

(a) RESIDENCE NO. 1115 Bonaparte Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E Tucker

6 DATE OF BIRTH (month, day, and year) Dec. 9. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mary . E. Tucker
(Address) 1115 Bonaparte Ave

15 Filed JUL 16 1931, 19 HAMPSON JONES M.D. Registrar
By O K C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1931

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to July 14, 1931
that I last saw him alive on July 14, 1931
and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 1
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis 5 yrs.
(duration)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Weber M.D.
19 21 (Address) 936 E. Monument St

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: July 16 31

20 UNDERTAKER: George W. Zirkler — ADDRESS: 1737 E. Eager St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 70489

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70489

107-001

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 603 N. Kenwood Ave. (WARD) 7-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christian J. Appel

(a) RESIDENCE NO. 603 N. Kenwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E. Appel

6 DATE OF BIRTH (month, day, and year): Nov. 17, 1870

7 AGE: Years 60 Months 7 Days 28 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundryman

(b) General nature of industry, business, or establishment in which employed (or employer): Home Laundry Co.

(c) Name of employer: Home Laundry Co.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John Appel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): Mary E. Appel 603 N. Kenwood Ave.

15 Filed JUL 16 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15/31

17

I HEREBY CERTIFY, That I attended deceased from July 9 1931 to July 15 1931

that I last saw h[illegible] alive on July 12 1931

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Tuberculosis - Extensive

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Conrad Schmitz M. D.

7/16 1931 (Address) 701 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem. DATE OF BURIAL: July 18-31

20 UNDERTAKER: Geo. E. Miller & Son ADDRESS: 2306 Gilmor St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-29—M. & T.—100 B—50L

E 70490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Woodmont Hosp. St. (or Road) 15-21

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2. FULL NAME Desdemona Howard Porter

(a) RESIDENCE NO. 708 Eden Al. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1891 Sept

7 AGE: Years 39 | Months 10 | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Robt H Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Florence L Hasiewood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Vernon Howard
(Address) Utica N.Y.

Filed JUL 16 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmic Coma (duration) Few hours

CONTRIBUTORY (Secondary) Nephritis (duration) yrs 1 mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Reich, M. D. Coroner

(Address) July 13 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn Cem	July 16 1931

20 UNDERTAKER: Adolphus Hahn

ADDRESS: Govanstown

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 70491

E 70491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Montpelier St. 9-46 WARD)

2. FULL NAME Mary Doris Tabb

(a) RESIDENCE NO. 1521 Montpelier St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): —

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): July 13-1929

7. AGE: Years 2 | Months — | Days 2 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER C Tabb

11. BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12. MAIDEN NAME OF MOTHER Mae Dunphy

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14. Informant (Address): Mae Dunphy Tabb 1521 Montpelier St.

JUL 16 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (month, day, and year): July 15-1931

17. I HEREBY CERTIFY, That I attended deceased from July 12th, 1931, to July 15th, 1931

That I last saw h[illegible] alive on July 15th, 1931

and that death occurred, on the date stated above, at 12.25 A m.

The CAUSE OF DEATH* was as follows:

Acute Meningitis

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Convulsions

(duration) — yrs. — mos. 1 ds.

18. Where was disease contracted if not at place of death? Place of Birth

Did an operation precede death? No Date —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Hamman M. D.

7/15 1931 (Address) 1701 N Fulton Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL: July 17 1931

UNDERTAKER: Mary M Winfield

ADDRESS: 501 E 32nd St

INFORMATION should be carefully supplied. AGE information should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 70492

1 PLACE OF DEATH 5729

CITY OF BALTIMORE: (No. 5729 Colonial Rd. St.) (26-55 Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME David Selenkow

(a) RESIDENCE No. 5729 Colonial Road St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Selenkow

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 76; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: Retired

(a) Trade, profession or particular kind of work: Hebrew Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jessie Selenkow

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hannah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis E. Selenkow

(Address) 5729 Colonial Rd.

15 Filed JUL 16 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-16-31

17

I HEREBY CERTIFY, That I attended deceased from 7-12, 19 31, to 7-16, 19 31

that I last saw him alive on 7-16, 19 31

and that death occurred, on the date stated above, at 12.35 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension
Cerebral Apoplexy
Apoplexy (duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Hypertension (duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hanford S. Goldsmith M. D.

19 (Address) 824 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Fri. Cemetery

20 UNDERTAKER: Jack Louis Lore

DATE OF BURIAL: 7/16/31 19

ADDRESS: 1434 E Baltimore St

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 70493

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

E 70493

1—PLACE OF DEATH 535 Laurens Street

CITY OF BALTIMORE (No. 535 Laurens ST. 14th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha May Douglas

(a) RESIDENCE NO. 535 Laurens ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April May 25 1914

7 AGE: Years 17 Months 2 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Douglas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Hattie Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs. Hattie Douglas (Address): 535 Laurens St.

15 JUL 16 1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 13. 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to July 13, 1931

that I last saw her alive on July 13, 1931

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) C. H. Hampson, M. D.

, 19 (Address) 501 N. Bremerton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: July 16, 1931

20 UNDERTAKER: Mrs. Estelle R. Williams

ADDRESS 322 N. Howard St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70494

53 E 70494

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3000 Hamilton Ave. ST. 27-43 WARD)

2 FULL NAME MOLLIE D. READ

(a) RESIDENCE NO. 3000 Hamilton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James P. Read

6 DATE OF BIRTH (month, day, and year) Oct. 28, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER Geo. Dodd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Amanda Chalk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Sarah J. Tames

(Address) 3000 E. Hamilton Ave.

15 Filed . C. HAMPSON JONES, M. D. Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1931, to July 15, 1931

that I last saw h alive on July 14, 1931

and that death occurred, on the date stated above, at 4:09 A.M.

The CAUSE OF DEATH* was as follows:

Extension - Teratoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Kidney with aforementioned metastasis

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Smith M. D.

7/15/31 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Jul. 17 1931

20 UNDERTAKER Frederick Lansdowne

ADDRESS 7401 BelairRd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state AGE should be stated EXACTLY. Exact statement of OCCUPATION should be carefully supplied. ACCURATE information should be carefully supplied

1-30—M. & T.—100 B—50L

70495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 70495

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 711 Brookwood ST. 2866 WARD

2-FULL NAME Bailey Hospital

(a) RESIDENCE NO. 711 Brookwood ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter

6 DATE OF BIRTH (month, day, and year): Jan 24-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	61	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Fred Barbour

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Hatcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Walter Jones (Address) 711 Brookwood

15 Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Tuberculosis Pulmonis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) _____, M. D. Coroner

19 _____ (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: July 18 1931

20 UNDERTAKER: Jos Loercher & Sons

ADDRESS: 217 S Bond

FILED JUL 18 1931 C. HAMILTON JONES, M. D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

Dr Gibson Porter 4822 Roland Ave Tuc 6390

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70496

CERTIFICATE OF DEATH

191 ✓ E 70496

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 617 St. Johns Rd (Ward) 27-53
Lib

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME George Armistead

(a) Residence: No. 617 St Johns Rd Ward. Roland Park
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About	82	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker & Stock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 2 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Hughes Armistead
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Agnes Gordon
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Harvey C. Armistead
(Address) 102 W. Oakdale Rd

18. BURIAL, CREMATION, OR REMOVAL
Lowndes Park Cemetery Date 7/17/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 17 1931 C. HAMPSON JONES, M. D. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15-th, 1931

I HEREBY CERTIFY, That I attended deceased from July 7- 1931 to July 15 1931
I last saw him alive on July 15 1931 death is said to have occurred on the date stated above, at 4-30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	July 10
Pleurisy	July 15

Other contributory causes of importance:

Past Stroke	July 7-
Otitis Media	July 8

Name of operation None Date of
What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. Gibson Porter, M. D.
(Address) 4822 Roland Ave

Spec.—9-30—A. A. Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70497

95-80

E 70497

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 97-49 St. Ward)

2 FULL NAME Mary Shipley

(a) RESIDENCE NO. 827 E. Belgian Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Feb. 22, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER Joshua Shipley
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Mary Cath. Krasmer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed _____ C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15-31

17
I HEREBY CERTIFY, That I attended deceased from 8-28-30, 19__, to 7-15-31, 19__
That I last saw her alive on 7-15-31, 19__
and that death occurred, on the date stated above, at 12:25 A.m.

The CAUSE OF DEATH* was as follows:
Heart Disease, Hypertension
Non there (duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis + Hypertension
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Jas. H. Arnold Jr. M. D.
(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery — DATE OF BURIAL: 7/17/31

20 UNDERTAKER: Wm. Cook — ADDRESS: 1217 E. Fayette St.

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 70498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#E 70498 ✓ +163 ✓ E 70498

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. H-7 WARD)

2-FULL NAME Louis B. Storm

(a) RESIDENCE NO. Westminister ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29 190[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer at home

9 BIRTHPLACE (city or town) (State or country) Westminster Md

PARENTS

10 NAME OF FATHER James Storm

11 BIRTHPLACE OF FATHER (city or town) (State or country) ~~Cecil~~ Carroll Co

12 MAIDEN NAME OF MOTHER Catherine Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co

14 Informant James Storm
(Address) Westminster Md

15 JUL 17 1931 HAMDEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) Autopsy find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Poison taking with suicidal Intent
Suicide

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Acut Stomach Ulcers Hepatitis (duration) yrs. mos. 15 da.

Where was disease contracted if not at place of death? Westminster

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James M Fenton, M. D. Coroner

(Address) 709 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md Luthers Cem

DATE OF BURIAL Jul 19 1931

20 UNDERTAKER L. Francis Reese

ADDRESS Westminster Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Bks.

E 70499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70499

CERTIFICATE OF DEATH.

REGISTERED NO. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary O'Brien

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of John O'Brien

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Thomas Stapleton

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Gleason

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Valley Sts

15 Filed JUL 17 1931 19.. C. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16th 1931

17 I HEREBY CERTIFY, That I attended deceased from 6/15 1931, to 7/16 1931, that I last saw h alive on 7/14 1931, and that death occurred, on the date stated above, at 6 15 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Edmund Lords M. D.

7/16 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters	July 18 1931
20 UNDERTAKER Rita Friedefeld	ADDRESS 114 Greenmount Ave

N. B.—WRITE PLAINLY, WITHOUT ABBREVIATIONS. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 70500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70500

CERTIFICATE OF DEATH.

131

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 WARD)

2-FULL NAME Margaret Donlon

(a) RESIDENCE NO. Present & Valley ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state AGE should be carefully supplied. Exact statement of OCCUPATION should be stated EXACTLY. It may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificates. TION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ____ None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Anthony Donlan

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Rose Donlan

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor
(Address) Preston & Aisquith Sts.

15 Filed JUL 17 1931 H. LEE JONES, M. D. Registrar
By _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from 6/15 .1931. to 7/15 .1931.
that I last saw h alive on 7/14 .1931.
and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's disease

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wess M. D.

7/16 1931 (Address) 216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Vincents	July 17. 1931

20 UNDERTAKER Rita Riedefeld ADDRESS 1st Greenmt Ave

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70501

70501

22-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) WARD 25-77

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Randolph D. Miller

(a) RESIDENCE No. Sledds Point, Baltimore Md WARD 25th

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 27 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chemist

(b) General nature of industry, business, or establishment in which employed (or employer) Heavy Chemicals

(c) Name of employer Davison Chemical Comp

9 BIRTHPLACE (city or town) (State or country) Roanoke, Va

PARENTS

10 NAME OF FATHER Thomas W. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Strasburg, Va

12 MAIDEN NAME OF MOTHER Lula M [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Gordonsville, Va

14 Informant (Address) (Sister) Mrs J. R Mccredy Sledds Point Baltimore Md

15 Filed JUL 17 1931

HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-15-31

17

I HEREBY CERTIFY, That I attended deceased from 7-4, 1931, to 7-15, 1931

That I last saw h[illegible] alive on 7-15, 1931

and that death occurred, on the date stated above, at 9:15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Essential Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Samuel McLanahan M. D.

Jul 15, 31 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va.

DATE OF BURIAL July 16 1931

20 UNDERTAKER George J Smith

ADDRESS 1533 Hillmore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Xpac—9-30—A. & Co.—250 Blks

E 70502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70502

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St Agnes Hospital ST. 25-18 WARD)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Patricia O'Malley

(a) RESIDENCE NO. Elkridge ST. Maryland WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 31 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24		9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Graduate Nurse

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): unknown Md

PARENTS

10 NAME OF FATHER: Joseph A. O'Malley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md unknown

12 MAIDEN NAME OF MOTHER: Margaret Traynor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown Md

14 Informant (Address): Mrs Margaret Traynor Elkridge, Md

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-15-31

17 I HEREBY CERTIFY, That I attended deceased from July 6 1931 to July 15 1931

that I last saw h alive on July 15 1931

and that death occurred, on the date stated above, at 6.50 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? SMEAR of C.Sp.Fl.

(Signed) H. Coleman S. Chapman M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: St Augustine Cem Elkridge, Md DATE OF BURIAL: 7/18 1931

21 UNDERTAKER: John J Cowan & Son ADDRESS: 901 Hollins St

Information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL

Spec.—9-30—A. & Co.—250 Blks

70503 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70503

CERTIFICATE OF DEATH. 131

1 PLACE OF DEATH — REGISTERED NO. 18-26

CITY OF BALTIMORE: (No.) 1879 W Fayette St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bella Henry.

(a) RESIDENCE No. 1879 W Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carl E. Henry.

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work.

(b) General nature of industry, business, or establishment in which employed (or employer): /

(c) Name of employer: /

9 BIRTHPLACE (city or town) (State or country): Norway.

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norway

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norway

14 Interment (Address): Mt. Carl. Henry. 1879 W Fayette St.

15 [illegible] G. HAYDON JONES, M. D. Registrar

16 JUL 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/1931

17

I HEREBY CERTIFY, That I attended deceased from June 15. 1931 to July 15 1931

that I last saw h[illegible] alive on July 15 1931

and that death occurred, on the date stated above, at 9.45 m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry Glassman M. D.

July 16 1931 (Address) 208 W Mosher Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 7/ 1931

20 UNDERTAKER: John F Conway

ADDRESS: [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

70504½ E 70504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50v

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) # 19 West 27th St. 12-51 (Ward)

2 FULL NAME Rosetta Wm. Grosson.

(a) RESIDENCE NO. # 19 West 27th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12th 1871

7 AGE. Years.	Months	Days	If LESS than 1 day, hrs. or min.
60	3	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland.

PARENTS

10 NAME OF FATHER John Mc Grosson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Mc Garigle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Nellie Mc Grosson. 19 West 27th St

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1931.

17

I HEREBY CERTIFY, That I attended deceased from 3/29, 1931, to 7/15, 1931

that I last saw h 51 alive on 7/15, 1931

and that death occurred, on the date stated above, at 11.45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Breast.

(duration) Unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? C

(Signed) Chas. R. Goodbrough M. D.

(Address) 2923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cem

DATE OF BURIAL: 7/18 1931

20 UNDERTAKER: John F. Cowan & Son

ADDRESS: Gorsuch Av.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1931 C. HAMPSON JONES, M. D.

1-20—M & T—100 B—50L

E 70505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 70505

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S Dallas St.) 3-4 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lorenzo Sterling

(a) RESIDENCE NO 115 S. Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Della Sterling

6 DATE OF BIRTH (month, day, and year) 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	42	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) Crisfield
(State or country) Md

PARENTS

10 NAME OF FATHER Elijah Sterling

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Nancy Bell

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Annie Brown

(Address) 1730 Aisquith St

15 Filed ..... 192 H. G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B O Henry M D M. D.
Coroner

7/16, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. †See reverse side for additional space.]

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson's Cem.	7-17 1931
UNDERTAKER	ADDRESS
Byron Knight	1218 McElderry St

Spec.—9-30—A. & Co.—250 Blks.

E 70506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70506

CERTIFICATE OF DEATH

131V

9-46

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 Gorsuch Ave. St. ..... WARD)

2 FULL NAME LAURA V. KIRBY

(a) RESIDENCE NO. 1648 Gorsuch Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6 DATE OF BIRTH (month, day, and year) May 7, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Richard S Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Leslie Lewis (Neice)
(Address) 1648 Gorsuch Ave.

15 Filed JUL 17 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 10 1931, to July 14 1931

That I last saw h[illegible] alive on July 10 1931

and that death occurred, on the date stated above, at 4.30 p m.

The CAUSE OF DEATH* was as follows:

Nephritis.

(duration) 5 yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) ..... yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? "

Did an operation precede death? " Date of "

Was there an autopsy? "

What test confirmed diagnosis? "

(Signed) Robert J. Kirk M. D.

7/16 1931 (Address) 326 Hanford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: July 17 31

20 UNDERTAKER: Henry Sonder & Sons, Inc. — ADDRESS: Baltimore St & Broadway.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 70507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-002

E 70507

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp ST. WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Winfield Royer

(a) RESIDENCE NO. Walnut Proctor ST. Woodlawn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 11 1921

7 AGE — Years: 10 — Months: 1 — Days: 5 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Earl W Royer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland Virginia

12 MAIDEN NAME OF MOTHER: Mary V Leatherbury

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Earl W Royer

(Address): Woodlawn

15 Filed JUL 17 1931 HAMILTON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16th 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Manner in which he was injured Fell from road into tree, striking

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Woodlawn Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) I Frame, M. D. Coroner

19 31 (Address) 2939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: July 16 31

UNDERTAKER: H. Freeman & Son

ADDRESS: Walbert

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70508

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 2302 Belair Road St. 8-45 Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clara F Corns

(a) RESIDENCE NO 2302 Belair Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Corns

6 DATE OF BIRTH (month, day, and year) Aug. 30-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER James House

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Frances M Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Clara F. Hodnick
(Address) 2302 Belair Road

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16-1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 14, 1931, to July 16, 1931

that I last saw h er alive on July 16, 1931

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. F. Reifschneider, M. D.

7/16 1931 (Address) 2434 Eastern Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL July 18 1931

20 UNDERTAKER George W. Zinkler

ADDRESS 1737 E Eager St

JUL 17 1931 G. HUDSON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

L 70509

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 70509

CERTIFICATE OF DEATH

43-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 17-25 WARD

2-FULL NAME Frederick Paines

(a) RESIDENCE NO 402 Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant James Tazzell

(Address) 402 Pine St

15 JUL 7 1931 Filed ..., 19.. HARRISON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute edema of lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellers, M. D. Coroner

7/17, 1931 (Address) 2754 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
D H Hemsley	7/17 1931
20 UNDERTAKER	ADDRESS
Daniel Easton	916 Pen

Spec.—9-30—A. & Co.—250 lks

E 70510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

On E 70510

18V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marjorie a. Roberts

(a) RESIDENCE NO. 3404 Carlisle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 19, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schoolgirl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Herbert C. Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Dorothy Ray McQuhain

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Record.
(Address)

JUL 17 1931

C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to July 17, 1931

that I last saw h.. alive on July 17, 1931

and that death occurred, on the date stated above, at 4.55 A.m.

The CAUSE OF DEATH* was as follows:

Meningococcic Meningitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Culture of C.S.F.

(Signed) Samuel McLanahan M. D.

(Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL:	DATE OF BURIAL
Druid Ridge Cem.	July 20 1931

UNDERTAKER Chas. J. Tickner & Sons ADDRESS Mt. Royal

Spec.—1-30—M. & T.—250 Blks

E 70511

E 70511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N. Eden ST 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patsy Carter

(a) RESIDENCE NO. 716 N Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced (or) WIFE of James Carter

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 46	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oxford N.C.

PARENTS

10 NAME OF FATHER Wm Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Jane. (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Myrtle Lee Robinson

(Address) 711 N. Eden St. (daughter)

15 Filed JUL 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1931 to July 16 1931

that I last saw her alive on July 16 1931

and that death occurred, on the date stated above at 7:20 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physicial Exh.

(Signed) R. Lyerly M. D.

7/16 1931 (Address) 1424 Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cem	July 18 1931
20 UNDERTAKER	ADDRESS
Chas J. G. Locke	1362 Jefferson

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

(-30—M. & T.—100 B—50L.

E 70512 ✓ E 70512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 2-4 191

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 2. S. Register ST. WARD)

2-FULL NAME Lucy Beatrice Harris

(a) RESIDENCE No. 2. S. Register ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 1 1931

7 AGE: Years — Months: 3 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Walter Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucille Washington

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Lucille Washington Harris

(Address) 2 S Register St

15 Filed JUL 17 1931, 192 — T. HAMPSON JONES, M. D. Registrar, 19

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) S. W. Herzog M. D., Coroner

7/16 1931 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: 7-18 1931

20 UNDERTAKER: Mrs Chas G. Bailey — ADDRESS: 1421 Jefferson

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70513

15

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 7210 Roslyn Ave 15-61 WARD)

2. FULL NAME Patricia Lee Hulse

(a) RESIDENCE NO. 7210 Roslyn Ave ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 25-1931

7 AGE — Years: — Months: 1 — Days: 25 — If LESS than 1 day, hrs. or min.: _____

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: _____

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS
10 NAME OF FATHER: Thomas F. Hulse
11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co. Md.
12 MAIDEN NAME OF MOTHER: Lucy E. Bacon
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md Balto

14 Informant (Address): Thomas F. Hulse 7210 Roslyn Ave

15 JUL 17 1931 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17-1931

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to July 17, 1931
that I last saw her alive on July 17, 1931
and that death occurred, on the date stated above, at 6:05 A m.
The CAUSE OF DEATH* was as follows:

Erysipelas

Antecedent Conditions (duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Broncho-pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of _____
Was there an autopsy? No.
What test confirmed diagnosis? Clinically
(Signed) Fred B. Smith M. D.
(Address) 11 E. Chase St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: July 17 1931
UNDERTAKER: Margaret E. S. Hynes — ADDRESS: 1417 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70514 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70514

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4204 Roland Ave (St.) 13-50 (Ward) 1

2 FULL NAME Minnie J. Smith

(a) RESIDENCE NO. 4204 Roland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6 If married, widowed, or divorced (or) WIFE of William Francis Smith

6 DATE OF BIRTH (month, day, and year) 1-6-1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Stregen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Hastings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Wm F Smith 4204 Roland Ave

15 (Filed) JUL 17 1931 19 (Registrar) C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 31

17

I HEREBY CERTIFY, That I attended deceased from July 8th 19 31 to July 16th 19 31

that I last saw h[er] alive on July 16th 19 31

and that death occurred, on the date stated above, at 10 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism 2 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac degeneration 7 yrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) J. L. Clift M. D.

7/17 19 31 (Address) 3532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL July 18 1931

20 UNDERTAKER John O Mitchell & Sons ADDRESS 19 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-26—A & Co.—250 Blks

E 70515

Stiegler Elizabeth

E 70515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1 PLACE OF DEATH St Agnes Hospital — REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE } No Wilkens & Caton Ave ST WARD 1

2 FULL NAME Violet Elizabeth Betty Stiegler

(a) RESIDENCE NO. 234 N. Calhoun St ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. — mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 14 1924

7 AGE: Years 7 — Months — — Days 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): School

(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm H Stiegler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Oleuta Frisch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: William Frisch (Address) 234 N Calhoun St

15 Filed JUL 17 1931, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 16 31

17

I HEREBY CERTIFY, That I attended deceased from July 8 , 19 , to July 16 1931

that I last saw h[illegible] alive on July 16 1931

and that death occurred, on the date stated above, at 10:15 a.m.

The CAUSE OF DEATH* was as follows:

Streptococcic Sore Throat

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Streptococcic Peritonitis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Drowning Gath...

Did an operation precede death? Y Date of 7 16 31

Was there an autopsy? Yes

What test confirmed diagnosis? Hist. Path. Exam

(Signed) Hyman S Aufrecht M. D.

7 16 31 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: 7/18/1931

UNDERTAKER: Geo. Weber & Son 2503 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70516

93-003

E 70516

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Goldenberg's Dept. Store 25 West Lexington St. 15-56 Ward)

2-FULL NAME Joseph Straus

(a) RESIDENCE NO 2830 Boarman Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
About	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Dept. Store
(c) Name of employer Goldenberg's.

9 BIRTHPLACE (city or town) Norfolk,
(State or country) Va.

PARENTS

10 NAME OF FATHER Falk Straus

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Fannie Straus

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Watkins (Aunt)
(Address) 2830 Boarman Ave.

15 Filed July 19 1931 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

About 6 yrs. mos. ds.
(duration)

CONTRIBUTORY (Secondary) Acute Dilatation of Heart (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James W. Fenton, M. D.

7/17/31 (Address) 700 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Hebrew Cem.	7/19/31
20 UNDERTAKER David Sonnheim Son.	ADDRESS 1502 Eutaw Place

INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-36—A. & Co.—250 Blks

Doud. ✓ 51

E 70517 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70517.

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. U. M. H. St. 9-46 Ward)

2 FULL NAME Thomas H. Doud.

(a) RESIDENCE NO. 925 E. 30th St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~64~~ 63	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland Carrl Co. Md.

PARENTS

10 NAME OF FATHER Terrance Doud

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Katherine Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Hospital Record

JUL 17 1931

F. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1931, to July 16, 1931

that I last saw h in alive on July 16, 1931

and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate with metastases

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Renal Insufficiency (duration) yrs. 1 mos. ds. 1

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Samuel McLaurin M. D.

July 16 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem DATE OF BURIAL: 7/18/31

20 UNDERTAKER: George J Rutt Inc ADDRESS: 1735 Gale Ave

George J Rutt Inc
agent

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Spec.—9-30—A. & Co.—250 Blks

E 70518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70518

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE. (No.) 35-22 WARD) St Agnes

2 FULL NAME Sister Helen Morgan

(a) RESIDENCE No. St. Agnes Hospital ST. WARD St Agnes

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 70 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.Y.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address) St Agnes Hospital Cedar Grove Cemetery

15 Filed JUL 17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 29, 1930 to July 14, 1931

that I last saw her alive on July 14, 1931.

and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

1- Atheroma of Aorta

2- Hemiplegia Rt-

3- Myocardial Degt & Decay

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no What test confirmed diagnosis? Physical & Clinical

(Signed) Hyman S. Simmons M. D.

July 20, 1931 (Address) 5 E. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 15 1931

20 UNDERTAKER: Martin Parry & Sons — ADDRESS: 527 N. Howard St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70519

CERTIFICATE OF DEATH

23 E 70519

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 3706 Taylor Ave St. 9-46 WARD

2. FULL NAME Helen E. Zuschlag

(a) RESIDENCE NO. 1612 Chilton St. WARD
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred: 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov 5 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stenographer
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10. NAME OF FATHER: George Zuschlag
11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.
12. MAIDEN NAME OF MOTHER: Mary Ritter
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Washington DC

14. Informant (Address): Geo. Zuschlag 1612 Chilton St

15. [illegible] HAMPSON JONES, M. D. Registrar

JUL 17 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 17th 1931

17. I HEREBY CERTIFY, That I attended deceased from July 17, 19 30, to July 17, 19 31
that I last saw h alive on July 16, 19 31
and that death occurred, on the date stated above, at 3 05 A M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? x Ray

(Signed) Thos F. Stevens M. D.
7/17/31 (Address) 2878 Harford

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 7-20 19 31

UNDERTAKER: C H B Harle — ADDRESS: 115 E West St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70520

92-001

E 70520

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Mc Kean Ave STREET) (WARD) 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry A Malthan

(a) RESIDENCE NO. 1637 Mc Kean Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Malthan.

6 DATE OF BIRTH (month, day, and year) April 2 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Bernhardt Malthan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Eliz. Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Mary E Malthan 1637 Mc Kean ave

15 Filed 1931 Registrar: C. HAWKINS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 31

17 I HEREBY CERTIFY, That I attended deceased from June 26 31 to July 16 31 - that I last saw him alive on July 15 31 - and that death occurred, on the date stated above, at 1205 A

The CAUSE OF DEATH* was as follows:

Chronic Valvular disease of Heart —

Contributory (Secondary) Uremic Coma — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) W J Gunn M. D.

19 (Address) 617 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 7-18 1931

20 UNDERTAKER: Mr Chas A G Rohde — ADDRESS: 2317 Edmondson ave.

UL 17 1931 C. HAWKINS

Registrar

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70521

CERTIFICATE OF DEATH

93-003

REGISTERED NO. E 70521

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Gwynns Falls Pkway St. 28-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Matthews Corse

(a) RESIDENCE NO. 3913 Gwynns Falls Parkway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 16 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank E. Corse

6 DATE OF BIRTH (month, day, and year) April 29 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired housewife

(b) General nature of indastry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.

PARENTS

10 NAME OF FATHER John R. Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Anna Foulke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Guynedd Penna

14 Informant Anna M. Corse
(Address) 3913 Gwynns Falls Parkway

15 Filed ... C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16-1931

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to July 16, 1931, that I last saw h[illegible] alive on July 16, 1931 and that death occurred, on the date stated above, at 8 P — m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of the heart —

(duration) yrs. two months de.

CONTRIBUTORY (Secondary) Chronic Myocarditis - 13 years
Arterial Sclerosis - 5 years

(duration) yrs. Mos. de.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms -

(Signed) C. F. Robinson, M. D.

7-17-1931 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Friends - Sparks	July 15 1931
20 UNDERTAKER Wm. C. Brockett Son	ADDRESS [illegible]

IMPORTANT. The instructions on back of certificates. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

11 Spec.—1-30—M. & T.—250 Bks.

Tomay

E 70522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 E 70522

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Tomay

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 62			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Tomay

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Annie Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston + Valley Sts

15 Filed JUL 17 1931, 19 [illegible] Registrar

E. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from 6/15, 19 31 to 7/15, 19 31, that I last saw h alive on 7/14, 19 31, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Lowe, M. D.

(Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters — DATE OF BURIAL July 18, 19

20 UNDERTAKER Rida Riedefeld — ADDRESS 14 Greene

Manner should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

70523 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

E 70523

1 PLACE OF DEATH Baltimore City Hospitals 6-10 95-0 REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2 FULL NAME Albert Ament

(a) RESIDENCE NO. 146 Clover St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1865 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of (Address) Balto. City Hosp.

15 Filed JUL 17 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-14-31

17

I HEREBY CERTIFY, That I attended deceased from 7-26-29, 19 , to 7-14-31, 19

that I last saw h in life on 7-14-31, 19

and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows: Heart Disease, Arteriosclerotic

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerotic

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Yes

What (test confirmed diagnosis) Chemical

(Signed) Fred Arnold M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer DATE OF BURIAL: 7-16 1931

20 UNDERTAKER: L. G. Moran ADDRESS: 300 E. Balto St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Brady

186-001

E 70524

CERTIFICATE OF DEATH

E 70524

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital St. 3-4 Ward)

2-FULL NAME Joseph P Bradley

(a) RESIDENCE NO. 914 S 32nd St St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	white	Single

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 20 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	1	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Ship Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Phila. Pa
(State or country)

PARENTS

10 NAME OF FATHER Peter Brady

11 BIRTHPLACE OF FATHER (city or town) France
(State or country)

12 MAIDEN NAME OF MOTHER Nora McCarthy

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant (Address) Bd. of Estimates

15 Filed JUL 17 1931 16 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of calcis with & bruises on body accidental

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Stricture of Coronary artery (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Boat June 17th

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) James M Fenton, M. D.

7-15-1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia Pa.	7/17 1931

20 UNDERTAKER John J. Moran ADDRESS 3000 E. Baltimore

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70525

CERTIFICATE OF DEATH

82-801

E 70525

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Marshall St. 23-33 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie O. Gardner

(a) Residence: No. 1424 Marshall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W. Gardner

6. DATE OF BIRTH (month, day, year) Oct 9, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Jr. Gardner

(Address) 1424 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 18, 1931.

19. UNDERTAKER Mrs Wm John T. Tenfel & Son

(Address) 221 W. Fayette St.

JUL 17 1931 FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1931.

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to July 16, 1931. That I last saw h[illegible] alive on July 16, 31 Death is said to have occurred on the date stated above, at 10.40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy. — Date of onset 6/30/31.

Other contributory causes of importance: Arteriosclerosis + Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased No If so, specify ...

(Signed) John G. Schmuck M. D.

(Address) 1337 S. Charles St.

AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70526

CERTIFICATE OF DEATH

8-17 191 L E 70526

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 N. Regester St.) (Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Raab

(a) Residence: No. 1905 N. Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Raab

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Well Digger
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

MOTHER FATHER
13. NAME Benjamin Raab
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George B. Raab
(Address) 2230 Prentiss Place

18. BURIAL, CREMATION, OR REMOVAL
Place St. Joseph's Cem. July 18 31

19. UNDERTAKER Geo. B. Cook
(Address) 1003 West Baltimore St.

20. FILED JUL 17 1931 HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 , 19 31

22. I HEREBY CERTIFY, That I attended deceased from July 1 , 19 31 to July 15 , 19 31
I last saw him alive on July 14 , 19 31 death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Last	

Other contributory causes of importance:

acute Cardiac Dilatation 10 days 10

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Wm. Baysdorfer M. D.
(Address) 800 N. Patterson Park Ave.

INSTRUCTIONS. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-28—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

193 L

E 70527.

E 70527

1-PLACE OF DEATH On way to Emmerson Hosp. 711

REGISTERED NO.

City of BALTIMORE: (Emmerton Harford County, Md. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George H. Gorr

(a) RESIDENCE NO. 2816 Jefferson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 15 - 1906

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	25	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Line man

(b) General nature of industry, business, or establishment in which employed (or employer) Co.

(c) Name of employer Gas & Electric Co

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Bennett Gorr

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Katie E Mathews

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

14 Interment (Address) Bennett S. Gorr 2816 Jefferson St.

15 7-16-1931 C. HILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Electrocuted (Accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) Eugene Gilroy M. D.

(Coroner)

7/16 1931. (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? Emmerton Harford County, Md

Former or usual residence

19 Westergeneral., CREMATION OR REMOVAL Westergen Chapel Date of Burial 7/18 1931

20 UNDERTAKER Robert Brooks & Son ADDRESS Catonsville

JUL 17 1931

R—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Car.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70528

CERTIFICATE OF DEATH

193 E 70528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Conway & Emmerson Hosp.

City of Baltimore: (No.) Emmerton, Harford County, (Ward)

2-FULL NAME John Samuel Shortess

(a) RESIDENCE NO. 5710 Maple Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Divorced

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 14 1890

7 AGE: Years 40 | Months 6 | Days 21 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Gas & Elect Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Thomas H Shortess

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Mary Sidle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Thomas H Shortess 5710 Maple Ave

15 Filed JUL 17 1931 E. H. Mayfield M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electrocuted (Accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Emmerton Harford Co Md

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? History, By Examination

(Signed) Eugene Yellott M. D.

7/16 1931. (Address) 3727 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Beaverstown Pa

DATE OF BURIAL: 7/20 1931

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Catonsville Md

Spec.—9-30—A. & Co.—250 Blks

E 70529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70529

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 845 N. Howard St. (WARD) 11-24 47

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robt A. Lange

(a) RESIDENCE NO. 845 N. Howard ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth 50 yrs. — mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Lange

6 DATE OF BIRTH (month, day, and year): Jan 11-1858

7 AGE — Years: 73 — Months: 6 — Days: 4 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Furniture Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

045

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Theodore Lange

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dominique Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Interment, Removal or Cremation: Elizabeth Lange

(Address) 845 N. Howard St

15 Filed ... 19... Registrar ... C. HAMPSON JONES, M. D.

JUL 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15/31

17

I HEREBY CERTIFY, That I attended deceased from Feb. 1931 to July 15 1931

that I last saw him alive on July 15 1931

and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma Lung.

Abt (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Sepsis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopical

(Signed) H. D. Stansbury M. D.

7-17 1931 (Address) Parkam 714 Eutaw Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lauderdale Park Cemetery — DATE OF BURIAL: 7/18/31

UNDERTAKER: F. B. Wilkerson — ADDRESS: 1300 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70530

CERTIFICATE OF DEATH

7 E 70530

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 N. Hilton ST. 20-10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Albert W Early

(a) RESIDENCE NO. 107 N. Hilton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 17 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 29th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Robt. E. W. Early

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Virginia O'Donnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Mary O'Donnell
(Address) 107 N. Hilton St

15 Filed JUL 17 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16/31

17 I HEREBY CERTIFY, That I attended deceased from July 13. 1931. to July 16. 1931.
that I last saw h[illegible] alive on July 16th. 1931.
and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia
Following Measles
Following up of Influenza.

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Chronic Heart

(duration) yrs. mos. [illegible] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inoculation

(Signed) E A Smith, M. D.

(Address) 1605 N. Monroe St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudenschlager Va	7/18/31

UNDERTAKER F. O. Wisgerd ADDRESS 300 Eutaw Place

IMPORTANT—Name should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-31—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70531 — REGISTERED NO. E 70531

1. PLACE OF DEATH Franklin Square Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. 27 (WARD)

2. FULL NAME William A. Simmonds

(a) RESIDENCE NO. 5320 Beaufort Avenue WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: white — 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edith L. Simmonds

6 DATE OF BIRTH (month, day, and year): Sept 7, 1866

7 AGE — Years: 64 — Months: 9 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Express Messenger
(b) General nature of industry, business, or establishment in which employed (or employer): American Railway Express Co.
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Va

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Edith L. Simmonds 5320 Beaufort Ave.

15 Filed 1931 H. AMBLER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-16 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 28 1931 to July 16 1931.
that I last saw him alive on July 16 1931
and that death occurred, on the date stated above, at 7:30 A m.
The CAUSE OF DEATH was as follows:

Prostatic hypertrophy

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure
(Duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Supra pubic op to drain
Did an operation precede death? Yes Date of 12-21-30
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C. W. Peake M. D.
(Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: July 15 1931

20 UNDERTAKER: Ehrenwerth Son — ADDRESS: 1615 Eutaw

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Dr. Miller 1566 N. Broadway

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70532

CERTIFICATE OF DEATH

146 E 70532

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 5210 Midwood Ave ST. 37-44 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rae Wilson Fishpaw

(a) RESIDENCE NO. 5210 Midwood Ave ST. WARD

(If usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (Write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Fishpaw.

6 DATE OF BIRTH (month, day, and year) July 26 1910

7 AGE: Years 20 Months 11 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER George E. Swann

11 BIRTHPLACE OF FATHER (City or town) (State or country): md.

12 MAIDEN NAME OF MOTHER Clara E. Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address) Clarence Fishpaw 5210 midwood Ave

15 Filed 19 E. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 16 1931 to July 17 1931

that I last saw h[er] alive on July 17 1931

and that death occurred, on the date stated above, at 1:50 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration 12 hr

CONTRIBUTORY (Secondary) Eclampsia - Pat Post (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

Signed Paul Miller M. D.

7/17 31 (Address) 1566 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakwood — DATE OF BURIAL: July 20 1931

20 UNDERTAKER: Shunowetson — ADDRESS: 1616 Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 21 1931

Spec.—7-23-28—L. F. S.—500 Blks.

Stennett

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓

E 70533 — REGISTERED NO. — E 70533

1—PLACE OF DEATH: 607 N. Lee St

CITY OF BALTIMORE: (No. 607 N Lee St ST. 22-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME: Laura Stennette

(a) RESIDENCE NO. 607 N Lee ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, BUSBAND of (or) WIFE of: Lester L. Stennette

6 DATE OF BIRTH (month, day, and year): 3-28-1893

7 AGE: 38 Years | Months 3 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co., Md.

PARENTS

10 NAME OF FATHER: Thom Cosburth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Laura Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md

14 Informant (Address): Laura Coburth 607 N Lee St

15 Filed JUL 17 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14 1931

17 I HEREBY CERTIFY, That I attended deceased from July 13. 1931. to July 14. 1931.
that I last saw her alive on July 14. 1931
and that death occurred, on the date stated above, at 9.45 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H. E. Hampton M. D.

. 19 (Address) 501 N Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	July 18 1931
20 UNDERTAKER: John N Trader	ADDRESS 1027 Druid Hill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70534

CERTIFICATE OF DEATH

82-E 70534

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 E. Chase St. St. 11-15 WARD)

2 FULL NAME John Hogan

(a) RESIDENCE NO. (Usual place of abode) 214 E. Chase St. ST. WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Unkonwn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Hogan

6 DATE OF BIRTH (month, day, and year) About 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Jennie Arthur (Address) 214 E. Chase St.

15 JUL 17 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17. 1931

17

I HEREBY CERTIFY, That I attended deceased from 7/2 . 1931 . to 7/17 . 1931

that I last saw h alive on 7/16 . 1931

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Voss M. D.

7/17 1931 (Address) 1716 E Calvert St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery.

DATE OF BURIAL: July 20 31

ADDRESS

Chas J. Grace Son 118 W Mt Royal Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

70535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

E 70535

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4309 Maine Ave ST. 28-64 (WARD)

2-FULL NAME Mrs Frances I. Bowman

(a) RESIDENCE NO. 4309 Maine Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced: (or) WIFE of Wm E. Bowman

6 DATE OF BIRTH (month, day, and year): Mch 1-1851

7 AGE: Years 80 Months 4 Days 15

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Reisterstown Md.

PARENTS

10 NAME OF FATHER: Nathaniel Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Reisterstown Md.

12 MAIDEN NAME OF MOTHER: Mary E. Leffel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Reisterstown Md.

14 Informant: Blanche Hagg (Address) 4209 Maine Ave

15 Filed JUL 17 1931, 19 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 - 1931

17 I HEREBY CERTIFY, That I attended deceased from March 29, 1931, to July 16, 1931, that I last saw her alive on July 16, 1931, and that death occurred, on the date stated above, at P. m.

The CAUSE OF DEATH* was as follows:

Arteria-Sclerosis
Myocardial Degeneration
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. K. Schelling, M. D.

7/17, 1931 (Address) 1120 St Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 18, 1931

20 UNDERTAKER: Hughes & Jones — ADDRESS: 1301 N. Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

70536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 24-002
124 E 70536

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 26-37 ST., _____ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Ursini.

(a) RESIDENCE No. 413 S Conkling St ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Philomina Ursini

6 DATE OF BIRTH (month, day, and year) March 18

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Francisco Ursini

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Antoinette Rosigno

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Emma Cresta

(Address) 413 S Conkling St

15 Filed 7-7 1931, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) S. B. Kerzonzo Coroner, M. D.

7/17, 1931 (Address) 1305 Fallsway Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 18 1931
UNDERTAKER Hendel & Hoppe	ADDRESS 301 S Eden

NOTE—PENALTY, WITHIN LIMITATIONS OF LAW, FOR FALSE STATEMENT IN THIS RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 70537 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70537

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen Silcott

(a) RESIDENCE NO. Savage, Md. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 11 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Chad Works

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Eliza Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Hurley Curry Savage Md.

(Address)

15 Filed JUL 18 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 9 .19 31. to July 17 .19 31.

that I last saw h[illegible] alive on July 17 .19 31.

and that death occurred, on the date stated above, at 4:50 P m.

The CAUSE OF DEATH* was as follows: Intertrochanteric Fracture of Left Femur Accidental Death.

(duration) yrs. 1 mos 6 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. F. Cramer, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lafayette Va.

DATE OF BURIAL 7/20 19[illegible]

UNDERTAKER Lloyd Kaiser

ADDRESS Laurel Md

mation should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should plate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-15-29—M&T—500 Blks.

E 70538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70538

CERTIFICATE OF DEATH.

REGISTERED NO. 23

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) U.S. Marine Hospital Baltimore, Md. (St.) 21-56 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Radavich

(a) RESIDENCE NO. 5103 Litchfield Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	25	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oiler
(b) General nature of industry, business, or establishment in which employed (or employer) Seaman
(c) Name of employer S.S. American Farmer

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Victor Radavich

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Lithuania

12 MAIDEN NAME OF MOTHER Julia Gentila

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Lithuania

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Maryland

15 [illegible] Registrar

HAMILTON JONES, M. D.

JUL 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16 19 31

17 I HEREBY CERTIFY, That I attended deceased from March 12 19 31 to July 16 19 31
that I last saw him alive on July 16 19 31
and that death occurred, on the date stated above, at 1:45 A. m.
The CAUSE OF DEATH* was as follows:
Tuberculosis, pulmonary, chronic, active

unknown
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical & lab. findings
(Signed) O. L. Williams M. D.
7/16 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's, Hampden	July 18, 1931
20 UNDERTAKER	ADDRESS
E. Leroy Stoffler, Inc.	125 E. North ave.

(Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.)

Spec.—9-30—A. & Co.—250 Bks.

E 70538 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70539

CERTIFICATE OF DEATH.

93-003

1. PLACE OF DEATH Baltimore City Hospitals 18-26 REGISTERED NO.

CITY OF BALTIMORE (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter Chambers

(a) RESIDENCE NO. 813 Edmondson Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Chambers

6 DATE OF BIRTH (month, day, and year) 1875 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS
10 NAME OF FATHER Wm. Edwin Chambers
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Eliz. Francis
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Records of Baltimore City Hospitals

15 Filed ... 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/31

17
I HEREBY CERTIFY, That I attended deceased from 7/3/ , 1931 , to 7/15/ , 1931
that I last saw him alive on 7/15/ , 1931
and that death occurred, on the date stated above, at 2:40 P.M.
The CAUSE OF DEATH* was as follows:

Myocarditis, Chr.

(duration) yrs. 5 mos. ds.
CONTRIBUTORY (Secondary) Enterocolitis
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) [illegible] M. D.
19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. DATE OF BURIAL 7/18 1931
20 UNDERTAKER Samuel D. Hemsley ADDRESS 578 N. Bond

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 16 1931

Spec.—9-30—A. & Co.—250 Blks

E 70540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70540

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH Baltimore City Hospitals S 18-26 (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Rebecca Jackson

(a) RESIDENCE NO 244 N. Schroeder St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Chatman Jackson

6 DATE OF BIRTH (month, day, and year) 10/16/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Richard Crew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Baltimore City Hospitals

15 [illegible] G. HAMPSON JONES, M. D. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/15/31

17 I HEREBY CERTIFY, That I attended deceased from 7/2/31, 19, to 7/15/31, 19

that I last saw h er alive on 7/15/31, 19

and that death occurred, on the date stated above, at 11:15 A.M.

The CAUSE OF DEATH* was as follows:

Arthritis, chronic, infectious.

more than 1 yrs. mos. ds. (duration)

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? ~~no~~ Yes

What test confirmed diagnosis? clin. ~~exam~~.

(Signed) [illegible] M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct — DATE OF BURIAL 7/20/31

20 UNDERTAKER Traish & Brown & Son — ADDRESS 108 [illegible]

UL 157 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

70541

HEALTH DEPARTMENT—CITY OF BALTIMORE

70541

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 26-1 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John W. Cowen

(a) RESIDENCE NO. 3234 East Ave (St.) 26 (Ward)
(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mrs. Mamie Cowen

6 DATE OF BIRTH (month, day, and year): Sept 15 1875

7 AGE — Years: 56 (55) | Months: 10 | Days: 1 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: machinist helper

(b) General nature of industry, business, or establishment in which employed (or employer): 31 O

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: James Cowen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Elizabeth Clary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant (Address): Hospital records Mercy Hospital—

15 JUL 18 1931 — C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 1931

17

I HEREBY CERTIFY, That I attended deceased from 7/14, 1931, to 7/16, 1931

that I last saw h[illegible] alive on 7/16, 1931

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) yrs. 6 mos. 2 ds.

CONTRIBUTORY (Secondary): Intestinal Carcinoma of liver & vomiting

(duration) yrs. 6 mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? Yes. Date of 7/15/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical & operative

(Signed) J H Forbrun M. D.

19 (Address) Mercy Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: July 20th 1931

20 UNDERTAKER: Lilly & Zeiler Inc — ADDRESS: 403 S. Wolfe St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70542

E 70542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46 V

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Mercy Hospital (St.) 47 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry Joseph Clark

(a) RESIDENCE NO. (Usual place of abode) Ridge Md St. WARD

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Jennie Clark

7 DATE OF BIRTH (month, day, and year) April 20 1863

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2	27	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Henry C. Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Julia Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital (Address)

JUL 18 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17/31

17

I HEREBY CERTIFY, That I attended deceased from 5/31, 1931, to 7/17, 1931

that I last saw h... alive on 7/17, 1931

and that death occurred, on the date stated above, at 11 50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma stomach

(duration) 2? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Exploratory Date of 6/2/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Operation

(Signed) J Geyko M. D.

7/17/31 (Address) Mercy Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ridge Md — DATE OF BURIAL 7/20/31

UNDERTAKER Frye & Farley Easton Md — ADDRESS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 70543 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70543

72-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. ~~[illegible]~~ WARD 25-72

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Spence.

(a) RESIDENCE NO. 2411 Hanover ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 19 dy. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant.

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31 or 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Henry S. Spence

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Anne C. Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Hospital Records University Hosp.

15 Filed JUL 18 1931 C. HAMPSON JONES, Registrar

Per _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17th - 31

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to July 17, 1931, that I last saw him alive on July 17, 1931, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

1. Leukemia, Acute Lymphatic

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Maurice Simon Abrams M. D.

_____, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvert - Army	July 15, 1931
20 UNDERTAKER Fred C. Svaundra	ADDRESS 709 Hanover

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AAG. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70544

E 70544

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bond Funeral Home St. 25-75 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jos Sinatra

(a) Residence: No. 3529 Homer St St., Ward Balto

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Frances Sinatra

6. DATE OF BIRTH (month, day, year) Feb. 2 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Salvatore Sinatra

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Filantina Cerulli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frances Sinatra

(Address) 3529 Homer st.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross. Date July 20 19 31

19. UNDERTAKER Fred A. Peterman & Son

(Address) 703 S. Monroe st

JUL 18 1931 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th, 19 31

22. I HEREBY CERTIFY, That I attended deceased from 7-10-31, 19, to 7-17-31, 19

I last saw h alive on 7-17-31 19 death is said to have occurred on the date stated above, at 2 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/6/31
Other contributory causes of importance: Arteria - Sclerosis	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify —

(Signed) G. Pancan, M. D.

(Address) South Bond. Gen Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—5&L

E 70545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70545

CERTIFICATE OF DEATH

REGISTERED NO. 191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 849 S Dallas ST., 3-W WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Milton Helowicz

1a) RESIDENCE NO. 849 S Dallas ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Helowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Veronica Valerman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mother

(Address) 849 S Dallas St

Filed JUL 18 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(duration) yrs mos da

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) yrs mos da

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) B O Heyzog M. D. Coroner

(Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus — DATE OF BURIAL July 19 31

20 UNDERTAKER Geo H. Weber — ADDRESS 905 S Ann St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-29-28—L. F. S.—500 Blks.

E 70546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 1/ E 70546

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 154 Argyle Ave ST. 14-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harriet A. Wharton

(a) RESIDENCE NO. 154 Argyle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced (or) WIFE of: James A. Wharton

6 DATE OF BIRTH (month, day, and year): Sept 26 66

7 AGE: Years 64 Months 9 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Madora Slater

(Address) 154 Argyle Ave

JUL 18 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16-1931.

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to July 16, 1931, that I last saw her alive on July 16, 1931 and that death occurred, on the date stated above, at 1:55 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.

(duration) yrs. 2 mos. 16 ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? L

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory

(Signed) McKinley Keesley, M. D.

7 18, 1931 (Address) 702-N. Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Auburn — DATE OF BURIAL: July 19 1931

20 UNDERTAKER: Geo W Kane & Son — ADDRESS: 638 W Lafayette

PHYSICIANS should be very careful, properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 H—50L

E 70547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83 E 70547

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Caroline St ST. 11-24 (WARD)

2-FULL NAME Henry Franklin

(a) RESIDENCE No. 1124 Madison Ave ST. _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Franklin

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 040

9 BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bessie Franklin

(Address) 1124 Madison Ave

15 Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B P Hergrgmd Coroner M. D.

7/15, 1931 (Address) 130 S Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carley Mem Park Co	July 19 1931
20 UNDERTAKER	ADDRESS
Jno H Chase & Son	638 N Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70518

E 70518 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

116

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (No ~~Wilhelmina Rucker~~ 1523 ST WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wilhelmina B. Ricker

(a) RESIDENCE NO 1723 Longwood ST. WARD St. Agnes, Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: A William Ricker

6 DATE OF BIRTH (month, day, and year): Aug 13 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	42	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Gebhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Magdalene Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm F Rickert

(Address) 1723 Longwood

15 JUL 18 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7 17 31

17 I HEREBY CERTIFY, That I attended deceased from 6 21 31, 19 to 7 17 31, 19

That I last saw h[illegible] alive on 7 17 31, 19

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Stomach

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Stricture lower end oesophagus

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Gastrostomy

Was there an autopsy? Yes

What test confirmed diagnosis? X-ray & Pathological findings

(Signed) [illegible] M. D.

7-17-31 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: July 20 31

UNDERTAKER: Wm F Rickenbrode — ADDRESS: 1[illegible] Da

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70549

E 70549

CERTIFICATE OF DEATH

34V

1 PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital ST. 24-29 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William F. Murphy

(a) RESIDENCE No. 823 W. Cross ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie E. Murphy

6 DATE OF BIRTH (month, day, and year) March 17, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Louis Edwards

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Eugene Murphy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Matilda Newemeyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Carrie E. Murphy
(Address) 823 W. Cross St.

15 Filed 19 Registrar

JUL 16 1931

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-16-31

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1931 to July 16, 1931

that I last saw h/M alive on July 16, 1931

and that death occurred, on the date stated above, at 11:03 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Hypertension, Arteriosclerosis, Syphilis. (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Signs, symptoms & autopsy

(Signed) J. H. Stonebraker M. D.

19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem	July 20 1931
20 UNDERTAKER	ADDRESS
Wm J. Tickner & Sons	N. Pa

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70550

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70550

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 W Ratt St. Ward 22-30)

2 FULL NAME Hannah Walter

(a) RESIDENCE NO. 407 W Ratt St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: August Walter

6 DATE OF BIRTH (month, day, and year): Aug 11 1863

7 AGE: Years 67 Months 11 Days 4 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Henry Buchmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mittmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Wilhelmina Schneppe 407 W Ratt St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 15-1931

17 I HEREBY CERTIFY, That I attended deceased from May 1st 1930 to July 15 1931

that I last saw h[illegible] alive on July 15 1931

and that death occurred, on the date stated above, at 12.30 A M

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Cardiac Dilitation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Harry Glassman M. D.

(Address) 2687 Mos Lem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem.

DATE OF BURIAL: July 18 1931

19 UNDERTAKER: H. F. Tichnor & Son

ADDRESS: Balto

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. A Co.—250 Blks

49/61 7055 HEALTH DEPARTMENT—CITY OF BALTIMORE F 50551

CERTIFICATE OF DEATH

X 47 V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] Hospital) (ST 7-9 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Miller

(a) RESIDENCE NO. 349 N. Duke ST. WARD Lancaster Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6 DATE OF BIRTH (month, day, and year) July 5-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manufacturer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Herman Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records [illegible] HOSPITAL

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18-1931

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to July 18, 1931

that I last saw h[illegible] alive on July 18, 1931

and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the lung with metastases to the pleura and the liver

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pleurisy with fluid years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical & pathological studies

(Signed) Henry M. Lowden M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster, Pa

DATE OF BURIAL: July 21, 1931

UNDERTAKER: [illegible]

ADDRESS: [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

E 70552

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 70552

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3020 Gwynns Falls Ave St. 15-61 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo. Hagel

(a) RESIDENCE NO. 3020 Gwynns Falls Parkway St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 6 da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6 DATE OF BIRTH (month, day, and year): Feb 10 1863

7 AGE — Years: 68 — Months: 5 — Days: 6 — IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: City Employee 46

(b) General nature of industry, business, or establishment in which employed (or employer): Bureau of Stores

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Lawrence Hagel

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Informant (Address): John Hagel 3020 Gwynns Falle Pkwy

15 Filed ___ C. HAMILTON JONES, M. D. Registrar

By ___

JL 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Jy 19 1931 to July 16 1931.

that I last saw h[illegible] alive on July 15 1931.

and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of stomach

(duration) ___ yrs. 3 mos ___ da.

CONTRIBUTORY (Secondary) X X X

(duration) ___ yrs. ___ mos ___ da.

18 Where was disease contracted? X

If not at place of death?

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Arthur Kuster M. D.

. 19 (Address) 1240 Cherry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — Date of Burial: July 20 1931

20 UNDERTAKER: John A Denny — ADDRESS: 715 Light St

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M & T—100 B—501

E 70553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70553

CERTIFICATE OF DEATH

164-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3928 Frisby ST. 9-44 WARD)

2-FULL NAME William A. Kenly

(a) RESIDENCE NO. 3928 Frisby ST., _____ WARD _____
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 15/1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manager
(b) General nature of industry, business, or establishment in which employed (or employer) Md. Riding Academy
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Reuben J. Kenly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Bettie Ruhmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Catherine Warfield (sister)

(Address) 3928 Frisby St

15 Filed JUL 18 1931 H. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation

All burners of kitchen Gas Range turned on. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) SUICIDE (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____ M. D. Coroner

19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	7/18 19 31
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 70554

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70554

CERTIFICATE OF DEATH.

Feb 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7 Franklin Square (Street) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Febo (TEBO)

(a) RESIDENCE NO. 5302 Mercerin Ave. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of ~~HUSBAND of~~ Wm E. Febo

6 DATE OF BIRTH (month, day, and year): Aug 1st 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Martinsburg West Virginia

PARENTS

10 NAME OF FATHER: Wm Frank Emberry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Martinsburg W. Va.

12 MAIDEN NAME OF MOTHER: Susan Seibert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Martinsburg W. Va

14 Informant: W. Berkeley Febo (Address) 5302 Mercerin Ave

15 JUL 18 1931 1931 JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-16 1931

17 I HEREBY CERTIFY, That I attended deceased from 7-11 1931 to 7-16 1931.

that I last saw her alive on 7-16 1931.

and that death occurred, on the date stated above, at 8:40 P m.

The CAUSE OF DEATH* was as follows: Chronic nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. W Parke M. D.

7/16/1931 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 7/18/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 217 St. Paul St.

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250M

E 70555

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70555

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5921 Park Heights Ave) Registered No. 106-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Katie T. Jacht

(a) Residence: No. 5921 Park Heights Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced

(or) WIFE of Edward Jacht

6. DATE OF BIRTH (month, day, year) Dec 19th 1852

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
78	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (Month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John Tenant

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rachael McAllaster

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Edward Jacht

(Address) 5921 Park Heights

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Cem. Date 7/20/1931

19. UNDERTAKER Jno Cook & Son

(Address) 217 E Lexington St

JUL 18 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 11th 31 to July 17th 1931

I last saw h alive on July 17th 1931 death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

a Uremia 3 days

Duration of each

Other contributory causes of importance: Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Chas T. Jones M. D.

(Address) 4900 Belair Rd

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-41 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70556

CERTIFICATE OF DEATH

13 V E 70556

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5094 W Baare St. 22-30 Ward.

Length of residence in city or town where death occurred 5 yrs + mos + ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leavin Ellegood

(a) Residence: No. 5094 W Baare St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	W. dcmd

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Ellegood

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day: hrs or min.
	84	+	+	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) Sept 1926
11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) Salisbury
(State or country) Maryland

MOTHER FATHER

13. NAME Robt Ellegood
14. BIRTHPLACE (city or town) Princess Anne
(State or country) Maryland
15. MAIDEN NAME Mary E. Morris
16. BIRTHPLACE (city or town) Salisbury
(State or country) Maryland

17. INFORMANT Alice Mason
(Address) 5094 W Baare

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 20 1931

19. UNDERTAKER Stanley & Whitelock
(Address) 1111 W Baltimore St

JUL 18 1931

20. FILED _____ 19 _____ REGISTRAR _____ M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1931, to 7/16, 1931

I last saw him alive on 7/16, 1931, death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile	
Arteriosclerosis	
Chronic Nephritis	
Chr. myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan'l Brandenburg, M. D.
(Address) 1111 W Baltimore St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2500

D 70557 **HEALTH DEPARTMENT CITY OF BALTIMORE** 70557.

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 W. Lafayette Ave (St.) (Ward)

Registered No. 16232

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Georgia S. Dozier

(a) Residence: No. 1824 W. Lafayette Ave St. Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of Apolus F. Dozier

6. DATE OF BIRTH (month, day, year) Feb 19 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
83	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3 mo

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Princess Anne Co Md

MOTHER

13. NAME Leigh Waterfield

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN Nancy Waterfield

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alexander Hopper (Address) 1224 W. Lafayette

18. BURIAL, CREMATION, OR REMOVAL Norfolk Va Date 7/18/1931

19. UNDERTAKER Wm Cook (Address) 1217 E. Pratt St

20. FILED JUL 18 1931 19 THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17th 1931

22. I HEREBY CERTIFY, That I attended deceased from about Jan 1930 to July 17 1931

I last saw h[illegible] alive on July 16 1931 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia following chronic nephritis	prior to Jan 1930
Pelvic tumor - probably carcinoma uteri	same

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. F. W. Wright M. D.

(Address) 1014 S. Edmondson Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

E 70558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70558

CERTIFICATE OF DEATH

36

1-PLACE OF DEATH

REGISTERED NO. 5761

City of BALTIMORE: (No. 3120 Gwynns Falls Park Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Christian Weikel, Jr.

(a) RESIDENCE NO. 3120 Gwynns Falls St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Elizabeth S. Weikel

6 DATE OF BIRTH (month, day, and year) Nov 6 1905

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min..
	26	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrical Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland

(State or country)

PARENTS

10 NAME OF FATHER Henry C. Weikel

11 BIRTHPLACE OF FATHER (City or town) Maryland

(State or country)

12 MAIDEN NAME OF MOTHER Edith Stewart

13 BIRTHPLACE OF MOTHER (city or town) Virginia

(State or country)

14 Informant G. R. Babylon

(Address) Baltimore, Md

15 Filed JUL 18 1931

C. HAMPSON JONES, M.D. Registrar

By ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931

July 17

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1931 to July 17, 1931

that I last saw h[illegible] alive on July 11, 1931

and that death occurred, on the date stated above, at 7:20 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Viridans

Blood Infection

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Splenomegaly

Streptococcus viridans

(duration) yrs. 4 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) W. S. Nibbot M. D.

July 18, 1931 (Address) 2220 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md — Date of Burial July 19 1931

20 UNDERTAKER J. Franklin Reese — ADDRESS Westminster

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70559

CERTIFICATE OF DEATH

X 46 E 70559

1 PLACE OF DEATH Provident Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1514 Division St.) (WARD) 14-20

2 FULL NAME Calvin Brown

(a) RESIDENCE NO Ellicott City Md St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 70 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Records.

15 [illegible] 1931 C. HAMPTON JONES, M. D. Registrar

by H.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18-31

17

I HEREBY CERTIFY, That I attended deceased from 5-15-, 19 31 to 7-18-, 19 31

that I last saw h[illegible] alive on 7-18-, 19 31

and that death occurred, on the date stated above, at 8 30/60 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the stomach

(duration) Unknown

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

7-18-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Gilboa Cem. | DATE OF BURIAL: July 21 1931

20 UNDERTAKER: Easton Sons ADDRESS: Ellicott City Md.

UL 19 1931

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70560 — CERTIFICATE OF DEATH — E 70560

95-00 ✓

1 PLACE OF DEATH Levindale — REGISTERED NO. ____

CITY OF BALTIMORE: (No. Belvedere & Greenspring) (Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harris Levi

(a) RESIDENCE NO. Belvedere & Greenspring ST. — WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. — How long in U. S., if of foreign birth? 35 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) ____

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Sigmund Feinblatt, Belvedere & Greenspring

JUL 19 1931

HUGH JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18-31

17 I HEREBY CERTIFY, That I attended deceased from 10-21, 1930, to 7-18, 1931

that I last saw h[illegible] alive on 7-18, 1931

and that death occurred, on the date stated above, at 10.30 A.M.

The CAUSE OF DEATH* was as follows:

Heart failure

(duration) ____ yrs. ____ mos. 3 days

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No — Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Edmund Levi M. D.

, 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Northern Cem. — DATE OF BURIAL: 7-19-1931

20 UNDERTAKER: Jos. Weis, Inc., 1439 E. North Ave. — ADDRESS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

70561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52 E 70561

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 2519 Waldorf Ave. ST. 15-58 WARD

2 FULL NAME Samuel I. Shur

(a) RESIDENCE No. 2519 Waldorf Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida C. Shur

6 DATE OF BIRTH (month, day, and year) March 21-1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Shur

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lena —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ida C. Shur

(Address) 2519 Waldorf Ave.

15 Filed JUL 16 1931, 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-11-31

17

I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to July 12, 1931, that I last saw h[e] alive on July 11, 1931, and that death occurred, on the date stated above, at 6:15 P. M.

The CAUSE OF DEATH* was as follows: Malignant Sarcoma with Metastasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Laboratory

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Mt. Carmel	7-13-1931

20 UNDERTAKER Geo. Lewis, Inc. 1434 E. Balto. St.

ADDRESS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Elks

70562

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-B 70562

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE, (No. 1617 E. Balto. ST. 19-28 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Brenowitz

(a) RESIDENCE NO. 1617 E. Balto. St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: white
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Abram Brenowitz

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abram Brenowitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Abram Brenowitz
(Address): 1617 E. Balto. St.

15 Filed ____, 19____ H. MORTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-18-31

17 I HEREBY CERTIFY, That I attended deceased from 6/12/30 19__ to 7/18/31 19__

That I last saw h alive on 7/18/31

and that death occurred, on the date stated above, at 4.7. m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis
Myocarditis. Arteriosclerosis
Fibrillation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Pyo nephrosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 0

Did an operation precede death? yes Date of appx. 1 yr. ago

Was there an autopsy? no

What test confirmed diagnosis? Removed Kidney

(Signed) Chas. Semmes M. D.

, 19 (Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sharon Gardens — DATE OF BURIAL: 7-19-1931

20 UNDERTAKER: Pace Lewis Inc. — ADDRESS: 1739 E. Balto. St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-31 2508

E 70563

HEALTH DEPARTMENT—CITY OF BALTIMORE

121 E 70563

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen. Hosp. St. ... (Ward) 1734

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Cirri

(a) Residence: No. 207 East Fort ave. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pietro Cirri

6. DATE OF BIRTH (month, day, year) 18 Aug 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Maggio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Catrano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Pietro Cirri
(Address) 205 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mem. Cathedral Date July 20 1931

19. UNDERTAKER Frank V. Pistone
(Address) 291 E. Baltimore st

20. FILED: JUL 21 1931 HUMPHREY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1931 to July 16, 1931

I last saw her alive on July 16, 1931 death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	one year
Post partum	7-8-31
paralytic ileus	

Other contributory causes of importance:

Tetan (Impressed (Left side)) July 11-31

Name of operation APPENDECTOMY-CYST REMOVAL HYSTERECTOMY-CLINICAL + LAB TEST Date of 7-6-31

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. J. Sullivan M. D.

(Address) Balto Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70564 1/2

CERTIFICATE OF DEATH

E 70564

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. St. WARD) 26-37 93-0

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Patsy Jondo

(a) RESIDENCE NO. 3717 Claremont St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Patsy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Marie Masano

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17-31

17 I HEREBY CERTIFY, That I attended deceased from 7-7-31, 19, to 7-17-31, 19

that I last saw him alive on 7-17-31, 19

and that death occurred, on the date stated above, at 10:43P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chr.

Mos than (duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis + Emphysema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas Plunkett M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus

DATE OF BURIAL: July 21 1931

20 UNDERTAKER: Frank V. Pickrone

ADDRESS: 2518 E. Balto

JUL 17 1931

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70565

CERTIFICATE OF DEATH

826 01

826 70565
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N Washington St WARD) 19

2 FULL NAME Mrs Mary Theresa Grothaus

(a) RESIDENCE NO. 621 N Washington St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifer yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Grothaus

6 DATE OF BIRTH (month, day, and year): Jan 2-1853

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): "

(c) Name of employer: "

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Andreas Richter

11 BIRTHPLACE OF FATHER (city or town) (state or country): Germany

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not known

14 Interment (Address): in Grothaus lot 62 N Washington St

15 Filed: C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17, 31

17 I HEREBY CERTIFY, That I attended deceased from June 15th, 1931 to July 17 1931

that I last saw her alive on July 17 1931

and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis

(Duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathyeis—

(Signed) Manuel Shook M. D.

7-17-31 (Address) 5067 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Family Cemetery

DATE OF BURIAL: July 20-31

20 UNDERTAKER: Chas C Brilhardt 2331 Eutaw

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-30—A. & Co.—250 Blks

E 70566 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

160-800 E 7.0566

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 147 E. Potomac St. (Ward) 6th

2. FULL NAME Baby Schertle

(a) RESIDENCE NO. 147 E. Potomac St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, ~~Married~~ Widowed, ~~or Divorced~~, (write the word): Baby

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 14/31

7 AGE: Years — Months — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Harry Schertle

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Sophie Ellisman

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md.

14 Informant (Address): Mrs Harry Schertle 147 E. Potomac St.

15 Filed ..... 19.. H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July-17-31

17

I HEREBY CERTIFY, That I attended deceased from July-13 1931 to July-17 1931

that I last saw him alive on July 17- 1931

and that death occurred, on the date stated above, at 5-A m.

The CAUSE OF DEATH* was as follows:

Injury to skull Fracture of brain

Fall

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Syncope & depression

Fall

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. Gonzales M. D.

19 (Address) Woodland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: July 20 31

21 UNDERTAKER: Wm C. Millerton ADDRESS: 2334 Eastern Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70567 ✓ E 70567.

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1324 Hollins (St.) 19-29 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Eliz. Wallace

(a) Residence No. 1324 Hollins St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word): M.

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert Wallace

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years: 53 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Robert Wallace

(Address): 1324 Hollins St

15 [illegible] 19 1931 19 [illegible] Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-18-31

17

I HEREBY CERTIFY, That I attended deceased from 7-13, 19 31, to 7-18, 19 31

that I last saw h[illegible] alive on 7-18-31, 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) H[illegible] Anderson M. D.

7-15-31, 19 (Address) 51 Aisquith Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: 7/21/19 31

20 UNDERTAKER: Robert Burke & Son

ADDRESS: Balto

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 15 1931

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70568

CERTIFICATE OF DEATH

131 E 70568

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3135 Strickland ST. (WARD) 20-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME August Tschinkardt

(a) RESIDENCE NO. 3135 Strickland ST., WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Meanie Tschinkardt (Stahl)

6 DATE OF BIRTH (month, day, and year) 18 Oct 1851

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Hugh Tschinkardt

(Address) 3135 Strickland St

15 Filed JUL 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1931, to July 17, 1931

that I last saw h alive on July 17, 1931

and that death occurred, on the date stated above, at 3 45 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Nicholas Bonelli M. D.

19 (Address) 334 Linden Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: July 20 1931

UNDERTAKER: Jacob Syfer ADDRESS: 1600 N. Pa. Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70569 — 167 — E 70569

REGISTERED No

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1515 N Monroe St. (ST.) 15-21 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

2-FULL NAME Charles M. Bounds

(a) RESIDENCE NO 1515 N. Monroe St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal.	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 1, 1889

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John H. Bounds

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Schatz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Andrew Bounds

(Address) 1126 N. Monroe St.

15 Filed JUL 19 1931, 192 . . . . . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Coroner's thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide Hanging by neck to Pistol wound of Brain (duration) yrs. Instantaneous

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Coroner's Finding

(Signed) F. C. Fink, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 20 1931

20 UNDERTAKER Martin Bakey & Son — ADDRESS 1827 W North Ave

JUL 19 1931

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70570

CERTIFICATE OF DEATH

124 E 70570

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 781 N 31 St (St.) 12-51 (Ward)

Length of residence in city or town where death occurred yrs 25 mos yrs How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Jesse L. Barnes

(a) Residence: No. 251 N 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Rosa S. Barnes

6. DATE OF BIRTH (month, day, year): Feb 16 1866

7. AGE: Years 65 | Months 4 | Days 2 | If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md

13. NAME: Noah Barnes

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

15. MAIDEN NAME: Martha Fizzell

16. BIRTHPLACE (city or town) (State or country): Carroll Co Md

17. INFORMANT: Mrs. Rosa. Barnes
(Address) 251 N. 31 St

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Date July 22 1931

19. UNDERTAKER: A. C. Marshall
(Address) 852 Gilmor St

C. HAMPTON JONES, M. D.
Registrar

JUL 19 1931

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): 7-18 1931

22. I HEREBY CERTIFY, That I attended deceased from June 4 1931, to July 18 1931

I last saw h i m alive on July 18 1931 death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

Atrophic Cirrhosis of Liver
Ascites

Date of onset

Other contributory causes of importance:

Transition

Name of operation: Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J N Wilson M D

(Address) 848 W 36th St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—A. & Co.—250 Blks

Helen M. Muir

HEALTH DEPARTMENT—CITY OF BALTIMORE E0571

CERTIFICATE OF DEATH

B 70571

1 PLACE OF DEATH St Agnes Hospital

REGISTERED NO 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mrs. Helen Gray Muir. (WARD)

2 FULL NAME Mrs. Allison Muir

(a) RESIDENCE NO. 26 Merrymount Road, Roland Park ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 6 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: J. Allison Muir

6 DATE OF BIRTH (month, day, and year): JAN. 21-1870

7 AGE — Years: 61 — Months: 5 — Days: 26 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md. Mt. Union, Pa.

PARENTS

10 NAME OF FATHER: Peter Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mt. Union, Pa.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mt. Union Pa.

14 Informant (Address): J. Allison Muir 26 Merrymount Rd. Roland Park

15 Filed 7-19-1931 Registrar: H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July-11-1931

17

I HEREBY CERTIFY, That I attended deceased from July 3- 1931 to July 11 1931

that I last saw h.. alive on July- 11 1931

and that death occurred, on the date stated above, at 1.30a m.

The CAUSE OF DEATH* was as follows:

Operation above, carcinoma of Ovary

Instant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Contusion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Elmer S. Dickson M. D.

19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 DATE OF BURIAL, CREMATION OR REMOVAL: Dund Ridge DATE OF BURIAL: July 20 31

UNDERTAKER: I. Marshall Bosley Jr. ADDRESS: 353 Talbot

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 19 193 2

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70572 .001 ✓ E 70572

E 70572

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 601-W 40-45 ST. 13-52 WARD)

2-FULL NAME Mary A Pendergast

(a) RESIDENCE NO. 601-W-40-45 ST., _____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Mr. Pendergast

6 DATE OF BIRTH (month, day, and year) 7-8-60

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
	71.		9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jo Potter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Cassney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. George Bensel

(Address) 601-W. 40th St

15 Filed JUL 19 1931 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) _____ M. D. (Coroner)

(Address) 2432 Boyland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
David Ridge	July 22 1931
20 UNDERTAKER: Thomas F Low	ADDRESS: 2416 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

70573

HEALTH DEPARTMENT—CITY OF BALTIMORE

001 ✓

CERTIFICATE OF DEATH.

107 E 70573

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 803 Wash. Blvd Ward 21-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Athena Augenitis

(a) RESIDENCE NO. 803 Washington Blvd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 13, 1930.

7 AGE — Years: 1 — Months: 5 — Days: 5 — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Sam Augenitis.

11 BIRTHPLACE OF FATHER (city or town) Greece

(State or country)

12 MAIDEN NAME OF MOTHER Madangedes

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Greece

14 Informant Father

(Address) 803 Wash. Blvd

Filed JUL 15 1931 — SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1931 to July 18, 1931.

that I last saw him alive on July 15, 1931 and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac & Respiratory Failure

(duration) ... yrs. ... mos. 2 ds.

CONTRIBUTORY (secondary) Broncho-pneumonia

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No none necessary

What test confirmed diagnosis?

(Signed) Sam Kalos M.D.

, 19 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — Date of Burial July 20 1931

20 UNDERTAKER Chenoweth Bros — ADDRESS 3615 Gwynn Oak Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70574

CERTIFICATE OF DEATH

93 E 70574

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Gough St. 2-4 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... da. How long in U.S. If of foreign birth? ... yrs ... mos ... da.

2. FULL NAME Mary A Nelson

(a) Residence: No. 1812 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Nelson

6. DATE OF BIRTH (month day year) Dec 9 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	56	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George W Chaney

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anastasia Cummings

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) Anastasia Kendgetti 1812 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 21 1931

19. UNDERTAKER (Address) M. W. E. Dippel Inc 37 S Ann St

20. FILED JUL 13 1931 H. M. SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) July 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931 to ... 19...
I last saw her alive on July 17, 1931 death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Cerebral arterio-Sclerosis	
Chr. Hypertension	

Other contributory causes of importance:

Acute Myocardial Insuff 3 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thale K Faught M. D.

(Address) 1812 E. Baltimore St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Cv.—250 Blks

✓ E 70575

70575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-3 Ward)

2 FULL NAME Mrs Helen Bauer.

(a) RESIDENCE NO. 2715 Eastern Ave. - St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	6 Single, Married, Widowed, or Divorced, (write the word)
female	white	married -

7a If married, widowed, or divorced HUSBAND of (or) WIFE of Gustave Bauer

8 DATE OF BIRTH (month, day, and year) Aug 24 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	10 — 11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife - 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Zarbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Mary Stein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gustave Bauer

(Address) 2715 Eastern ave

15 Filed JUL 19 1931 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17-31

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1931 to July 17, 1931

that I last saw h[illegible] alive on July 17, 1931

and that death occurred, on the date stated above, at 7:00 P. m.

The CAUSE OF DEATH* was as follows:

Cardiac failure.

(Duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 15, 1931

Was there an autopsy? yes -

What test confirmed diagnosis? pathological findings

(Signed) J E Eberhart M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: July 20 1931

20 UNDERTAKER: M. W. E. Deppel Inc ADDRESS: 37 S Amity

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 70576

HEALTH DEPARTMENT—CITY OF BALTIMORE

Rear of CERTIFICATE OF DEATH X 167 E 70576

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5212 Caltalpa Road ST. 27-44 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George S. Barron

(a) RESIDENCE No. 5212 Catalpa Rd. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Barron

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Liquor Dealer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Reading, Pa.

PARENTS

10 NAME OF FATHER F. Stanley Barron

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant James S. Barron (son)

(Address) 426 Tregaron Road, Cynwyd, Phila.

15 Filed . 192 Registrar

JUL 15 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot Wounds in Chest and Head.

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 5212 Caltalpa Rd.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D. (Coroner)

19 (Address) 506 E North Ave

7/19/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Phila. Pa. — DATE OF BURIAL 7/19/31

20 UNDERTAKER George D. Roth & Son — ADDRESS 1735 Hoffman

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every question should be carefully answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spar.—9-30—A. & Co.—250 Blks

E 70577 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 25 E 70577.

CERTIFICATE OF DEATH

1 PLACE OF DEATH West Baltimore Gen'l Hospital

CITY OF BALTIMORE: (No Bayview Asylum ST 1541 WARD

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Morris Zimbler

(a) RESIDENCE NO 1611 Appleton St. ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 20 1898

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	3	19 1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) 080
(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS
10 NAME OF FATHER Louis Zimbler
11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria
12 MAIDEN NAME OF MOTHER Fanny Kelman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Samuel Zimbler
(Address) 1611 N. Appleton St

15 Filed . 19 C. HAMPTON JONES, M. D. Registrar

JUL 19 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/19/31

17
I HEREBY CERTIFY, That I attended deceased from 7/10/31 to 7/17/31
that I last saw h[e] alive on 7/19/31
and that death occurred, on the date stated above, at 9:10 P. M.
The CAUSE OF DEATH* was as follows:
Tuberculosis Peritonitis

(duration) yrs mos 21 ds.

CONTRIBUTORY (Secondary)
(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Harry Lebman M. D.
. 19 (Address) West Balto Gen'l Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	7-22-19 31
20 UNDERTAKER	ADDRESS
Pace Bros, Inc.	1429 E. Balto St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-29—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70578

CERTIFICATE OF DEATH

46 E 70578

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3505 Falls Road St. 10/30/32

2 FULL NAME John A. Tice

(a) RESIDENCE NO. 3505 Falls Road ST. 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. ——— mos. ——— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If married, widowed, or divorced: Widower

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie M. Tice

6 DATE OF BIRTH (month, day, and year): April 8-1848

7 AGE: Years 83 Months 3 Days 9 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): 8 years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

PARENTS

10 NAME OF FATHER: John Tice

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Apia Hissey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Eugene C. Tice 3505 Falls Road

Registrar

JUL 19 1931

E. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): July 17-1931

16

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1930 to July 17 1931

that I last saw him alive on July 17 1931

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach (unoperated)

(duration) yrs. 9 mos. 17 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? usual. X Ray

(Signed) E. L. Harris M. D.

7/18 1931 (Address) 2601 Manhattan Av.

* State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: July 20 1931.

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

HAYES

HEALTH DEPARTMENT—CITY OF BALTIMORE

70579

CERTIFICATE OF DEATH

59 E 70579

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) Mercy Hospital ST. 13-52 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Agnes D. Hayes

(a) RESIDENCE NO. 3967 Roland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 6, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John D. Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) W. D. Russell 6208 Pimlico Road

15 Filed JUL 19 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 19, 1931 to July 19, 1931

that I last saw h er alive on July 19, 1931

and that death occurred, on the date stated above, at 7 50 A. M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2-3 yrs. (?) mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 1-2 ds. ?

18 Where was disease contracted if not at place of death? 3967 Roland Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Burns Jr M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral DATE OF BURIAL July 21-1931

20 UNDERTAKER Horace F. Burgee ADDRESS 3631 Falls Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70580

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70580

CERTIFICATE OF DEATH

87-002

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 19 S. Stricker St. (Ward) 14-28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maria Holden

(a) RESIDENCE NO. 19 S. Stricker St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Holden

6 DATE OF BIRTH (month, day, and year): Jan 31, 1858

7 AGE — Years: 73 Months: 5 Days: 18 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Wick

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Katharine Holden 19 S. Stricker St.

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17-31

17

I HEREBY CERTIFY, That I attended deceased from July 7 1931 to July 16 1931

that I last saw her alive on July 16 1931

and that death occurred, on the date stated above, at 12-30 P. M.

The CAUSE OF DEATH* was as follows:

Paralysis agitans

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): General senile debility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Harris Flinder M. D.

19 (Address) 3 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hyatt Annapolis

UNDERTAKER: Margaret E. Hyatt

DATE OF BURIAL: July 20 1931

ADDRESS: 17 Wright St

UL 131931

HAMPSON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—W & T—100 B—501.

E 70581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70581

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 4-30 (WARD)

2-FULL NAME Geneva E. White

(a) RESIDENCE NO Ellicott City, Md. St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Mch yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Tony E. White

6 DATE OF BIRTH (month, day, and year) Sept 3, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Arthus C. Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Ella Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Tony E. White

(Address) Ellicott City Md

JUL 20 1931

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Revolver wound of abdomen

Suicide (duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? Ellicott City Md.

Did an operation precede death? Yes Date of July 19/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Fellers, M. D. Coroner

7/19 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Howard Chapel	Jul. 22 19 31
20 UNDERTAKER Easton Bros	ADDRESS Ellicott City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 70582

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70582

CERTIFICATE OF DEATH.

X 45 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Latham

(a) RESIDENCE NO. Chestertown, Maryland ST._____ WARD_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Marie

6 DATE OF BIRTH (month, day, and year) Sept 9th 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78 yrs.	10	9	

8 OCCUPATION OF DECEASED,
(a) Trade, profession or particular kind of work: Farmer & Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER Henry Latham
11 BIRTHPLACE OF FATHER (City or town) (State or country): Delaware
12 MAIDEN NAME OF MOTHER Elizabeth Holden
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Maryland

14 Informant (Address): Charles Dodd Chestertown Md

15 Filed JUL 20 1931 C. F. HAMPSON, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18-31

17 I HEREBY CERTIFY, That I attended deceased from July, 9, 1931, to July, 18, 1931, that I last saw him alive on July, 18, 1931, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Lip

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. H. Farmer, M. D.
19 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chestertown Md	7/20 1931
20 UNDERTAKER	ADDRESS
William Cook	Chestertown

IMPORTANT—Should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-29—L. F. S.—500 Blks.

E 70583

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70583

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. 46

CITY OF BALTIMORE: (No. ST., 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Flora C ~~Biedler~~ Biedler

(a) RESIDENCE NO. 2802 N Calvert Baltimore WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm. J. Biedler

7 DATE OF BIRTH (month, day, and year): May 11, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife 37
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Luray, Virginia

PARENTS

10 NAME OF FATHER: Samuel Burcher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Luray Virginia

12 MAIDEN NAME OF MOTHER: Almond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Luray Virginia

14 Informant: Maryland General Hospital
(Address)

15 Filed JUL 20 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19, 1931

17 I HEREBY CERTIFY, That I attended deceased (from July. 19. 1931. to July 19. 1931. that I last saw h IV alive on July 19, 2 P.M. 1931 and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid

(duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary): Intestinal obstruction (duration) indefinite yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) M. M. Taggart. M. D.

19 (Address) Maryland General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	July 21/31

20 UNDERTAKER: H. Furst & Mowen Company ADDRESS: 19-W. North Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Blks.

E 70584

E 70584

92-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No.) 606 N. Arlington ave ST. 9th-26 WARD

2. FULL NAME Sarah L. Brown

(a) RESIDENCE NO. 606 N. Arlington ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) " 07
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Joseph Johnson
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Mary Johnson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Marcella Talbot
(Address) 606 N. Arlington ave

15 Filed JUL 20 1931 19 C. HAMILTON Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/17/31

17 I HEREBY CERTIFY, That I attended deceased from 6/23/31, 19 31, to 7/17/, 19 31,
that I last saw h[illegible] alive on 7/16/, 19 31,
and that death occurred, on the date stated above, at 9 A m.
The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Duration 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
Duration 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? none
Did an operation precede death? no Date of —
Was there an autopsy? no.
What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
7/18/19 31 (Address) 608 Druid Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn et
DATE OF BURIAL 7/20/31

20 UNDERTAKER Josiah L Brown & Son
ADDRESS 606 Montgomery st

REGISTRAR SHOULD BE CAREFULLY SUPPLIED. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

B 70585 HEALTH DEPARTMENT—CITY OF BALTIMORE V 70585

CERTIFICATE OF DEATH

1 PLACE OF DEATH Homewood apts

CITY OF BALTIMORE. (No. 31st St and No Charles St) 12-50 WARD

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Burr Howard Richards

(a) RESIDENCE No. 31st and No Charles St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alice Jenkins Richards

6 DATE OF BIRTH (month, day, and year): Sept 23 1873

7 AGE: Years 57 Months 9 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Real Estate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Burr H Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country): London Co Va

12 MAIDEN NAME OF MOTHER: Josephine Megehee

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Mrs. Alice J. Richards

(Address) Homewood apts

Filed, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): July 19-31

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930 to July 19 1931 that I last saw h in life on July 18 1931 and that death occurred, on the date stated above, at 12 30 M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Lung.

(duration) 2 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) — — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Elmer B Freeman M. D.

, 19 (Address) 807 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem DATE OF BURIAL July 21 1931

20 UNDERTAKER: John O. Mitchell & Son ADDRESS 148 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

L 20 1931

Spec—9-30—A. & Co.—250 Blks

E 70539
250339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70586

CERTIFICATE OF DEATH

X 51

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St.) 7-9 (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William C Tunks

(a) RESIDENCE No. George Washington Hotel St. WARD Jacksonville Fla

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nola

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Newspaper Man

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ky

PARENTS

10 NAME OF FATHER Lafayette Tunks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Imogene Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 C. HAMPSON JONES, M. D. Registrar

L 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1931

17

I HEREBY CERTIFY, That I attended deceased from July 3 1931 to July 18 1931

that I last saw h[illegible] alive on July 18 1931

and that death occurred, on the date stated above, at 2[15] A M

The CAUSE OF DEATH* was as follows:

Epithelioma Septicemia

following scrotal transplantation

Date Exposed on 7-7-31

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of bladder (primary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-7-31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Hugh J Jewett M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL July 20 1931

UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw Pl.

Information on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 70587

E 70587 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70587

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Mullen

(a) RESIDENCE NO. 815 Wilmot St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 25, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Robert Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Ruth Peyton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Ruth Mullen
(Address) 815 Wilmot St

15 Filed JUL 26 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to July 18, 1931, that I last saw him alive on July 18, 1931, and that death occurred, on the date stated above, at 10 05 p.m.

The CAUSE OF DEATH* was as follows:

Measles

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Myron G Tull, M. D.

7/19, 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 7/20/31

20 UNDERTAKER Geo. O'Donnell & Son

ADDRESS 1735 Harford

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70588 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70588

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1836 W. Dallas St. 20-27 WARD) 191

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma E. Martin

(a) RESIDENCE NO. 1836 W. Dallas St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F (Female)

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm F Martin

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE: Years 62 — Months — — Days — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Friedrich Dellhorn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany —

12 MAIDEN NAME OF MOTHER: Julia Schaulta —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany —

14 Informant (Address)

15 Filed JUL 20 1931 By C. THOMSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18-1931

17

I HEREBY CERTIFY, That I attended deceased from July-16, 1931, to July-18, 1931, that I last saw h— alive on July-18, 1931, and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage —

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Senility (Heart Fr.)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? —

(Signed) Frank A Brawley — M. D.

, 19 (Address) 125 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: 7/21/1931

20 UNDERTAKER: John F Cowan & Son ADDRESS: Gorsuch Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks.

E 70589

D-70589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH 2d Pres. Church — REGISTERED NO. 127

CITY OF BALTIMORE: (No. Church 27-13 STREET WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Anna Wells

(a) RESIDENCE NO. 4401- Mary Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): Oct 3-1877

7 AGE: Years 53. Months 9 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Rickenrode

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Benjamin F. Wells

(Address) 4401 Mary ave

15 JUL 20 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-18-31

17

I HEREBY CERTIFY, That I attended deceased from June 25 1931, to July 18 1931, that I last saw h[illegible] alive on July 18 1931 and that death occurred, on the date stated above, at 3:10 P.m.

The CAUSE OF DEATH* was as follows:

[redacted]

Appendicitis, diffuse Peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) [redacted] Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of June 25, 1931

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) J. E. Steele M.D.

, 19 (Address) 1501 Mt. St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: July 23 1931

20 UNDERTAKER: John Ullrich

ADDRESS: 2108 Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 70590

70590 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-003

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 5 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Bauer

(a) RESIDENCE NO. 1216 E. Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): wid.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-18-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Michael Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Christina Hefling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Norma Reputation 212 N. Ellwood Ave

Received JUL 20 1931

C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17-31

17

I HEREBY CERTIFY, That I attended deceased from 6-9- , 1931, to 7-17 , 1931

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-Vascular Disease & Chronic Myocarditis

(duration) yrs. (?) mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Luther B. Linton M. D.

, 19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster July

DATE OF BURIAL 19 31

20 UNDERTAKER: John C. Miller

ADDRESS 2435 E. Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks

E 70591

E 70591 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70591

CERTIFICATE OF DEATH

51 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-13 Ward)

2 FULL NAME Cyril Valente

(a) RESIDENCE NO. 1609 Faith Lane St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Valente

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Morovia

PARENTS

10 NAME OF FATHER Joseph Valente

11 BIRTHPLACE OF FATHER (City or town) (State or country) Morovia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Morovia

14 Informant Mary Valente

(Address) 1609 Faith Lane

15 JUL 20 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18/31

17

I HEREBY CERTIFY, That I attended deceased from 7/1, 1931, to 7/18, 1931

that I last saw him alive on 7/18, 1931

and that death occurred, on the date stated above, at 6:10 p m

The CAUSE OF DEATH* was as follows:

Carcinoma of the Bladder

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/11/31

Was there an autopsy? Yes

What test confirmed diagnosis? —

(Signed) J. E. Eudaman M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill — DATE OF BURIAL July 21 1931

20 UNDERTAKER Frank Brockdon — ADDRESS 1900 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70592

23E 70592

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Island St. 07-30 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. + mos. + ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Howard.

(a) Residence: No. 408 Island St. (Ward.)
(Usual place of abode) 10 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

3a. If married, widowed, or divorced (or) WIFE of ~~HUSBAND~~ Howard.

6. DATE OF BIRTH (month, day, year) 1910.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	21	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wesley Coleman (Address) 408 Island St.

18. BURIAL, CREMATION, OR REMOVAL. Place Bet Cemetery Date 7-21 1931

19. UNDERTAKER Grant Easter (Address) 916 Pine.

20. Filed 7-21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/19 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/30 1931 to 7/19 1931

I last saw h alive on 7/18 1931 death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	5 wks.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Hurst Chandler, M. D.
(Address) 17 W. Lee St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

70593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70593

CERTIFICATE OF DEATH

191

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 7-25 (WARD)

2-FULL NAME Tilghman Green

(a) RESIDENCE NO 630 W. Mulberry ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Green

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) S. C.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Lena Green (Address) 630 W. Mulberry St.

15 1931 HAROLD JAMES, M. D. (Address)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows

Heart Prostration

(duration) hours days

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Cotton, M. D.

(Address) 1919 Druid Hill Ave. (October) 19 31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Walbrook Cem

DATE OF BURIAL 7-22 1931

20 UNDERTAKER Howard Easton

ADDRESS 5 N Gay

L 20 1931

REMARKS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 140-21 m MAT—1500 Bks.

E 70594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70594

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 413 Lemmon ST. 19-28 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Lizzie Henley.

(a) RESIDENCE NO. 413 Lemmon ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE Years 54 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Calvin Orange

11 BIRTHPLACE OF FATHER (city or town) N. C. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town) N. C. (State or country)

14 Informant (Address) Frank Henley 413 Lemmon St.

15 Filed JUL 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 29 1931 to July 18 1931 that I last saw h alive on July 15 1931 and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:

Intestinal Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) C. Hampson Jones M. D.

July 20-1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ft Auburn Cem. DATE OF BURIAL July 21 1931

20 UNDERTAKER A. Jones ADDRESS 111 S. Gilmor

I—WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be STATED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—9 36—A. & Co.—250 Blks

B 70595 HEALTH DEPARTMENT—CITY OF BALTIMORE 70595

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Union Memorial Hospital (St.) 6 (Ward) 18

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jesse L. Brent jr

(a) RESIDENCE NO. 628 Aull St. ST. WARD Baltimore

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 18, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 yr	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Jesse Brent Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Minnie Edelmy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt. Md.

14 Informant (Address) Jesse Brent Sr. 628 Aull St.

JUL 20 1931

C. HAMPSON, JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-14-31

17

I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to July 14, 1931

that I last saw him alive on July 14, 1931

and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:

Meningococcus Meningitis

(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes Clinical findings and autopsy

What test confirmed diagnosis?

(Signed) Jesse L. Taylor M. D.

7-9-1931 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Ind. Hampstead	July 21 1931
UNDERTAKER	ADDRESS
Wade Davis	3418 Greenmount Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70596

E 70596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 2212 Bank Street ST 1-3 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Julianna Purzycka

(a) RESIDENCE NO 2212 Bank Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - -

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ? ? ? 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Teofil, Skulomorska

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Zawadzki

(Address) 2212 Bank Street

JUL 20 1931

HAMPSON JOHNS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/18/31

17

I HEREBY CERTIFY, That I attended deceased from January 6, 1931, to July 18, 1931.

That I last saw her alive on July 18, 1931

and that death occurred, on the date stated above, at 9.20 A.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? C. F. & S.

(Signed) John V. Bergstrom, M. D.

, 19 (Address) 1802 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem, July-	21 1931
20 UNDERTAKER	ADDRESS
George A. Weber	201 S. Sam[illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 38—A. A. Co.—250 Blks

E 70597

E 70597 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (No. Wilkens & Catonsville WARD 25-12

2 FULL NAME Baby boy Yokel - Premature

(a) RESIDENCE NO. Liberty Heights & Presstman ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 159 V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (write the word): Premature

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 18 1931

7 AGE: Years — Months — Days — If LESS than 1 day, hrs. 45 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt.

PARENTS

10 NAME OF FATHER: Charles Yokel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Marie Goodman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Charles Yokel
(Address) Liberty Heights Ave

JUL 20 1931

C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1931

17 I HEREBY CERTIFY, That I attended deceased from July 18 1931 to 19

that I last saw h — on 7-18-31

and that death occurred, on the date stated above, at 8.30 p m

The CAUSE OF DEATH* was as follows:

Prematurity

1 Month.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirm[illegible] diagnosis?

(Signed) Cecil Brewer M. D.

19 (Address) 3641 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: July 20 1931

UNDERTAKER: F. Vernon Keehner — ADDRESS: 532 Holins

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-35—A. A Co.—250 Blks.

E 7059 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70598

23 v

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 310. S. Bond. (St.) Bk (Ward)

2 FULL NAME Joseph. Roszka

(a) RESIDENCE NO. 310 S. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~wife~~ Anastasia Roszka

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS
10 NAME OF FATHER Simon Roszka
11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Anastasia Roszka
Address 310 S. Bond St.

15 [illegible] 19 [illegible] Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18/31

17
I HEREBY CERTIFY, That I attended deceased from June 29. 1931 to July 18. 1931
that I last saw h in alive on July 11th 1931
and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) Several yrs. mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Hemorrhages
(duration) yrs. 1/2 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical Exam
(Signed) A. F. Kris M. D.
July 20 1931 (Address) 24 S. Bond

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL 7/21 1931
UNDERTAKER William Gialkowski ADDRESS 1618 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 29 1931

AgCo 5-31 2000

E 70599

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70599

CERTIFICATE OF DEATH

93003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 750 W. Fayette St. 4-Ho (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Garbade

(a) Residence: No. 750 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bernard W. Garbade

6. DATE OF BIRTH (month, day, year): Aug 27, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Birkettsville Md

MOTHER FATHER

13. NAME: Lawson Karn

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Sarah E. Nillery

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Charlotte O. Mac Millan

(Address): 750 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: July 21 1931.

19. UNDERTAKER: Mr. Mrs. John N. Teufel & Son

(Address): 501 W. Fayette St

L 20753

[illegible] JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19, 1931.

22. I HEREBY CERTIFY, That I attended deceased from May, 1929 to July 18, 1931

last saw her alive on July 18 1931 death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Acute Cardiac Dilitation	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Henry Glassmore, M. D.

(Address) 768 Madison Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-23-28—L. F. S.—500 Blks.

E 70600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70600

CERTIFICATE OF DEATH

121

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Md. General Hospital ST. 21 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Adam Caspare

(a) RESIDENCE NO. 1116 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 23. 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Meat

(c) Name of employer Armour & Co

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Frederick Caspare

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elizabeth Barking

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Theresa Peters

(Address) Sister 1116 W Hamburg

15 [illegible] HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1931

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to July 18, 1931, that I last saw him alive on July 18, 1931, and that death occurred, on the date stated above, at 3:10 A m.

The CAUSE OF DEATH* was as follows:

Cavate Gangrenous Appendicitis

(duration) yrs. 2 mos. 8 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of July 16, 1931

Was there an autopsy? No

What (est confirmed) diagnosis? Gangrenous Appendicitis

(Signed) Walter K. Clement, M. D.

, 19 (Address) Maryland Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	July 21 1931

20 UNDERTAKER — ADDRESS

Mrs. John W. Tenfelde & Son 801 W Fayette

JUL 20 1931

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70601 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70601

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (T.B.) 17-24 REGISTERED NO

CITY OF BALTIMORE: (No ST WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel Moore

(a) RESIDENCE NO 1152 Shields Alley ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Apr. 8, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Julia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address)

15 C. HAMPSON JONES, M. D. Registrar

JUL 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan. 16, 19 31, to July 18, 19 31

that I last saw h im alive on July 18, 19 31

and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach with metastasis to the liver.

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence W. Sears M. D.

7-18-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery — DATE OF BURIAL July 21, 1931

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 29—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70602 E 70602

CERTIFICATE OF DEATH. 131 REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospts. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, NO Balto Md. ST. 6-10 WARD

2 FULL NAME Lee Johnson

(a) RESIDENCE NO 300 Moyer St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Water

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Etta ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Records Balto City Hospts

15 [illegible] Registrar

JUL 20 1931

5980

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-17-31

17 I HEREBY CERTIFY, That I attended deceased from 7-14-, 19 31, to 7-17-, 19 31

that I last saw h[illegible] alive on 7-16-, 19 31

and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Senile Psychosis c
Catheterism (operation) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Henry Goldsmith M.D.

7/17, 19 31 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JNS HOPKINS HOSPITAL

DATE OF BURIAL 19

ADDRESS

20 UNDERTAKER [illegible]

JUL 20 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 70603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL S. or W. 14-20 WARD)

REGISTERED NO. E 70603

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Girl Meyers

(a) RESIDENCE NO. 1714 Madison Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 - 31

7 AGE: Years | Months | Days: 1 | If LESS than 1 day 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER Wm Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa -

12 MAIDEN NAME OF MOTHER Hazel Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): La -

14 Informant: Parents. (Address) JOHNS HOPKINS HOSPITAL

15 [illegible] M. D. Registrar

JUL 20 1931 5085

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 17-31

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to July 17, 1931, that I last saw h[illegible] alive on July 17, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Respiratory failure
Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Aus G Kuttner M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER [illegible] — ADDRESS [illegible] JUL 20 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70604

CERTIFICATE OF DEATH

108 E 70604

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3458 Cardenas Avenue St., 8-45 Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leslie Noble Collins

(a) Residence: No. 3458 Cardenas Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude Collins

6. DATE OF BIRTH (month, day, year) Jan. 29" 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traffic Squad

10. Date deceased last worked at this occupation (month and year) July, 1931

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Walter Olin Collins

14. BIRTHPLACE (city or town) Federalsburg
(State or country) Maryland

15. MAIDEN NAME Stella Brooks

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Gertrude Collins
(Address) 3458 Cardenas Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date July 21st 1931

19. UNDERTAKER Ernest Cook
(Address) 1002 West Baltimore St.

20. FILED JUL 20 1931 21. REGISTRAR [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 19th. 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15 . 1931 to July 19 . 1931

I last saw him alive on July 18 1931 Death is said to have occurred on the date stated above, at 8.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7/16/31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Rahe, M. D.

(Address) 3005 West North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-15-23—MAT—500 Blks.

70605

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002 E 70605

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 535 W. Hamburg (St.) 21-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence L. Dackert

(a) RESIDENCE NO. 535 W. Hamburg ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs 8 mos 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Reinhardt H. Dackert

6 DATE OF BIRTH (month, day, and year): April 23rd 1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
78	8	25 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry F. Seick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germy

14 Informant: Florence E. Adams

(Address): 535 W. Hamburg st

Filed JUL 21 1931

H. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 18 1931

17

I HEREBY CERTIFY, That I attended deceased from June 6th 1931 to July 18 1931.

that I last saw her alive on July 17 1931

and that death occurred, on the date stated above, at 3-45a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) 25 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Frances Ann Carpenter M. D.

7-20 1931 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park July 20 1931

UNDERTAKER: Eschlemann & Son

DATE OF BURIAL

ADDRESS: 1029 Hanover St.

mation should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

STATE OF MARYLAND—CERTIFICATE OF DEATH

107-801 V

1. PLACE OF DEATH

County E 70606 Registration Dist. No. E 70606

Village or City Baltimore No. 2864 St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Jane Wilderman Hogg.

(a) Residence: No. 4820 Norwood Ave. Ward 37 Howard (P.S.)

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed or ~~divorced~~ (or) WIFE of Charles G. Hogg.

6. DATE OF BIRTH (month, day and year) February 18, 1865

7. AGE	Years	Months	Days	If LESS than 1 day: hrs or min.
	65 years	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife 037

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. before Oct. 1923

10. Date deceased last worked at this occupation (month and year) Sept. 1923

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William C. Wilderman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Moon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs H. Clyde Marsh 4820 Norwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date July 21 1931

19. UNDERTAKER (Address) Henry F. Whitlock 2101 Edmondson Ave

20. FILED JUL 20 1931 19. HAMPSON JONES, M. D. Registrar

If dead body not buried, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 19. (Month) (Day) 1931 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1923 to July 19, 1931

I last saw her alive on July 19, 1931, death is said to have occurred on the date stated above, at 1.20 P m

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Dementia - Precox — Date of onset Oct 1923

Catatonia

General debility from prolonged illness

Other Contributory Causes of importance:

Broncho-pneumonia — July 15 1931

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Clyde Marsh M. D.

(Address) Medical Arts Bldg.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70607 45 E 70607

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 W. Fairmount Ave. St. 20-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Eckhardt

(a) RESIDENCE NO. 1912 W. Fairmount Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Eckhardt (nee Tschoulin)

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1869.

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Polisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Y.

PARENTS

10 NAME OF FATHER Henry Eckhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment (Address) Mrs. Mary Eckhardt 1912 W. Fairmount Ave.

15 [illegible] JONES, M. D. Registrar

JUL 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/19/31

17

I HEREBY CERTIFY, That I attended deceased from 4/25 1931 to July 19 1931

that I last saw h alive on July 19 1931

and that death occurred, on the date stated above, at 1.40 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Throat

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) Thos Stacy Jr M. D.

19 (Address) 402 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	7/22/31
20 UNDERTAKER Mary E. Sutzke	ADDRESS 4101 Edmondson Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks

Haigley

E 70608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70608

1 PLACE OF DEATH

CITY OF BALTIMORE (No. West Presb. Gen. Hosp. St.) 20-28 12-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bernard Haigley

(a) RESIDENCE NO. 13 S. Payson St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 29-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Frank V Haigley
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Ellen F Smith
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Frank V Haigley
(Address) 13 S Payson St.

15 [illegible] 19 [illegible] Registrar

JUL 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18-31

17
I HEREBY CERTIFY, That I attended deceased from 7-12-31, 19 , to 7-18-31, 19
that I last saw h[illegible] alive on 7-18-31, 19
and that death occurred, on the date stated above, at 8:00 P.M.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.
Did an operation precede death? yes Date of 7-12-31.
Was there an autopsy? no.
What test confirmed diagnosis? physical signs
(Signed) Hyndman, M. D.
7/18, 19 31 (Address) 1402 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral
DATE OF BURIAL 7/21, 19 31

20 UNDERTAKER Harry A Tuttle
ADDRESS [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

Rec.—2-28-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70609

92-001 V

CERTIFICATE OF DEATH

REGISTERED NO. E 70609

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3316 Forest Park Ave) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara Stern

(a) RESIDENCE NO. 3316 Forest Park Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: none

7 DATE OF BIRTH (month, day, and year): Dec 13 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Illness Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Abraham Stern

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rosa Kohn

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Rob't Stern Jr

(Address): 3805 Edgerton Rd

15 JUL 28 1931 C. H. A. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from May, 1931, to July 19, 1931, that I last saw her alive on July 18th, 1931, and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Mitral stenosis followed by auricular fibrillation & cardiac decompensation

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of no

Was there an autopsy? no.

What test confirmed diagnosis? physical diagnosis

(Signed) Nathaniel M Beck. M. D.

19 (Address) 100 E. 23rd Street.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cemetery

DATE OF BURIAL: July 21/31

20 UNDERTAKER: J Hecht Co

ADDRESS: [illegible]

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 70610

82-001 ✓ E 70610

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 741 E. 36th ST. 9-47 WARD)

2.-FULL NAME Rosa E. Lee

(a) RESIDENCE NO. 741 E. 36th ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs V mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William W. Lee

6 DATE OF BIRTH (month, day, and year) Feb 18 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	V	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Geo. Warneke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Fricke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William W. Lee
(Address) 741 E. 36th St

15 Filed _____ 19__ HAMPSON JONES, M. D. Registrar

LOT 706 C 93

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1931

17 I HEREBY CERTIFY, That I attended deceased from May 16 , 1931 , to July 18 , 1931 ,
that I last saw h alive on July 18-9.30 , 1931 ,
and that death occurred, on the date stated above, at 6-30 P.m.
The CAUSE OF DEATH* was as follows:
Cerebral Apoplexy -

2 (duration) yrs. 2 mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Irving Miller — , M. D.

, 19 (Address) 108 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Evangelical Cemetery	July 21 1931

20 UNDERTAKER Chas. G. Black 74 E. Madison ADDRESS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11-2500

Dr Kassick 1700 Linden Ave Lay 1562

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70611

CERTIFICATE OF DEATH

133 Bafo E 70611

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5014 Cordelia Ave 27-56 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Emma F. Hullat

(a) Residence: No. 5014 Cordelia Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced (or) WIFE of George Hullat

6. DATE OF BIRTH (month, day and year) June 10th 1864

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
67	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Andrew Finley

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Eliza McCoy

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT George Hullat
(Address) 5014 Cordelia Ave

18. BURIAL, CREMATION, OR REMOVAL
London Park Cemetery Date July 22nd 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. Date received 7-23-1931 H. PAGE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 3rd 1931 to July 19th 1931

that I saw her or saw her alive on July 15th 1931, death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-Nephritis (acute)	July 3rd

(Other contributory causes of importance)

Uremic Convulsion and Uremic Coma	July 16th

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J. Kassick M. D.

(Address) 1700 Linden Ave

INFORMATION should be carefully supplied. All statements should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70612

CERTIFICATE OF DEATH

23 E 70612

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Eaton Ave St. 9-47 Ward)

Length of residence in city or town where death occurred 10 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Van Rensselaer H. Norman

(a) Residence: No. 907 Eaton Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Norman

6. DATE OF BIRTH (month, day and year) July 24 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jr. Sheriff Store

10. Date deceased last worked at this occupation (month and year) May 1930

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Penna

MOTHER FATHER

13. NAME Thomas C. Norman

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Nellie Norman

(Address) 907 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 21 19 31

19. UNDERTAKER Fallon Cook

(Address) 1210 Eutaw St

20. Filed JUL 20 1931 H. LEON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 19 1931

22. I HEREBY CERTIFY, That I attended deceased from June 16 1931 to July 19 1931

I last saw him alive on July 18 1931 death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Wheaton, M. D.

(Address) 4305 York Rd

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70613

Registered No. 131 E 70613

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1819 Clifton Ave. 5-71 Ward

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leanna M. Dinges

(a) Residence: No. 1819 Clifton Aven. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ (or) WIFE of Frank Dinges

6. DATE OF BIRTH (month, day, year) Nov 11th 1898

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
32	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME John White

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Emma E. Rager

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Frank Dinges

(Address) 1819 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date July 21st 1931

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

I. M. JONES, M. D.

Registrar

July 18, 31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 18th 1931

22. I HEREBY CERTIFY, That I attended deceased from June - 15. 1931 to July - 18. 1931

I last saw h[illegible] alive on July 18 1931 death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	7 days.

Other contributory causes of importance: Tuberculosis 6 mo

Syphilis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Martin L. Shuster M. D.

(Address) 806 N Fulton Ave

JUL 20 1931

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

Dr Shemwell 3310 Tioga Ave July 1931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70614

CERTIFICATE OF DEATH

8Z 70614

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 79 Culver St. 20-10 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Angel

(a) Residence: No. 79 Culver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Martin Angel

6. DATE OF BIRTH (month, day and year) Nov 5th 1851

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Chestnut Ridge Balto Co. Md

13. NAME Christian Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Seib

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Reinecke

(Address) 79 Culver St

18. BURIAL, CREMATION, OR REMOVAL

Place Edgewood Cemetery Date July 22nd 1931

Cockeysville Md

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

JUL 26 1931 19 ... Registrar JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 20th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 18 1931 to July 20 1931

I last saw her alive on July 19 1931 death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	July 18/31
Arterial sclerosis	a year ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. F. Shemwell, M. D.

(Address) 3310 Tioga Parkway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-30—A. & Co.—250 Blks.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

70615 HEALTH DEPARTMENT—CITY OF BALTIMORE 70615

CERTIFICATE OF DEATH

REGISTERED NO 108

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1528 Orleans St. St 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Thomas Ritchie

(a) RESIDENCE NO 1528 Orleans St. ST. WARD
(Usual place of abode) Lifetime
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) June 5th. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER John L. Ritchie
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Margaret E. Ritchie
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Samuel Ritchie
(Address) 1528 Orleans St.

C. HAMPSON JONES, M. D.
Registrar

JUL 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1931, to July 19, 1931
that I last saw him alive on July 18, 1931
and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Signs
(Signed) Thos. A. E. Jones M. D.
July 20 1931 (Address) 1301 N. Bat St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interment Cemetery
DATE OF BURIAL: July 21st 1931
UNDERTAKER: Chas. F. Krause & Son
ADDRESS: 1130 N. Broadway

Spec.—9 20—A. & Co.—250 Blks.

70616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-03-70616

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1728 Fleet St. 24 (WARD)

2 FULL NAME Anna Brzezinska

(a) RESIDENCE NO. 1728 Fleet St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 5 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph Brzezinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Josephine Fretsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Edward Brzezinski
(Address) 2118 S Kenwood Ave.

15 Filed JUL 26 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 17 1931

17

I HEREBY CERTIFY, That I attended deceased from July 13/31, 19 , to July July 17/31

that I last saw her alive on July 17/31

and that death occurred, on the date stated above, at 1 30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

5 hours. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam.

(Signed) [illegible] M. D.

19 (Address) 100 N. Linwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary [illegible]	July 21 19 31

20 UNDERTAKER ADDRESS

John M Welsh 401 E Chase St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-36—A. R. Co.—250 Tkts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70617

CERTIFICATE OF DEATH

23 E 70617

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Mt Pleasant Ave WARD 37)

2 FULL NAME Gottlieb Litzau

(a) RESIDENCE No. 3413 Mt Pleasant Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Adelaide Litzau

6 DATE OF BIRTH (month, day, and year) Oct 1 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 015

(b) General nature of industry, business, or establishment in which employed (or employer) Carpenter

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Balto. Md

PARENTS

10 NAME OF FATHER Carl Litzau

11 BIRTHPLACE OF FATHER (city or town) (state or country) Germany

12 MAIDEN NAME OF MOTHER Wm. Engler

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany

14 Informant (Address) Adelaide Litzau 3413 Mt Pleasant Ave

15 Filed JUL 23 1931 By HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1 1931 to July 20 1931

that I last saw him alive on July 20 1931

and that death occurred on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(signed) Isaac B. Litzau M. D.

July 20 1931 (Address) 15 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem July 23 31 — DATE OF BURIAL

20 UNDERTAKER: John C. Miller ADDRESS: 2435 E Alton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 23 1931

1-30—M E T—100 B—60L

70618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 E 70618

REGISTERED NO.

1-PLACE OF DEATH Hopkins Hospital

CITY OF BALTIMORE: (No.) 1310 Gough St. (WARD) 13-5

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Tiziano Ammantiono Amantino

(a) RESIDENCE NO. 1310 Gough St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female.	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Ammantino

6 DATE OF BIRTH (month, day, and year) Dec 24 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38.	5.	2.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Pasqual. Fanizza

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Josephine Mearazza

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Hester. Ammantino

(Address) 1310 Gough St.

15 Filed July 22 1931 H. AMOS JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said her (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Poisoning - Suicide
Mercury

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 1310 Gough St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cemetery	July 22 1931
20 UNDERTAKER Waddell & Appel.	ADDRESS 380 N. Eu

M—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo 5-31 250M

E 70619 — 70619 — 0619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2572 Pennsylvania Ave (St.) (Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles D. Lehier

(a) Residence: No. 2572 Pa. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of:

6. DATE OF BIRTH (month, day, year): Jan 13 - 1847

7. AGE — Years: 84 | Months: 6 | Days: 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 31 / Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Charles Lehier

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. Grasty

(Address): 2545 Pa. Ave

18. BURIAL, CREMATION, OR REMOVAL: Fremont Date July 27 1931

19. UNDERTAKER: E. Mansfield & Sons

(Address): 1 W. Saratoga St.

JUL 27 1931

20. FILED: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to July 19, 1931

I last saw him alive on July 15, 1931, death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Dec 1930

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decreased? No If so, specify

(Signature) O. S. Jones, M. D.

(Address) 720 N. Howard Ave

M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70620

CERTIFICATE OF DEATH

91-001

E 70620

1 PLACE OF DEATH

CITY OF BALTIMORE (No) Womans Hospital (St) 14-20 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Agnes Schlereth

(a) RESIDENCE No. 1621 (Usual place of abode) John Street (St.) (Ward) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 29, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housemaid

(b) General nature of industry, business, or establishment in which employed (or employer): Private home

(c) Name of employer: Mr. David Rosenberg

9 BIRTHPLACE (city or town) (State or country): Sykesville Maryland

PARENTS

10 NAME OF FATHER: Henry Schlereth

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER: Ella Selby

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant: Mrs. Wigenia Edwards (Address) 1621 John St. Balto. Md.

15 Filed JUL 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1931 to July 20, 1931

that I last saw her alive on July 20, 1931

and that death occurred, on the date stated above, at 1 00 a. m.

The CAUSE OF DEATH* was as follows:

Subacute Bacterial Endocarditis

(duration) yrs. 1 mos. 27 ds.

CONTRIBUTORY (Secondary) Splenic infarction

(duration) yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Joseph J. Schott M. D.

(Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield Cemetery — DATE OF BURIAL: July 23 1931

UNDERTAKER: Green & Son Inc. — ADDRESS: Sykesville Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spar.—9-30—A. & Co.—250 Blks.

E 70621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70621

93-001

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1962 Stenson. St. "Harrell Cut" Ward 25-12

2 FULL NAME Mary E. Clifford

(a) RESIDENCE No. 1962 Stenson St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

3 REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Clifford

6 DATE OF BIRTH (month, day, and year) Dec 15-1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. Artz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Gott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Wm F. Clifford

(Address) 1962 Stenson St

Filed JUL 21 1931 Registrar H. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19/31

17

I HEREBY CERTIFY, That I attended deceased from July 15, 1931 to July 19, 1931

That I last saw h[illegible] alive on July 18, 1931

and that death occurred, on the date stated above, at 10 A. M.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Stanard M. D.

(Address) 190 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Western Cemetery

DATE OF BURIAL 7/22/31

UNDERTAKER P. B. Kappus

ADDRESS 150 N. Balto St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-30—A. A Co.—250 Blks

E 70622

E 70622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. Bon Secours Hospital St. 70-69 WARD

2 FULL NAME Mr. Bernhardt Rehmann

(a) RESIDENCE NO. 2240 Frederick Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE Frances E. Rehmann

6 DATE OF BIRTH (month, day, and year) Dec 25-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 013

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry J. Rehmann

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Kerkhoff Rehmann

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Frances E. Rehmann (Address) 2240 Frederick Ave

15 Filed JUL 21 1931 19 By HAMILTON JONES, CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18-31

17

I HEREBY CERTIFY, That I attended deceased from 7-12 19 31 to 7-18 19 31

that I last saw him alive on 7-18 19 31

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Diabetic gangrene of right foot

Generalized arterio sclerosis

(duration) 15 yrs. , mos. , ds.

CONTRIBUTORY (Secondary) (terminal) Broncho pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Removal of 2nd toe (right foot) Date of 7 15 31

Was there an autopsy? no

What test confirmed diagnosis? Laboratory findings.

(Signed) Andres C. Calao M. D.

(Address) Bon Secours Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL 7/21 19 31

UNDERTAKER C. C. Wiepert ADDRESS 850 W. Baltimore St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-38—M. & T.—100 B—501.

E 70623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70623

CERTIFICATE OF DEATH

93-004

16-13

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1224 N. Caroline ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William DeFord Hauer

(a) RESIDENCE NO. 1224 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Hopps

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grain and Feed
(b) General nature of industry, business, or establishment in which employed (or employer): Feed Merchant
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Henry M. Hauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Lila E. DeFord

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Wm. D. Hoppe

(Address) Hyde, Md.

15 JUL 21 1931 J. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held on inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

7/21/31 (Address) 806 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 7/22 19 31

20 UNDERTAKER: Henry W. Meaks — ADDRESS: 1705 N. Calvert

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 M—591.

E 70624

E 70624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S. Caroline St. 3-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Bailey

(a) RESIDENCE No 128 S Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1y 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER David Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rosa Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Rosa Bailey

(Address) 128 S Caroline St

15 Filed JUL 21 1931 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. dys.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) B Kleinberg M.D. Coroner

7/21, 1931 (Address) 1300 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft. Calvary	July 21 1931
20 UNDERTAKER	ADDRESS
Wm. P. H. Elliott	1723 E Baltimore

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70625

E-70625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 9-46 ST. (WARD)

REGISTERED NO. 124-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Koudowies

(a) RESIDENCE NO. 2722 Hartford Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Koudowies

6 DATE OF BIRTH (month, day, and year) May 5 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Peddler

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Greece

PARENTS

10 NAME OF FATHER: Constantino Koudowies

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER: Nicolata ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Greece

14 Informant (Address): Records of Balto. City Hosp.

15 JUL 21 1931, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18-31

17

I HEREBY CERTIFY, That I attended deceased from 6-25-31, 19, to 7-18-31, 19

that I last saw h alive on 7-18-31, 19

and that death occurred, on the date stated above, at 7:05 P m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver, Portal

Not Known (duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. A. Gabrielides M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 7-21 19 31

UNDERTAKER: Bernard C. Harle

ADDRESS: 1000 S. Paca St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—56L

E 70626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70626 ✓ 001

CERTIFICATE OF DEATH

917 186

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (STREET) (WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James A. Rich.

(a) RESIDENCE NO. 1529 N. Eden St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter helper.
(b) General nature of industry, business, or establishment in which employed (or employer): 015
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pourtsmouth Va.

PARENTS

10 NAME OF FATHER James D. Rich.

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Alice L. Smith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina.

14 Informant William R. Sawyer. (brotherinlaw)

(Address) 1529 N. Eden St.

15 Filed JUL 21 1931 19 32 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of 3rd & 5th Cervical vertebrae
Diving in shallow water.
Occidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Fort Smallwood. July 19, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

7/21, 19 31 (Address) 917 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portsmouth Va	7-23 1931

20 UNDERTAKER L. C. Shilling & Sons

ADDRESS 1126 Monument

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—3-29-28—L. F. S.—500 Blks.

E 70627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70627

121 ✓

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 8-40

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (Ko. Md. Gen. Hosp. WARD)

2—FULL NAME Mrs. Lena Tarlton

(a) RESIDENCE NO. 3105 Erdman Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr. Tarlton

6 DATE OF BIRTH (month, day, and year): Feb. 24, 1900

7 AGE — Years: 31 — Months: 4 — Days: 25 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home-wife 37
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Jacob Hellerich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Hospital Records.
(Address)

15 [illegible] HARRISON JONES, M. D.
Registrar

JUL 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1931, to July 19, 1931, that I last saw h[illegible] alive on July 19, 1931 and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? home.

Did an operation precede death? Yes. Date of 7/13/31

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings.

(Signed) Robert S. Chenoweth, M. D.

19[illegible] Address Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jerusalem Cem.

DATE OF BURIAL: July 22 1931

UNDERTAKER: Fred'k Lassahn & Son

ADDRESS: 1401 Belair Rd

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70623

92-001

CERTIFICATE OF DEATH.

13-52

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1007 W 37th St (Ward) REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah E. McCauley

(a) RESIDENCE NO. 1007 W 37th St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years: About 85 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER: Nicholas McCauley

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Mary E Connelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant: Stella M. Taylor

(Address) 1007 W 37th St

15 Filed JUL 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 1931 to July 20 1931

That I last saw her alive on July 19 1931

and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) C. F. Cuffenberg M. D.

7/21/31 (Address) 3701 Roland Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: July 22 1931

UNDERTAKER: Thornton & Son

ADDRESS: 345 Chestnut Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

E 70628

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70629

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Dunst alley St. 24-33 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Ireland

(a) Residence: No. 1221 Dunst alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Richard Ireland
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME Bertha Herbrick
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT M. L. Cohen Dr
(Address) 1318 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 7 21 1931

19. UNDERTAKER John J. Dunn
(Address) 1318 Light St.

20. FILED JUL 21 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1931 to July 21, 1931
I last saw him alive on July 20, 1931 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset July 17, 31

Other contributory causes of importance:

Epituration — 1 day

Name of operation None. Date of

What test confirmed diagnosis Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) [redacted] M. D.
(Address) 614 Jackson

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4 Spec.—9 30—A & Co.—250 Blks.

70630

E 70630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE. (No. Wilkens & Caton Ave. ST. 2554 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME West Friendship Howard County

(a) RESIDENCE NO. 5 Thomas J. Amos ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Amos

6 DATE OF BIRTH (month, day, and year): Sept 1854

7 AGE: 76 Years; 10 Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dairyman

(b) General nature of industry, business, or establishment in which employed (or employer): Farm

(c) Name of employer: Brightsey Ecker

9 BIRTHPLACE (city or town) (State or country): Howard Co. Md

PARENTS

10 NAME OF FATHER: Milton Amos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Parkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Geo Amos-Son W. Friendship Md

15 [illegible] Jones, M. D.

[illegible] of Registrar

JUL 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-19-31

17 I HEREBY CERTIFY, That I attended deceased from November 12, 1930 to July 19, 1931

That I last saw h[illegible] alive on [illegible]

and that death occurred, on the date stated above, at 12 10 P. M.

The CAUSE OF DEATH* was as follows:

1 [illegible] Cancer

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam + Biopsy

(Signed) H. [illegible] M. D.

7-19-31 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll Cem. Balt Co Md

DATE OF BURIAL: 7/21 1931

UNDERTAKER: J M Cole

ADDRESS: 1217 Pratt

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70631 ✓ 131 E 70631

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 Arlington ave. St. 7-46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah R. Eicholtz.

(a) RESIDENCE NO. 730 Arlington Ave. WARD Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. 5 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed or divorced HUSBAND (or) WIFE of: Conrad Eicholtz.

6 DATE OF BIRTH (month, day, and year) [illegible] 30 1865

7 AGE: Years 66 Months Days 20. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Co. Md.

PARENTS

10 NAME OF FATHER: Joseph Meyers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Hanna Hussma

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Florence Eicholtz (Address) 730 Arlington Ave

15 Filed [illegible] 19 [illegible] Registrar

JAMESON JONES, M. D.

JUL 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20 - 1931

17 I HEREBY CERTIFY, That I attended deceased from July, 1930, to July 20, 1931, that I last saw h[illegible] alive on July 19, 1931 and that death occurred, on the date stated above, at 12.25 P.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic Nephritis
Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John F. Hucks, M. D.

19 (Address) 212 N. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wilson's cem. Balto Co Md	July 22 1931
20 UNDERTAKER	ADDRESS
John E. Slade	Long Green Md

Make statement should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70632

E 70632

CERTIFICATE OF DEATH

151

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph Hospital ST. 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Edman

(a) RESIDENCE NO. 7109 Belleurdine Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 29 30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER Charles Edman

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER Margaret Tully

12 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): Mrs Margt Edman 7109 Belleurdine Ave

15 [illegible] 19 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 31.

17
I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to July 19, 1931
that I last saw he alive on July 19, 1931
and that death occurred, on the date stated above, at 3 P. M.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia 1 hr.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Pneumococcic Meningitis (duration) 1 hr.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & Typical findings

(Signed) H. B. Jones M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Com.

20 UNDERTAKER: J. A. Moser

DATE OF BURIAL 7/22/31

ADDRESS 3000 E. Monument

JUL 21 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70633 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70633

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 23-33 S. WARD) REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Doukas (Jack Doukas)

(a) RESIDENCE NO 1022 Light st. ST. WARD

(Usual place of abode) (If Non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 12, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Norfolk Virginia

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Helen ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

14 Informant Hospital Records (Address)

JUL 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1931, to July 19, 1931

that I last saw him alive on July 19, 1931

and that death occurred, on the date stated above, at 4.55 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis, acute

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Spontaneous pneumothorax

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Sera M. D.

7-19-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 7/21 1931

FUNERAL DIRECTOR Robt Brooks & Son

ADDRESS Baltimore Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

70631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165 E 70634

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. Linwood ST.) 6-11 WARD)

2-FULL NAME Thomas J. Cooney

(a) RESIDENCE NO. 21 N. Linwood ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 24/1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto Wholesale Corp.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Patrick Cooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Farley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Danl Bolger (cousin)

(Address) 1826 E. 29th St

15 Filed JUL 21 1931 192 S. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hung himself to drain pipe in cellar of residence. Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. Lee Hall, M. D. Coroner

7/21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	July 23 1931
20 UNDERTAKER Frank W. Pipitone	ADDRESS 208 E. Balto

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

70635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

OB 70635

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) Medge Maternity 22-30 WARD 10

2 FULL NAME Providence Hospital

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 407 Perry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Helena Slater

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 37 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS
10 NAME OF FATHER: Thomas Dorsey
11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12 MAIDEN NAME OF MOTHER: Maggie Dorsey
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Delmar Slater
(Address) 707 Perry Street

15 [illegible] C. HAMILTON JONES, M. D.

JUL 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-18-31

17
I HEREBY CERTIFY, That I attended deceased from 7-10, 1931, to 7-18, 1931
that I last saw h alive on 7-17, 1931
and that death occurred, on the date stated above, at 4a m.
The CAUSE OF DEATH was as follows:

Acute Bacterial Endocarditis
Terminal Broncho pneumonia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
1931 (Address) 1000 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: July 22 1931

20 UNDERTAKER: Joseph A Sisk — ADDRESS: 1990 Pennsylvania Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70636 — 97-001 ✓ — E 70636

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 108 W Redwood St. 11-24 Ward)

2-FULL NAME Otto Werckshagen

(a) RESIDENCE NO. 258 W Biddle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word): widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Werckshagen

6 DATE OF BIRTH (month, day, and year): June 7 1854

7 AGE: Years 75 (70) Months 1 Days 13 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Druggist
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9 BIRTHPLACE (city or town): Philadelphia
(State or country)

PARENTS

10 NAME OF FATHER: August Werckshagen

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Lindenmann

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Germany

14 Informant (Address): Waldo Werckshagen 258 W Biddle

Filed JUL 21 1931 C. HAMPTON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Endocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Dilation of Heart (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 258 W Biddle

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hamilton, M. D.

7/21, 1931 (Address) 7 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: July 22 1931

20 UNDERTAKER: Wm J Hackerton — ADDRESS: Md

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 E 70637

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2nd of St Helena ST. 1-2 WARD)

2-FULL NAME Stephen Toth

(a) RESIDENCE NO. 270 S. East Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs mos da. How long in U. S., if of foreign birth? yrs mos da

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Toth

6 DATE OF BIRTH (month, day, and year) March 26 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Millwright
(b) General nature of industry, business, or establishment in which employed (or employer) Jones & Laughlin
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsburg Pa

PARENTS

10 NAME OF FATHER John Toth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Rose Kolbai

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Mrs. Helen McClymont

(Address) Kanesville Ohio

15 JUL 21 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs mos da

CONTRIBUTORY (Secondary)

(duration) yrs mos da

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) B F Herzog M.D. Coroner, M. D.

July, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zanesville Ohio

DATE OF BURIAL July 21 1931

UNDERTAKER Wm Tucker Sons

ADDRESS North Ave

IMPORTANT: THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

049464

E 70633

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70633

CERTIFICATE OF DEATH

X 51

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clifton Sluconb

(a) RESIDENCE NO. Woodside - ST. Same -
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 6 Weeks How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
DUSBAND of (or) ~~WIFE of~~ Laura

6 DATE OF BIRTH (month, day, and year) Mar 6-1864

7 AGE: Years 67 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS
10 NAME OF FATHER: Philip Sluconb
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio
12 MAIDEN NAME OF MOTHER: Mary Miller
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Interment (Address): Woods -

15 ... C. HAMPSON JONES, M.D.

JUL 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21-31

17
I HEREBY CERTIFY, That I attended deceased from June 9 1931 to July 21 1931
that I last saw him alive on July 21 1931
and that death occurred, on the date stated above, at 10:10 A.M.
The CAUSE OF DEATH* was as follows:

Pyelonephritis; uremia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Urinary Bladder

(duration) 1/3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of July 1929
Was there an autopsy? Yes
What test confirmed diagnosis?

(Signed) Hugh J. Jewett M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodside Mass — DATE OF BURIAL: July 21 1931

20 UNDERTAKER: John O Mitchell — ADDRESS: 19 E. Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70639

CERTIFICATE OF DEATH

X 172-002 E 70639

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) Md. Gen. Hosp. (STREET) (WARD)

2—FULL NAME Mrs. Margaret Schmidt MAR-ARETHA

(a) RESIDENCE NO. Earleigh Hgts., Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of Mr. Edw. Schmidt.

6 DATE OF BIRTH (month, day, and year) Jan. 10, 1886

7 AGE — Years: 45 — Months: 6 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Geo. H. Hopf.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Stumpf.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hosp. Records.

(Address)

15 [illegible] HAMILTON JONES, M. D. Registrar

JUL 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/19/31

17 I HEREBY CERTIFY, That I attended deceased from July 9, 1931, to July 19, 1931, that I last saw her alive on July 19, 1931, and that death occurred, on the date stated above, at 7:45 p. m.

The CAUSE OF DEATH* was as follows:

Abdominal Adhesions
Intestinal Obstruction

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Toxaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7/13/31

Was there an autopsy? No.

What test confirmed diagnosis? Clin. Findings.

(Signed) Albert R. Wilhelm M. D.

19 (Address) Md. Gen. Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: July 23 1931

20 UNDERTAKER: John T. Denny — ADDRESS: 715 E. Lanvale St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70640 — 9th ward E 70640

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6509 Armstong ST. 28-63 WARD)

2-FULL NAME Mary H. Fallon

(a) RESIDENCE NO. 6509 Armstrong ST., ____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ da. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow.

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edw.

6 DATE OF BIRTH (month, day, and year): Feb 18-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Stroudsburg Pa

PARENTS

10 NAME OF FATHER: Jas Magee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Margaret Corpsell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mrs Fallon

(Address): 6509 Armstrong

15 Filed ____ 19__ ____ Registrar

JUL 21 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19th 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

Sudden

(duration)

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? ____

What test confirmed diagnosis? Regular

(Signed) ____ M. D. (Coroner)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 7/22/31

20 UNDERTAKER: Geo. D. Ruth with Me — ADDRESS: 1735 Harford

1-30—M. & T.—100 B—50L. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70641

CERTIFICATE OF DEATH.

93-003 V

E 70641

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirm. St. 9-46 Ward)

2-FULL NAME Charles E Federline

(a) RESIDENCE NO. 1252 Cliftmont Ave St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mrs. Mary Federline

6 DATE OF BIRTH (month, day, and year): August 1, 1860

7 AGE — Years: 70 — Months: 11 — Days: 20 — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Montgomery County

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Richard Federline

11 BIRTHPLACE OF FATHER (city or town):

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Anna Abell

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Virginia

14 Interment (Address): Mrs. Edward Federline, 1231 Cliftmont Ave

15 [illegible] Registrar

JUL 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21 1931

17

I HEREBY CERTIFY, That I attended deceased from 4:30 P.M. July 19, 1931, to 10:00 A.M. July 21, 1931, that I last saw h.im. alive on July 21, 1931, and that death occurred, on the date stated above, at 10:16 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary edema

(duration) yrs. mos. 18 hrs. ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) at least 10 years yrs. mos. ds.

18 Where was disease contracted if not at place of death? at hospital (Primary or secondary) at home during last illness

Did an operation precede death? Yes Date of 7/19/31

Was there an autopsy? Not

What (in) confirmed diagnosis? Autop - Physical

(Signed) Dr Frank Hewitt, M. D.

7/21, 1931 (Address) The Church Home & Infirm.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivy Hill Cemetery Laurel Md Date of Burial 7/23/31

20 UNDERTAKER: Wm Cook ADDRESS: 1217 St Paul St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 70642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186 V-001 E 70642

REGISTERED NO. 16-36

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals ST. (WARD)

2-FULL NAME GEORGE H. LEYSHON

(a) RESIDENCE No. 1615 Joplin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary L. Leyshon

6 DATE OF BIRTH (month, day, and year) February 3, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Leyshon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Rosetta Kirkwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mrs. Mary L. Leyshon (Wife)
(Address) 1615 Joplin Street

15 Received JUL 21 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18, 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Heart Failure
Paralysis from Accidental fracture of Spine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. P. Herzog M.D. Coroner M. D.
July 20, 19 31 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	July 22. 19 31

20 UNDERTAKER Henry Sander & Sons, Inc. ADDRESS BALTIMORE ST. & BROADWAY.

INFORMATION, WITH UNABRIDGED RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 70643

CERTIFICATE OF DEATH.

97 B 70543

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 201 Pearl St. (WARD) 4-25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lahn, Walker

(a) RESIDENCE NO. 201 Pearl ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE: Years 51 | Months - | Days - | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant: Maggie Walker

(Address) 1829 Pearl St

Filed JUL 22 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19-1931

17 I HEREBY CERTIFY, That I attended deceased from 7-17-1931, to 7-19-1931.

that I last saw h alive on 7-18-1931

and that death occurred, on the date stated above, at 8 p m.

The CAUSE OF DEATH* was as follows:

Immed Bronchopneumonia

Valvular Heart Disease

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 1500 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem — DATE OF BURIAL 7-22-1931

20 UNDERTAKER: Lewis Easter — ADDRESS 916 Pr ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU
TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

Newman

70644 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70644

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Argyle ave) WARD 24

2 FULL NAME Mollie Redmond

(a) RESIDENCE No. 1140 Argyle ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private family

(c) Name of employer Mr. Jordan

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Redmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Martha Newman 1140 Argyle ave

15 Filed July 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19th. 31

17 I HEREBY CERTIFY, That I attended deceased from July 19. 1931. to July 19th. 31 that I last saw h alive on July 19th. 31 and that death occurred, on the date stated above, at 7.40 P. M.

The CAUSE OF DEATH* was as follows: Acute dilation of heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile old age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) A. Lee Yeo M. D.

7/22/31 (Address) 524 Park ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 7-22 1931

20 UNDERTAKER Turner Easton ADDRESS 916 Eutaw ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

Hartung

E 70645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70645

CERTIFICATE OF DEATH

1317

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. (St.) 8-40 (Ward)

2. FULL NAME Mr. Albert C. Hartung

(a) RESIDENCE NO. 3720 Clifmont Ave (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1860

7 AGE — Years: 71 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Albert F. Hartung

15 [illegible] 19 [illegible]

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1-20-31

17 I HEREBY CERTIFY, That I attended deceased from July 3, 1931, to July 20, 1931

That I last saw him alive on July 20, 1931

and that death occurred, on the date stated above, at 9:45 A.M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular renal disease & auricular fibrillation.

(duration) yrs. 7 mos. 17 ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) yrs. [illegible] mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. W. Kennedy M. D.

19 (Address) 22 W. Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem

DATE OF BURIAL: 7-22 19 31

UNDERTAKER: Leland Easton

ADDRESS: 916 [illegible]

JUL 22 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

70646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70646

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 741 Dolphin St. 17-24 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Leo Ramsey

(a) RESIDENCE NO. 741 Dolphin St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Carrie Ramsey

6 DATE OF BIRTH (month, day, and year): Dec 8-1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (State or Country): Harve De Grace Md.

PARENTS

10 NAME OF FATHER: Freeborn Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Ramsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Carrie Ramsey

(Address) 741 Dolphin

Filed ... 1892 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis.
Thrombosis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Colin Smith, M. D. Coroner

July 20th 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harve De Grace Md

DATE OF BURIAL: 7/23 1931

UNDERTAKER: Samuel A Hemsley

ADDRESS: 57 N Bridle

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

25-05-01

E 70647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70647

CERTIFICATE OF DEATH

94-801

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 12-509 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Dennis

(a) RESIDENCE No. 245-6 Brentwood ST. 62E WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced — HUSBAND of (or) WIFE of: Martha Dennis

6 DATE OF BIRTH (month, day, and year): Mar. 13 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Alice Cofer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Friends.

19 [illegible] Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 20-31

17

I HEREBY CERTIFY, That I attended deceased from July 12, 1931 to July 20, 1931

that I last saw h[illegible] alive on July 20 1931

and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. C. Smith M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (3) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 7/23/31

20 UNDERTAKER: Samuel F. Kemsley

ADDRESS: 1211 N. Eutaw St.

Filed [illegible] 19 [illegible]

Registrar

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0 20—A & Co.—250 Blks

250367
E 70648

E 70648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18-76 S (WARD)

231

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (ST.) (WARD)

2 FULL NAME Mary Lee Richardson

(a) RESIDENCE NO. 430 N. Fremont ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 22, 1929

7 AGE — Years: 1 — Months: 8/9 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Leroy Richardson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S Car

12 MAIDEN NAME OF MOTHER Mary McCall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S Car

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Records

JUL 22 1931

C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21-1931

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1931, to July 21, 1931

that I last saw h[illegible] alive on July 21, 1931

and that death occurred, on the date stated above, at 3.55 A M.

The CAUSE OF DEATH* was as follows:

Meningitis, tuberculous.

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted (if not at place of death)? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical tests

(Signed) V. C. Logdwn M. D.
7/21 1931 (Address) J. H. H

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: July 22, 1931

20 UNDERTAKER: Miss Kate R. Williams

ADDRESS 522 N. Schroeder St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. S-II 2503

E 70649

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70649

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. Washington St. Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia M. Wiessner

(a) Residence: No. 212 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George A. Wiessner

6. DATE OF BIRTH (month, day, year): May 7 - 1869

7. AGE: Years 71 | Months 2 | Days 13 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Brooks

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Katherine Eastman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo. A. Wiessner

(Address) 212 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place: [illegible] Date: July 24 1931

19. UNDERTAKER: John Leonet & Sons

(Address) [illegible]

20. FILED JUL 27 1931 19 THOMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 26 1926 to July 20 1931

I last saw her alive on July 20 1931, death is said to have occurred on the date stated above, at 2.55 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral apoplexy - 3/26/26
Cerebral arterio-sclerosis

Other contributory causes of importance:

Chr. Myocarditis

Name of operation: — Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wall & Feinig M. D.

(Address) 1007 E. Fayette St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70650

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70650

CERTIFICATE OF DEATH

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. formerly 26 St. — Quail ST. 26-37 WARD)

2-FULL NAME Henry Beason

(a) RESIDENCE NO. — Quail ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Beason

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) General
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Chas. Beason

(Address) 209 S. Highland Ave

15 Filed JUL 22 1931 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

I Carcinoma of Stomach

(duration) unknown yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? None

(Signed) S. Kleinfeld, M. D.

(Address) 1305 N. Potomac Pl. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel	July 23 1931
UNDERTAKER John Lucas	ADDRESS 800 E. Lanvale

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 2Hs

70651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70651

1 PLACE OF DEATH Mercy Hospital REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 6 Aisquith St. WARD

2 FULL NAME Findley L. Mills

(a) RESIDENCE NO. 140 E. 6 Chase St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Thos. Mills
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md
12 MAIDEN NAME OF MOTHER Sarah Brooks
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Thos. Mills 217 Gurley St.

15 July 22 1931 19 E. HAMPSON JONES, M.D. Coroner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20-31

17
I HEREBY CERTIFY, That I attended deceased from 7-15-31 19 to 7-20-31 19
that I last saw him alive on 7-20-31 19
and that death occurred, on the date stated above, at 6.0 m.
The CAUSE OF DEATH was as follows:
Urethral Stricture
Pyelonephritis
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible] M. D.
, 19 (Address) 21 E. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem. DATE OF BURIAL 7/23 1931

20 UNDERTAKER [illegible] ADDRESS 31 Virginia

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co—100 Blue

E 70652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70652

94-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH Pronounced dead at
City of Baltimore: (No. Mercy Hospital St. 11-7 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles E. Hood

(a) RESIDENCE NO. 622 N Calvert St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabel Hood

6 DATE OF BIRTH (month, day, and year) Dec 29 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	6	22	

8 (a) OCCUPATION OF DECEASED — Trade, profession or particular kind of work: Retired 014
(b) General nature of industry, business, or establishment in which employed (or employer): Cabinet Maker
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER Samuel T Hood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lucie Crockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Isabel Hood
(Address) 622 N Calvert

JUL 22 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry) said that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Sclerosis of Coronary artery

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Stenosis of Pulmonary Valve (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

7/22/31 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove, Ridgeville Md — DATE OF BURIAL: July 23 1931

20 UNDERTAKER: W J Tydings & Sons — ADDRESS: Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30--M & T.—100 B—50L

E 70653

E. 70653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-30 174

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., ... WARD)

2-FULL NAME Bessie Williams.(C)

(a) RESIDENCE NO 139 W. Camden St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a If married, (or) WIFE of Joseph Williams.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Simon Robinson.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Agnes Thornton.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Simon Robinson.(C) brother.

(Address) Richmond, Va.

15 JUL 22 1931 H. AMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) & inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal hemorrhage due to stab wound of abdomen involving the liver.
Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 11 E. York St. July 17, 1931

Did an operation precede death? Yes. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Autopsy & inquest

(Signed) Chas. Reinhardt, M. D. Coroner

7/21. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	7/23/31
20 UNDERTAKER	ADDRESS
Isaiah L. Brown & Son	108 Montgomery

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 70654

E 70654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-17 93

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2045 E. Hoffman ST., (WARD)

2-FULL NAME Elmer A. Drury

(a) RESIDENCE NO. 2045 E. Hoffman ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 14, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) 32 0
(c) Name of employer Balto. City Fire Dept

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Oliver K. Drury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Alice C. Wicks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Oliver K. Drury (Father)

(Address) 2045 E. Hoffman St

15 [illegible] 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D.

7/21/31 (Address) 508 E. North Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL 7/22, 1931

20 UNDERTAKER Philip Herwig

ADDRESS 1016 Orleans St

2 2 1931

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70655

CERTIFICATE OF DEATH.

49 ✓ E 70655

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 879 Patapsco Ave. ST. 25-75 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME June M. Mullinix

(a) RESIDENCE No. 879 Patapsco Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Norman M. Mullinix

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary Reinhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Mrs Norman Mullinix 879 Patapsco Ave

15 [illegible]

UL 22 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 19. 1931. to July 20. 1931.

that I last saw her alive on July 20. 1931.

and that death occurred, on the date stated above, at 4:00 A. m.

The CAUSE OF DEATH* was as follows:

Acute Enteritis (duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Convulsions (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed T. H. Campbell M. D.

1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Edgar Hill Cemetery	July 22 1931

20 UNDERTAKER Margaret E. Flynn ADDRESS 1411 Light St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-8-25—A Co.—200 Blks.

E 70656

HEALTH DEPARTMENT—CITY OF BALTIMORE

93 093 E 70656

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. N Broadway St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rev. Arthur Livermore

(a) RESIDENCE NO. 218 E. Biddle St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) August 15. 1854

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) New Hampshire

PARENTS

10 NAME OF FATHER Edward Livermore

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Mary McCormick

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) New York

14 Informant (Address) Miss Elizabeth Livermore Washington D.C.

15 JUL 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19- 1931

17 I HEREBY CERTIFY, That I attended deceased from 7-4 1931, to 7-19 1931, that I last saw him alive on 7-19 1931, and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis & Arteriosclerosis (duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Allyn B. Chute, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Plymouth, N.H. Date of Burial July 22 1931

20 UNDERTAKER Hughes & Jones Inc ADDRESS 1st & Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 70657 HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002
160 E 70657

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1850 N Charles ST. 8-17 WARD)

2-FULL NAME Baby Hurt (#2)

(a) RESIDENCE NO. 1850 N Charles ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write this word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-20-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				12

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER William Hurt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes Hinton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs. E. Hurt 1850 N Charles

15 _____ 19 _____ C. HAMPTON JONES, M.D. Registrar

JUL 22 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20-31

17 I HEREBY CERTIFY, That I attended deceased from 7-20 .19 31. to 7-20 .19 31.
that I last saw him alive on 7-20 .19 31.
and that death occurred, on the date stated above, at 8:01 a. m.
The CAUSE OF DEATH* was as follows:

Prematurity Premature Birth

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) I. Mettauer M.D.
19 31 (Address) 1508 N Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL JUL 21 1931
20 UNDERTAKER	ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 20—A. & Co.—250 Blks.

Chappelle

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70658 — 250 160 — E 70658

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 16-26 WARD) 142-0E

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dola Chappelle

(a) RESIDENCE NO. (Usual place of abode) 123 Harlem Ave. ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	black	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew

6 DATE OF BIRTH (month, day, and year) Feb 27-1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waitress

(b) General nature of industry, business, or establishment in which employed (or employer) 097

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER George Kennard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Della Carlle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Friends

(Address) JOHNS HOPKINS HOSPITAL

JUL 22 1931 H. AMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21-1931

17

I HEREBY CERTIFY, That I attended deceased from June 30, 19 31, to July 21, 19 31

that I last saw h-- alive on July 21, 19 31

and that death occurred, on the date stated above, at 4:27 a.m.

The CAUSE OF DEATH* was as follows:

Extra-uterine pregnancy

Ruptured

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of July 11, 1931

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Charles M. McKane M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL July 25 1931

20 UNDERTAKER Mark A. Elliott

ADDRESS 1725 Eastland

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70659 — 23 — E 70659

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Asquith St. 9-18 WARD)

2 FULL NAME Helen Evans

(a) RESIDENCE NO. (Usual place of abode) 1918 Asquith St. WARD

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 6, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Benj E. Evans

11 BIRTHPLACE OF FATHER (city or town) (state or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Margt A Byrd

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Margt Evans 1918 E Asquith St.

15 Filed JUL 22 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to July 19, 1931

That I last saw her alive on July 18, 1931

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia

Pthisis

(duration) yrs. 6 mos. 4 ds.

CONTRIBUTORY (Secondary): Consumption

Condition (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of No

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) C. E. Clark M. D.

19 (Address) 4266 Reisterstown Rd.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL—CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: July 22 1931

20 UNDERTAKER: Mrs. R. G. Elliott

ADDRESS: 1125 Carlton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 22 1931

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70660

CERTIFICATE OF DEATH

93-09-70660

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. Mercy Hospital (b) ST. 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Blanche Schubert

(a) RESIDENCE NO. 3020 Louise Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Fred. W. Schubert

6 DATE OF BIRTH (month, day, and year) Feb. 24, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	4	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Jos. Wheatley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Emma Schoffenberger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Kenneth S. Chalmers 3020 Louise Ave.

15 Filed JUL 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21-1931

17

I HEREBY CERTIFY, That I attended deceased from July 3" 1931 to July 21" 1931

that I last saw h[illegible] alive on July 21" 1931

and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Heart Disease

Unknown

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Auto Mechanical Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. B. Burnside M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 7-4 1931

20 UNDERTAKER: Edmund C. Smith

ADDRESS: Baltimore

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 70661

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) President Hospital (Street) 14-20 (Ward) 0

2 FULL NAME Baby Bryant.

(a) RESIDENCE NO. 2030 Madison Ave (Street) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-14-31

7 AGE — Years | Months | Days | If LESS than 1 day, 5 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Howard Bryant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Estelle Bryant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address)

15 C. HAMILTON JONES, M. D. Registrar

JUL 22 1931

5994

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/14/31

17 I HEREBY CERTIFY, That I attended deceased from 12 MAY 7-14, 1931, to 12 JULY 7-14, 1931

that I last saw h— alive on 12 JULY 7-14, 1931,

and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Premature Birth (7 Months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Appearance

(Signed) J. J. Bayliss M. D.

7/22 1931 (Address) President Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 7/24 1931

20 UNDERTAKER

ADDRESS

Deputy Register Health.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 70662 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 159 E 70662

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1850 N Gilmor ST. 8-17 WARD) #1

2-FULL NAME Henry Mum Shepherd

(a) RESIDENCE NO. 1850 N Gilmor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 7-20-31

7 AGE: Years | Months | Days: 2 Hrs. | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: William Shepherd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Mum Shepherd 1850 N Gilmor St

15 Filed JUL 22 1931 19 16 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-20-31

17 I HEREBY CERTIFY, That I attended deceased from 7-20 .19 31 to 7-22 .19 31

that I last saw h alive on 7-21 .19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Premature Birth (Twin)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Congenital debility

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Maternity

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Jones M. D.

19 (Address) 7 E Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL JUL 2 1931

20 UNDERTAKER

ADDRESS

JUL 22 1931

Spec.—1-30—M. & T.—250 Bks. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

150383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70663

CERTIFICATE OF DEATH

1449-301

E 70663

1 PLACE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St 7-13 WARD)

2 FULL NAME Esther Flowers

(a) RESIDENCE NO 1034 E Monument St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE Black | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) NC

PARENTS

10 NAME OF FATHER Flowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Lena Fulford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Date C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19-1931

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1931, to July 19, 1931

That I last saw her alive on July 19, 1931

and that death occurred, on the date stated above, at 9 55 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchio pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 10, 1931

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Charles M McLane M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL JUL 21 1931

20 UNDERTAKER

ADDRESS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 9lks.

70664½

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15 E 70664½

1 PLACE OF DEATH 2 d Johns Hopkins Hospital

CITY OF BALTIMORE: (No Cerebral ST 1602 WARD 7)

2 FULL NAME George Kozier

(a) RESIDENCE No. 1405 W. Lafayette Avenue WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Kozier

6 DATE OF BIRTH (month, day, and year): Dec 1906

7 AGE: Years 24; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mass

PARENTS

10 NAME OF FATHER: Mass Kozier

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass

12 MAIDEN NAME OF MOTHER: Mass Kozier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass

14 Informant (Address): Hospital Records

15 Filed , 19 5992 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-17-31

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1931, to July 17, 1931

that I last saw him alive on July 17, 1931

and that death occurred, on the date stated above, at 6.10 A.M.

The CAUSE OF DEATH* was as follows:

Leukemia, acute lymphemia following streptococcic infection of L. mandible & cellulitis neck.

(duration) yrs. mos. days

CONTRIBUTORY (Secondary) Carcinoma of Colon

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. E. Brush M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

JUL 27 1931

FOR MORGUE.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70665

92-001 E 70665

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Esplanade Apts. & C. Eutaw Place & Brooks St.) Ward 13-54

2-FULL NAME Henrietta Rosenbush

(a) RESIDENCE NO. Esplanade Apts. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 20th, 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	67	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER Sampson Rosenbush

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Caroline Kaufholz

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

11 Informant Mr. M. Rosenbush (Brother)
(Address) Esplanade Apts.

15 Filed JUL 22 1931 16 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Disease Fatal.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature], M. D.

7/22/19 31 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Hebrew Cem.

DATE OF BURIAL 7/23/1931

20 UNDERTAKER David Sondheimer & Son

ADDRESS 1902 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70666

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70666

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp. ST. 27-54 (WARD) 13 1

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm L. Saylor.

(a) RESIDENCE NO. 6015 Stanton Ave. ST., _____ WARD Mt Wash

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Naylor

6 DATE OF BIRTH (month, day, and year): June 15 1859. July 15 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Levi Naylor.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Rachel Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Anna M. Naylor

(Address): 6015 Stanton Ave

15 Filed JUL 22 1931 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour): July 22nd 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

Contributory (Secondary) Hydrocephalus (duration) yrs. 6 mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. 6 mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) _____ M. D. Coroner

(Address) Home

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Butler Balto Co Md | DATE OF BURIAL: July 24 31

20 UNDERTAKER: Franklin W. Deitz | ADDRESS

JUL 22 1931

E. HAMILTON JONES, M. D.

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 70667

REGISTERED NO. E 70667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1550 Richland ave ST. 43-54 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hahn

(a) RESIDENCE NO. 1550 Richlands ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Florence Hahn

6 DATE OF BIRTH (month, day, and year): June 28 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60		24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Adam Hahn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Fidl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Florence Hahan
(Address): 1550 Richlands ave

15 Filed JUL 22 1931 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Coronary Thrombosis
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. Norris, M. D. Coroner

7/22 1931 (Address) 2232 Rolandene

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk comm — DATE OF BURIAL: 7-23-1931

20 UNDERTAKER: Leo D Cook — ADDRESS: 1723 Patterson Pk

NB—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70668

CERTIFICATE OF DEATH

E 70668

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lay Bal Gen Hosp St., 24-33 Ward.)

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Bettie Mae Aten

(a) Residence: No. 1213 Williams St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 17, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	One	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Nelson E. Aten

14. BIRTHPLACE (city or town) (State or country) Bath Me

MOTHER

15. MAIDEN NAME Elnora Hubbard

16. BIRTHPLACE (city or town) (State or country) Bath Me

17. INFORMANT Mrs Elnora Aten
(Address) 1103 Ballard Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bally Cem. Date July 24 1931

19. UNDERTAKER Charles F. Stewart
(Address) 1501 E. Fort Ave.

20. FILED JUL 22 1931, 19 HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/22/31, 19, to 7/22/31, 19

I last saw her alive on 1.30 p.m. 1931 death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	4 days

Other contributory causes of importance:

Acute enteritis. Colitis	11 days

Name of operation none Date of —

What test confirmed diagnosis? / Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. G. Truax, M. D.

(Address) South Baltimore Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10 21—MAT—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70669

CERTIFICATE OF DEATH.

82 E 70669

REGISTERED NO.

1-PLACE OF DEATH Franklin Square

CITY OF BALTIMORE: (No.) Fayette & Calhoun ST. 9-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Kirkley

(a) RESIDENCE NO. 3140 Ellerslie Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of: Geo. S. Kirkley

6 DATE OF BIRTH (month, day, and year): Nov 10th 1859

7 AGE: Years 71; Months 8; Days 12; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Grafton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rutland Grant

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Ruth Davis

(Address): 3140 Ellerslie Ave

15 Filed 7/23 1931 J. H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-22 1931

17 I HEREBY CERTIFY, That I attended deceased from 7-16 1931 to 7-22 1931.

that I last saw ~~her~~ alive on 7-22 1931.

and that death occurred, on the date stated above, at 8:30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Left Hemiplegia

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary): Hypertension (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —.

Was there an autopsy? No

What test confirmed diagnosis? Left Hemiplegia

(Signed) J. M. Schreiber, M. D.

, 19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Centreville Md Cemetery

DATE OF BURIAL: 7/23/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

PLEASE WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

AACo. 5-31 250B

Dr Drain 1727 Washington Blvd 21-0682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70670

CERTIFICATE OF DEATH

130 E 70670

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Hanbrooke St. 21-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Dixon

(a) Residence: No. 1141 Hanbrooke St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 10th 1904

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
27	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machine Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Piston Ring Co
10. Date deceased last worked at this occupation (month and year) 7/6/31
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Wm G. Dixon
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Mary V. Shaw
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary V. Dixon
(Address) 1141 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
London Park Cemetery Date July 24th 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JUL 22 1931

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21st 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15 1931 to July 21 1931
I last saw him alive on July 21 1931 death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	July 15 31

Other contributory causes of importance:

Uremic Convulsions 7/21

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stafford Drain M. D.
(Address) 1141 Woodall

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-4 131 E 70671

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 3-4 WARD)

2-FULL NAME Frederick Kramer.

(a) RESIDENCE NO 515 S. Spring ST., _____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Kramer

6 DATE OF BIRTH (month, day, and year) July 11 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
64	64	—	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 1 5
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Caspar Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Kramer.
(Address) City Hospital

15 Filed _____, 192 _____ C. HAMPSON JONES, M. D.
Registrar

JUL 22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
(Uraemic)
(duration) _____ yrs _____ mos _____ ds

CONTRIBUTORY (Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) B. Peterson M.D., M. D.
Coroner

7/22, 1931 (Address) 1305 N Patterson Pk. Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL July 23 1931

20 UNDERTAKER George L. Schmidt & Brothers — ADDRESS _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 70672

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70672

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH 2311 Penna Ave

CITY OF BALTIMORE: (No. 14-59 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Lou Phillips

(a) RESIDENCE NO. 2311 Penna Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	A. A.	Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of Eugene Phillips

7 DATE OF BIRTH (month, day, and year) 7/20/94

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Atlanta Georgia

PARENTS

10 NAME OF FATHER Alexander Lovejoy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Monroe Co. Georgia

12 MAIDEN NAME OF MOTHER Laura Zeller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Monroe Co Georgia

14 Informant Alexander Lovejoy

(Address) 23[illegible] Pennsave

15 [illegible] 19 [illegible] Registrar

JUL 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-20/31

17 I HEREBY CERTIFY, That I attended deceased from 7/7 . 19 31 . to 7/20 . 19 31.

that I last saw her alive on 7/20 . 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chr. Valvular Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

19 (Address) 632 Baker street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 23 1931
UNDERTAKER	ADDRESS
Virginia G. Brooks	1463 N. Carey

Manner should be carefully supplied. Any space should be filled in. Write in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 70673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70673

1917

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. School No. 225 Hazel & Nevada Ave, Westport ST. 9-47 WARD)

2-FULL NAME William A. Brink.

(a) RESIDENCE NO 722 E. 35th. St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If ~~married, widowed, or DIVORCED~~ HUSBAND of ~~WIFE of~~ Mary R. Brink.

6 DATE OF BIRTH (month, day, and year) February 13, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter, 015
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Anton Brink.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Alphonsus Hartman. (nephew)

(Address) 722 E. 35th St.

15 Filed JUL 23 1931 192

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

7/22 19 31 Address 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Cathedral Cem. Co	July 24 1931
20 UNDERTAKER	ADDRESS
Josiah Syfer	1600 N. Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—1-30—M. & T.—250 Blks

E 70674

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70674

92-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; No. University Hosp. ST. 22-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Josephes

(a) RESIDENCE NO. 418 Dorsey Paca ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs — mos. — ds. How long in U. S., if of foreign birth? 27 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
m.	W	Divorced

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) No 1889

7 AGE 42 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No. 0 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Interment L. Svapis (Address) 647 W Lombard St.

15 Filed JUL 24 1931 H. Bowdoin Gies M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 21 .19 31 to July 21 .19 31.

that I last saw him alive on July 21 .19 31.

and that death occurred, on the date stated above, at 3:45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral embolus

2 hrs

CONTRIBUTORY (Secondary) Mitral regurgitation (duration) yrs. mos. da.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hyperthermia and blood typing

(Signed) J. H. Hornbaker, M. D.

, 19 (Address) University Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: July 23- 1931

20 UNDERTAKER: John Grebliunas — ADDRESS: 423 S. Paca St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

E 70675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70675

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 Parkdale St. 25-72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna Mauer,

(a) RESIDENCE NO. 1518 Parkdale ST. WARD

(Usual place of abode) about

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of: Otto Mauer.

6 DATE OF BIRTH (month, day, and year): July 28th 1867

7 AGE: Years 63. Months 11 Days 6th

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia.

PARENTS

10 NAME OF FATHER: Fritz. Schmal.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia.

14 Informant: Mr Otto. Mauer

(Address) # 1518 Parkdale

15 Filed JUL 23 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1928, to July 22, 1931.

that I last saw her alive on July 22, 1931.

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 13 yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Strauss, M. D.

7/22, 1931 (Address) 1901 Griffis Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: 7/24/1931

20 UNDERTAKER: John F. Howard & Son. ADDRESS: 30 Hallows

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

E 70676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70676

93-003

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No) ST 5-8 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas B. Harris

(a) RESIDENCE NO 13 S. East ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 29, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Box ?

(b) General nature of industry, business, or establishment in which employed (or employer) Box factory

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas J.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary V. Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 JUL 23 1931 Reg. H.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-21-31

17 I HEREBY CERTIFY, That I attended deceased from 7-6-31, 19 , to 7-21-31, 19

that I last saw him alive on 7-21-31, 19

And that death occurred, on the date stated above, at 11:20 A.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas G. Hancock M. D.

7-22, 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 7/24/ 19 31

20 UNDERTAKER Harry V. Zeitzke

ADDRESS 410 S. Edmondson Ave.

C. HAMPSON JONES, M.D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70677 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70677

CERTIFICATE OF DEATH.

157-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hosp. St. 28-71 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Eckhardt

(a) RESIDENCE No. 301 Maydell Ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 ~~Single~~, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-20-31

7 AGE — Years — Months — Days 3days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 0

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Henry Eckhardt

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Margaret Epple

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant (Address): Father, 301 Maydell Ave

15 Filed JUL 23 1931 19 By: C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22-31

17

I HEREBY CERTIFY, That I attended deceased from 7-20-31, 19 to 7-22-31, 19

that I last saw h[illegible] alive on 7-22-31, 19

and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Congenital heart disease

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auscultation

(Signed) Hjalmar S. Anderson M. D.

(Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: 7/23 19 31

20 UNDERTAKER: Henry A. Kuffer

ADDRESS: 4101 Edmondson Ave

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

information should be carefully supplied. CAUSE OF DEATH in plain terms, so

Spec.—9-30—A. & Co.—250 Bks.

E 70678

E 70677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 17-21 St. Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Carter

(a) RESIDENCE NO. 913 Myrtle Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of William

6 DATE OF BIRTH (month, day, and year) June 25 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Robert Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Verline Newton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 JUL 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-19-31

17

I HEREBY CERTIFY, That I attended deceased from 7-8-31, 19..., to 7-19-31, 19...

that I last saw her alive on 7-19-31, 19...

and that death occurred, on the date stated above, at 11:40 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic.

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. Thomas Jr. M. D.

19, (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: July 23 19 31

20 UNDERTAKER: Mrs. Kate R. Williams — ADDRESS: 312 N. Schroeder St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Blks

E 70679

E 7067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 7-13 ST. WARD)

2 FULL NAME James Thompson

(a) RESIDENCE NO 821 Barnes Court ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 24, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Ord

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Eliza ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed JUL 23 1931, 19 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18-31

17

I HEREBY CERTIFY, That I attended deceased from 7-6-31, 19, to 7-18-31, 19

that I last saw him alive on 7-18-31, 19

and that death occurred, on the date stated above, at 6:25 A m.

The CAUSE OF DEATH* was as follows:

Cassous pneumonia

(duration) yrs. mos. 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Jas Thornhill Jr M. D.

7-21-31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	July 22, 1931
20 UNDERTAKER	ADDRESS
Mrs Katie B. Williams	3221 Edmondson Ave

information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

70680

E 70680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1312 Belvedere Ave. (St.) 27-54 (Ward)

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daniel N. Green

(a) RESIDENCE No. 1312 Belvedere Ave. ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 70 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louisa Green

6 DATE OF BIRTH (month, day, and year): June 21-1842

7 AGE — Years: 89 | Months: 1 | Days: 1 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stationary Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): 30
(c) Name of employer: Retired 9 years

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Hilbgin E. Fields
(Address) 1312 Belvedere Ave.

Filed JUL 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22-1931

17 I HEREBY CERTIFY, That I attended deceased from ___, 1925, to July 22, 1931
that I last saw him alive on July 1, 1931
and that death occurred, on the date stated above, at 12 10 A. M.

The CAUSE OF DEATH* was as follows:

Cardiac Intoxication
Cerebral Apoplexy
(Duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Myocarditis
(Duration) 3 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) J. H. Nash M. D.

, 19 (Address) 4037 Falls Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel — DATE OF BURIAL: July 27 19 31

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 363 Falls Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 70681

E 70681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2025 E. Biddle ST. 8-13 (WARD)

2-FULL NAME Henry Kammer

(a) RESIDENCE NO. 2025 E. Biddle St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Kammer

6 DATE OF BIRTH (month, day, and year) Sept 6, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor 080

(b) General nature of industry, business, or establishment in which employed (or employer) In business for self.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Peter Kammer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary Wolfe

11 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Louis Kammer

(Address) 2025 E. Biddle St

Filed JUL 23 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1931

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to July 20, 1931, that I last saw h alive on July 20, 1931, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Endo-Myocarditis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chron Interstitial Nephritis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis Boyd M. D.

July 22 1931 (Address) 2005 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	July 24 1931
20 UNDERTAKER	ADDRESS
William G. Schaeffer	1616 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5 11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70682

CERTIFICATE OF DEATH

107-001 70682

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Monroe Circle St., 23rd Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David G. Stwart

(a) Residence: No. 1141 Monroe Circle St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Stwart

6. DATE OF BIRTH (month, day, year) July 22nd 1879

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
52	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME J. Stwart

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME J. Ellison

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Wm B. Stewart

(Address) 1141 Monroe Circle

18. BURIAL, CREMATION, OR REMOVAL

Place Columbia S.C. Date 7/23rd 1931

19. UNDERTAKER Lemain Cook

(Address) 1217 St. Paul ST

20. FILED 1931 19 C. H. SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/23/1931

22. I HEREBY CERTIFY, That I attended deceased from July 15 1931 to July 23 1931

I last saw him alive on July 22 1931 death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	July 15 31

Other contributory causes of importance:

Exhaustion

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Campbell M. D.

(Address) 1647 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WL 231931

Spec.—9-30—A. & Co.—250 Blks

E 70683

E 70683

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No 3023 Hamilton Ave. 27-44 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine A. Slattery

(a) RESIDENCE NO. 3023 Hamilton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Agnes Slattery

(Address) 423 N. Luzerne Ave.

15 [illegible] M. D. Registrar

JUL 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 31

17

I HEREBY CERTIFY, That I attended deceased from July 16 1931 to July 22 1931

That I last saw h[illegible] alive on July 21 1931

and that death occurred, on the date stated above, at 12.25 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis Several Years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis many years

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Brew M. D.

July 23 1931 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathhedral Cemetery

DATE OF BURIAL 7/ 25 1931

UNDERTAKER Chas F. Frawley

ADDRESS 1180 N. Royal Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70684

E 70684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

191

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Hunter St. 12-50 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daisy Daniels

(a) RESIDENCE NO. 2315 Hunter St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman Daniels

6 DATE OF BIRTH (month, day, and year) June 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Auburn Alabama

PARENTS

10 NAME OF FATHER George Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER Sallie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Herman Daniels
(Address) 2315 Hunter St.

Filed JUL 23 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1931

17

I HEREBY CERTIFY, That I attended deceased from July 20 , 19 31 , to July 22 , 19 31

that I last saw h— alive on July 21 , 19 31,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Heat prostration

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Locomotor Ataxia

(duration) — yrs. 2 mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Patterson M. D.

. 19 (Address) 617 Hunter St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: July 23 19 31

20 UNDERTAKER: Mrs. P. G. Elliott — ADDRESS: 1135 Eutaw

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Stat.—2-29-28—L. F. S.—500 Blks.

E 70685 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70685

CERTIFICATE OF DEATH X 97

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. Md. General Hospital ST., 11-27 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Miller

(a) RESIDENCE NO. Westminster, Md ST., R.F.D. #6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Widowed

6 If married, widowed, or divorced WIFE of (or) HUSBAND of: Husband.

6 DATE OF BIRTH (month, day, and year): Nov. 2, 1855

7 AGE: Years 75 | Months 8 | Days 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md

PARENTS
10 NAME OF FATHER: William Miller
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Dr P L Bare
(Address): Westminster Md

15 H. HAMPSON JONES, M.D.
Residence

JUL 23 1931 19..

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to July 23, 1931, that I last saw h[illegible] alive on July 28, 1931 and that death occurred, on the date stated above, at 1.25 A. m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis (Ulcer of Leg)
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ulceration of Leg
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 27, 1931

Was there an autopsy? None

What (test) confirmed diagnosis? Clinical

(Signed) Robert F. Chenault, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carroll County.

DATE OF BURIAL: 7/27-1931.

UNDERTAKER: C. M. Matthews

ADDRESS: Winfield, Md.

Mother should be carefully supplied. If DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

F. 70686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-002 70686

1. PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-31 ST. WARD)

2. FULL NAME Charles Oglesby

(a) RESIDENCE NO. 152 W. Cross ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (Write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, and year) Sept. 21 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9. BIRTHPLACE (city or town) (State or country): Cleveland Co. N. C.

PARENTS

10. NAME OF FATHER Edward

11. BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12. MAIDEN NAME OF MOTHER Viola Jolly

13. BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14. Informant (Address): Records of Balto. City Hosp.

Filed JUL 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 7-20-31

17.

I HEREBY CERTIFY, That I attended deceased from 6-27-31, 19 to 7-20-31, 19

that I last saw him alive on 7-20-31, 19

and that death occurred, on the date stated above, at 12:30P m.

The CAUSE OF DEATH* was as follows: Abscess of Lung

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fred Arnold Jr. M. D.

19. (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible]

DATE OF BURIAL JUL 23 1931

20. UNDERTAKER [illegible]

ADDRESS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 23 1931 [illegible] Registrar

Spec.—9-30—A. & Co.—250 Blks.

E 70687

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70687

CERTIFICATE OF DEATH

18

1 PLACE OF DEATH: Baltimore City Hospitals — 16-22 — REGISTERED NO.

CITY OF BALTIMORE: (No. ___ St. ___ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Charles F. Waller

(a) RESIDENCE NO. 827 Whatcoat St. ST. ___ WARD ___
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	27	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Richmond Va.

PARENTS

10 NAME OF FATHER: Thomas Waller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Roan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Interment (Address): Records of Balto. City Hosp.

15 Date ___ 16 ___, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-21-31

17

I HEREBY CERTIFY, That I attended deceased from 7-11-31, 19___, to 7-21-31, 19___

that I last saw him alive on 7-21-31, 19___

and that death occurred, on the date stated above, at 7:45A m.

The CAUSE OF DEATH* was as follows:

Meningitis, Cerebro-Spinal (Meningococcic)

(duration) yrs. ___ mos. 21 ds.

CONTRIBUTORY (Secondary) ___

(duration) yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? ___

(Signed) Chas. L. Grinnell Jr. M. D.

. 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS H — DATE OF BURIAL: ___ 19___

20 UNDERTAKER: ___ ADDRESS: ___

C. HUMPHREY JONES, M. D. Registrar

JUL 23 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70688

E 70688

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 13-57 WARD)

2. FULL NAME Reginald Leroy Wood

(a) RESIDENCE NO. 2865 Woodbrook Ave ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 42 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 29 1902.

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	28.	6.	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city Md

PARENTS

10 NAME OF FATHER Charles A Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Newton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Louisa Newton mother

(Address) 2045 Northwood

15 Filed JUL 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21 1931

17

I HEREBY CERTIFY, That I attended deceased from June 25, 19 31, to July 21, 19 31,

that I last saw him alive on July 21, 19 31,

and that death occurred, on the date stated above, at 9.50 P. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) _____ yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Splenomegaly

(duration) 20 yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of July 13, 1931

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis? _____

(Signed) W. H. Vanner M. D.

7/23 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	July 27 1931
20 UNDERTAKER	ADDRESS
Leslie Davis & Sons	1 E Preston St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 1-11 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70689

CERTIFICATE OF DEATH

82-084 70689

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Buena Vista St. 13-57 Ward)

Length of residence in city or town where death occurred 35 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Izabella Hobbs

(a) Residence: No. 3507 Buena Vista Ave. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed or divorced WIFE of George W. Hobbs

6. DATE OF BIRTH (month, day, year) June 23 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
57	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Skinner

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. George W. Hobbs

(Address) 3507 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 25 1931

19. UNDERTAKER Frank Kurz

(Address) 3112 Lyndhurst Ave

20. FILED JUL 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 6 1931 to July 23 1931

I last saw her alive on July 19 1931 death is said to have occurred on the date stated above, at 6:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemoptysis Cyst of Lt. Lung	June 19

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Franklin, M. D.

7/23/31 (Address) 9 E. Biddle St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

E 70690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70690

CERTIFICATE OF DEATH.

REGISTERED NO. 15-61 48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2207 Mt Holly (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice May Gawthrop,

(a) RESIDENCE NO. 2207 Mt Holly ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of R.Hart Gawthrop,

6 DATE OF BIRTH (month, day, and year) Dec. 18.1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Joseph C.Landon,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co.Md.

12 MAIDEN NAME OF MOTHER Margaret Pole,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co.Md.

14 Informant R Hart Gawthrop (Address) 2207 Mt Holly St.

15 Filed JUL 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1931

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1930, to July 22, 1931, that I last saw h-- alive on July 21, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) M Bunn and Wood M. D.

7/29, 1931 (Address) 2216 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL JUL 29 1931

20 UNDERTAKER Robert F. Stitt

ADDRESS 2709 EDMONDSON AVE.

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-39—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70691

E 70691

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Rear in Garage ST. W. 43 WARD

2-FULL NAME Chas. F. Hemmert.

(a) RESIDENCE NO. 927 N. Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE Wht

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Irene D.

6 DATE OF BIRTH (month, day, and year) Dec 20-1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Valentine Steinert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Witz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) 927 N. Bentalou

15 Filed July 23, 1931 CLAMPETT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted? (If not at place of death?) Home,

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leo Smith, M. D. Coroner

19 (Address) Govan

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL July 25 1931

20 UNDERTAKER Ger. W. Fuller ADDRESS 2[illegible] Edmondson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 3-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70692

CERTIFICATE OF DEATH

Registered No. 47 E 70692

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Presbury St. 15-61 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Smith

(a) Residence: No. 2961 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct 15th 1877

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler 073
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R
10. Date deceased last worked at this occupation (month and year) 6/25/31
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Chas E. Smith
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Eleanora Batchelor
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Eleanor Smith
(Address) 2901 Presbury St

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cemetery Date July 25th 1931

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

Filed [illegible] HUNT JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 23rd 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/12 1931, to 7/23 1931

I last saw him alive on 7/20 1931 death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Lungs	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H Zinsberg M. D.

(Address) 2340 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

AdCo. 5-31 250B

E 70693

HEALTH DEPARTMENT—CITY OF BALTIMORE

126 E 70693

CERTIFICATE OF DEATH

Registered No. 8240

1. PLACE OF DEATH

CITY OF BALTIMORE, (No. Life South Baltimore (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Myrtle Fisher

(a) Residence: No. 2005 Belair Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Luke Fisher

6. DATE OF BIRTH (month, day, year) Aug 24th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry R. Harris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Curtis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Luke A. Fisher

(Address) 2005 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Cemetery Date July 25th 1931

19. UNDERTAKER Wm Cook

(Address) 121 St Paul St

20. FILED July 29 1931 C. RAMSAY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 23rd 1931

22. I HEREBY CERTIFY, That I attended deceased from July 11 1931 to July 23 1931

I last saw her alive on July 23 1931, death is said to have occurred on the date stated above, at 12.45 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1 day
Acute Cholecystitis	17 days
Cholelithiasis	

Other contributory causes of importance:

Post-operative paralytic ileus	7 days

Name of operation CHOLECYSTECTOMY CHOLEDOCHOTOMY Date of 7-11-31

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, what?

(Signed) H. Sullivan M. D.

(Address) So Balto Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-8-25—A Co—200 Bks.

E 70694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

122-001 ✓ E 70694

1424

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. Ward)

2-FULL NAME Mrs. Elizabeth C. White.

(a) RESIDENCE NO. 208 W. Monument St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. -- mos. -- ds. (If non-resident give city or town and State) How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. White

6 DATE OF BIRTH (month, day, and year) May 13, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day __ hrs. or __ min.
	62	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) ------

(State or country) Tennessee

PARENTS

10 NAME OF FATHER John McGrath

11 BIRTHPLACE OF FATHER (city or town) ----

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Julia Dreeenhe

13 BIRTHPLACE OF MOTHER (city or town) ----

(State or country) Ireland

14 Informant Frank J. White

(Address) 208 W. Monument St.

15 [illegible] C. HAMPSON JONES, M. D.

Registrar

JUL 23 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931

Wednesday, July 22

17

I HEREBY CERTIFY, That I attended deceased from July 16 1931, to July 22, 1931, that I last saw h[illegible] alive on July 22, 1931, and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

(duration) yrs. (24 hrs) mos. 1 ds.

CONTRIBUTORY (secondary) Encarcerated ventral hernia (duration) 0 yrs. 0 mos. 9 ds.

18 Where was disease contracted if not at place of death? 208 W. Monument St

Did an operation precede death? Yes. Date of July 16, 1931

Was there an autopsy? No

What test confirmed diagnosis? Prior & physical exam. 2 days

(Signed) J. Frank Hewitt, M. D.

July 22, 19 (Address) Church Hom. & Inf.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date of Burial 7/24 1931

20 UNDERTAKER Harvey W. Mears & Son ADDRESS 805 N. Eutaw

IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

R—WRITE PLAINLY, WITH UNFADING INK—THIS

Spec—9-30—A. & Co.—250 Blks

E 70695 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70695

CERTIFICATE OF DEATH

67 V.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital 32-44 (WARD)

2 FULL NAME Baby Cravens

(a) RESIDENCE NO. Union Memorial Hospital (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Malcolm Cravens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenderloo Ridge

12 MAIDEN NAME OF MOTHER Martha Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Miss.

14 Informant Malcom Cravens

(Address) Lenoir Miss

15 JUL 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 23, 1931 to July 23, 1931

That I last saw h[illegible] alive on July 23, 1931

and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

1 Respiratory failure due to
hypertrophy of Thymus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? Date of

Was there an autopsy? Yes

What (est confirmed diagnosis):

(Signed) Samuel McCausland M. D.

Jul 23 1931 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: July 24 1931

UNDERTAKER: Henry J Jenkins Sons

ADDRESS: Calvert & McCollum Sts

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30--M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70696

CERTIFICATE OF DEATH

82-001 E 70696

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST., 10-14 WARD)

2-FULL NAME Frank E. Dougherty

(a) RESIDENCE NO 942 Aisquith ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) June 8 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Jobbing work
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Marys Co Md

PARENTS

10 NAME OF FATHER Ichabod Dougherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Sophia Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co Md

14 Informant Mrs E. Bell

(Address) 942 Aisquith St

15 Filed JUL 24 1931, 192 _____ H. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? _____

(Signed) H. Thompson Jones M. D. Coroner

7/23, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Dayton Md. DATE OF BURIAL July 25/31

20 UNDERTAKER Elmer W. Conklin ADDRESS 824 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 70697

HEALTH DEPARTMENT—CITY OF BALTIMORE

48

E 70697

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Wilcox ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie M. Crowley

(a) RESIDENCE No. 1109 Wilcox. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Not Known

7 AGE: Years: about 66 yrs. Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Patrick Crowley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Margaret Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Wm. Crowley Bro. 1109 Wilcox St

15 Filed JUL 24 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1931, to July 23, 1931, that I last saw her alive on May 23, 1931, and that death occurred, on the date stated above, at 11a m.

The CAUSE OF DEATH* was as follows: Carcinoma Uterus Peritonitis & Rectum

about (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if ~~not~~ at place of death? Yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton M. D.

(Address) 1002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: July 27 1931

20 UNDERTAKER: Elmer W. Conklin — ADDRESS: 924 E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 70698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

E 70698

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. 17-34 WARD

2-FULL NAME Lillie Smith

(a) RESIDENCE NO. 1237 Division ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female Col

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred

6 DATE OF BIRTH (month, day, and year): 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Charles Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Addie Darthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Alfred Smith

(Address): 1237 Division St

15 Filed JUL 24 1931 19

Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) two hours

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? N.K. Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. Smith, M. D. (Coroner)

July 24 1931 (Address) Coroners

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	7-24 1931
20 UNDERTAKER: Dennis Carter	ADDRESS 916 Pa Ave

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70699

93-003 E 70699

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1448 Division St. (St.) (Ward) 14-20

2-FULL NAME Mary H. Henry

(a) RESIDENCE NO. 1448 Division (St.) _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

None

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Nelson Perkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Rachel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cordelia Va.

14 Informant Cordelia Hines

(Address) 1448 Division

15 Filed JUL 24 1931, 192 C. H. [illegible] JAMES, M. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted, if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Colin Kerr, M. D. Coroner

19 (Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	July 24 1931
UNDERTAKER John N. Trader	ADDRESS 1041 Hull

NOTE—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—581.

E 70700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70700

1003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3906 Foster Ave ST. 16-37 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Berbrich

(a) RESIDENCE NO 3906 Foster Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Berbrick

6 DATE OF BIRTH (month, day, and year) July 26 1863

7 AGE 67	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Retired
(b) General nature of industry, business, or establishment in which employed (or employer) — Housewife
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Zipporich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Francis Cavanaugh

(Address) 3906 Foster Ave

15 Filed JUL 24 1931, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) — yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B F Kerr MD M. D.

Coroner

July 25, 1931 (Address) 1305 N Potomac St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Locust Heart Cemetery	July 25 1931
20 UNDERTAKER	ADDRESS
Libby & Tiler Inc.	403 N Wolfe

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 70701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70701

CERTIFICATE OF DEATH

163

3-5

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Serghi Sliva

(a) RESIDENCE NO. 26 S. Albermarle St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 41				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Lizzie Sliva

(Address) 705 S. Dallas

15 JUL 24 1931, 192 C. H. AMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: ion.
Hemorrhage of stomach- Extensive eros-
History of swallowing cocentrated
hydrochloric acid-Suicide
Tuberculosis (duration) lungs yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Probably at home

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J. H. Baker, M. D. Coroner

7/23/31 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem. | DATE OF BURIAL July 24-31

20 UNDERTAKER Mrs R A Elliott | ADDRESS 1117 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 70702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70702

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 252 Hollins (St.) 11-24 (WARD)

2-FULL NAME Louise Cowan

(a) RESIDENCE NO. 252 Hollins St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29-1936

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER R. L. Cowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) U. S.

12 MAIDEN NAME OF MOTHER Rosie Webb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U. S.

14 Informant R. L. Cowan

(Address) 252 Hollins St

Filed JUL 24 1931 THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) H. Leech Coroner, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	July 24, 1931
20 UNDERTAKER Mrs Katie B. Williams	ADDRESS 2221 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—4 30—A & Co.—250 Blks

E 70703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70703

CERTIFICATE OF DEATH

92-001

1 PLACE OF DEATH
CITY OF BALTIMORE (No. Sinai Hospital ST. 13-52 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John William Clark

(a) RESIDENCE NO. 3752 Bendell ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 41 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? 41 yrs. 6 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothea J. Clark

6 DATE OF BIRTH (month, day, and year) [illegible] 1890

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Duty to the Asso. of
(b) General nature of industry, business, or establishment in which employed (or employer) Plumbers.
(c) Name of employer Balto

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Jas A. Clark.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Sarah Hale
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mr. Robt. Irvin (no relation) Turkey Md.

15 JUL 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23-31

17 I HEREBY CERTIFY, That I attended deceased from July 8 1931 to July 23 1931
that I last saw h alive on July 23 1931
and that death occurred, on the date stated above, at 1.20 a m.

The CAUSE OF DEATH* was as follows:

Rheumatic cardiovascular disease
Mitral, aortic + tricuspid stenosis
+ insufficiency ? (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy
(Signed) Milton B Clark M. D.
19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery
DATE OF BURIAL July 24 1931

20 UNDERTAKER Edward Morris Co.
ADDRESS Balto

C. HAMPSON JONES

information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 70704 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70704

23 V

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Central Ave St.) 10-14 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laurence L. Hirth

(a) RESIDENCE NO. 1032 N. Central Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? 57 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Helen A. Hirth

6 DATE OF BIRTH (month, day, and year) May 23 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Conrad Hirth.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Mazolety

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs Helen A. Hirth.

(Address) 332 N. Fremont Ave

15 JUL 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23 1931

17

I HEREBY CERTIFY, That I attended deceased from June 26 1931, to July 23 1931,

that I last saw him alive on July 22 1931,

and that death occurred, on the date stated above, at 10.45 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac exhaustion

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Pulmonary tubercu-losis (duration) yrs. mos. 27 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Presence of bacilli

(Signed) John L. Sanderson, M. D.

7/23 1931 (Address) 1714 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL July 25 1931

UNDERTAKER Henry Hoen & Sons. Inc. — ADDRESS Bol E Eager St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 70705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70705

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 815 N Calvert St.) (Ward) 11-15

2-FULL NAME Rose C. Goodwin

(a) RESIDENCE NO. 815 N Calvert St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of John Goodwin

6 DATE OF BIRTH (month, day, and year) July 27 1854 Dec 17 1849

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER Goodwin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Rose M Nally

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Mary McMahon
(Address) 3004 Towanda

15 Filed JUL 24 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Diabetis Mellitus

(duration) 1/2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) unknown mos. ds.

18 Where was disease contracted if not at place of death? 915 N Calvert

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) James M Hamilton, M. D.

24. 1931 (Address) 7002 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	July 24 1931
20 UNDERTAKER	ADDRESS
Henry Hock's Sons Inc	301 E Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co—100 Pds.

E 70706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

t 22 E 70706

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 4-30 Ward)

2-FULL NAME Matthew Andrew Wunders

(a) RESIDENCE No. Woodlawn, Md St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bertha G. Wunders

6 DATE OF BIRTH (month, day, and year): June 21-1887

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Riddle & Youngs

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs. B. G. Wunders Woodlawn, Md.

15 Filed JUL 24 1931 HERMAN JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Lacerated wound of right wrist. Accidental Death (Cut wrist on piece of glass).

(duration) yrs. mos. 8 da.

CONTRIBUTORY (Secondary): Death Tetanus

(duration) yrs. mos. 3 da.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eugene Feldpt M. D.

7/22 1931. (Address) 2134 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem. Baltimore	July 24 1931
20 UNDERTAKER: Joseph B. Cook	ADDRESS: 1003 W. Fayette St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

E 70707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70707

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED No 23-33 46

CITY OF BALTIMORE (No ___ ST ___ WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Archie Hudson (THOMAS H. Hudson)

(a) RESIDENCE No 22 E. Cross St. ST ___ WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hudson

6 DATE OF BIRTH (month, day, and year) 6/17/1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Conn.

12 MAIDEN NAME OF MOTHER Margaret Jury

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Baltimore City Hospitals

15 Filed JUL 24 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23-31

17

I HEREBY CERTIFY, That I attended deceased from 5-17, 19 31, to 7-23, 19 31

that I last saw h alive on 7-23-31, 19

and that death occurred, on the date stated above, at 8:20 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus
& Regional Metastasis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Oesophageal Obstruction

Cachexia-pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 6-7-31

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Luther F. Cook M. D.

, 19 (Address) Balt. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross M. A. Co. DATE OF BURIAL July 24 31

20 UNDERTAKER Margaret E. Flynn ADDRESS 1417 Light St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—M&T—1500 Blks.

E 70703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70703

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 148 Eastern Place

CITY OF BALTIMORE: (No.) Baltimore (Butts) Ave. ST. 14-20 (WARD)

2-FULL NAME Miss Sara Lovejoy.

(a) RESIDENCE NO. Frederick Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Nov 17 1874

7 AGE: Years 56 Months 8 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Dean

(c) Name of employer: Hood College Frederick Md.

9 BIRTHPLACE (city or town) (State or country): Haverhill Mass

PARENTS

10 NAME OF FATHER: Thomas Lovejoy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Abigail Junkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maine

14 Informant (Address): Elizabeth B. Bowers Frederick Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22 1931

17 I HEREBY CERTIFY, That I attended deceased from June 23 1931 to July 22 1931, that I last saw h[illegible] alive on July 22 1931, and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Asthenia. Probably Pneumonic

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 20 mos. ds.

18 Where was disease contracted if not at place of death? Don't know

Did an operation precede death? Yes Date of March 1930

Was there an autopsy? No

What test confirmed diagnosis? Path. at time of op.

(Sign) Theodore Neill Jr. M. D.

(Address) 146 Eastern Pl. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet cemetery Frederick Md

DATE OF BURIAL: July 24 1931

20 UNDERTAKER: Chas. G. Slack

ADDRESS: 742 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 24 1931 C. HAMPSON JONES, M. D. Registrar

Spec.—1-30—M. & T.—250 Blks

E 70709 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70709

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 E. 20th ST. 9-46 WARD)

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora F. Grimes

(a) RESIDENCE No. 1119 E. 20th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of John L. Grimes

6 DATE OF BIRTH (month, day, and year) March 3 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Grand Island Nebraska

PARENTS

10 NAME OF FATHER Thomas H. Hamilton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Sarah Dance

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Illinois

14 Informant (Address) John L. Grimes 1119 E. 20th St

15 Filed JUL 24 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Mar. 31. 1931. to July 22. 1931.

that I last saw her alive on July 21. 1931.

and that death occurred, on the date stated above, at 3-30 a m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

Duration yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Labor Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Ray D. Hayden M. D.

7/24 1931. (Address) 1216 N. Caroline at.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 24 1931

20 UNDERTAKER: Chas S. Black — ADDRESS: 742 N. Wolfe ave

mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70710

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70710

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No.) Balto Md ST. 6-10 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Manaen Hurdle

(a) RESIDENCE NO. 101 N. Milton Ave ST.: WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Annie Joseph

6 DATE OF BIRTH (month, day, and year) 3-10-54

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	11	

8 OCCUPATION OF DECEASED 039

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Watchmaker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Millsborough Delaware

PARENTS

10 NAME OF FATHER Joseph Hurdle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Lidy Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant (Address) Next of Kin

15 [illegible] 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-21-31

17

I HEREBY CERTIFY, That I attended deceased from 4-3-31 to 7-21-31

that I last saw him alive on 7-21-31

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Wm. Goldman M. D.

7-22 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Millsboro Del.	7-26-31
20 UNDERTAKER Wendell E. Humphreys	ADDRESS 15-01 N. Broadway

Fin. Value $ Dec. 8 R. E.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks.

✓ E 70711

70711 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No) Mercy Hospital (St) 27-48 (Ward)

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Kenneth Moore

(a) RESIDENCE NO. 4235 Rosebank Ave (Roseau) ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary Moore

6 DATE OF BIRTH (month, day, and year) Apr 11th - 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer 042

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer H L Rose Co (Insurance Adjusters)

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm E. Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Eleanor Knell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Interment (Address) Wm E. Moore (Hospital Records) Balto Md.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 31

17

I HEREBY CERTIFY, That I attended deceased from July 19th, 1931, to July 22, 1931

that I last saw him alive on July 22, 1931

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Perforated Ulcer of Intestine 12 hrs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J Hegarty M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL July 24 1931

20 UNDERTAKER George J Smith — ADDRESS 1532 Fallsway

HAMPSON JONES, M. D.

INFORMATION—THIS IS A PERMANENT RECORD and should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 1875 A 12—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

43-003 70712

CERTIFICATE OF DEATH

1-PLACE OF DEATH Aged Mens Home REGISTERED NO. _____

City of BALTIMORE: (No. 1400 W Lexington St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John M Pennington

(a) RESIDENCE NO. 1400 W Lexington St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 24, 1866

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min..
	65		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Richard Partington

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Martha Grimes

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs Mary E Forestal

(Address) 1400 W Lexington

C. HAMPSON JONES, M. D.

Registrar

JUL 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 30 1930 to July ___ 1931

that I last saw him alive on July 24, 1931

and that death occurred, on the date stated above, at 5 A. ___ m.

The CAUSE OF DEATH* was as follows:

Acute Coronary Incompetency

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY Chronic Myocarditis

(Secondary)

(duration) ? yrs. ___ mos. ___ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin [illegible] M. D.

, 19 (Address) 1115 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Loudon Park	July 25 1931
20 UNDERTAKER George L Smith	ADDRESS 1313 Hollins

WARNING—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9-30—A. A Co.—250 Blks

E 70713 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70713

CERTIFICATE OF DEATH

1 PLACE OF DEATH At Home 117-001 REGISTERED NO.
CITY OF BALTIMORE (No.) 1641 Columbia St. (St.) (Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bolesław Philip Mierzwa

(a) RESIDENCE NO. 3222 Oldtown St. (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Catherine Markowska

6 DATE OF BIRTH (month, day, and year): Aug 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39 yrs	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Grocerman 034
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10 NAME OF FATHER: John Mierzwa
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Markowska
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Stepmother

15 [illegible] M. D. Registrar

JUL 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-22-31

17
I HEREBY CERTIFY, That I attended deceased from 7-21-31 to 7-22-31
that I last saw h alive on 7-22-31
and that death occurred, on the date stated above, at 10P m.

CAUSE OF DEATH* was as follows:
Hypertension and Gastric ulcer
Hispanic Peritonitis

(duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary): Pyelitis
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 7-21-31
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) M. Wierzbicki M. D.
19 Address: 1930 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem
DATE OF BURIAL: 7/27/31

21 UNDERTAKER: F Wozniakowski
ADDRESS: 1930 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70714

✓ E 70714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH (a) Jews Hospital — REGISTERED NO. 122-002
CITY OF BALTIMORE, (b) Division — (c) WARD — (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2. FULL NAME Peter Mykrlis
(a) RESIDENCE NO. 5408 Reisterstown Rd — ST. — WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Krein

6 DATE OF BIRTH (month, day, and year) June 24 77

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54		28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stock Clerk.
(b) General nature of industry, business, or establishment in which employed (or employer): 09
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: Henry Krein
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Brod
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mrs Emma Krein 5408 Reisterstown Rd

JUL 24 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-22-31

17
I HEREBY CERTIFY, That I attended deceased from 7-18-31, 19 , to 7-22-31
that I last saw h alive on 7-22-31
and that death occurred, on the date stated above, at 6 4 m.

The CAUSE OF DEATH* was as follows:
Thrombosis
will Intestinal
Obstruction (duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary) Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 7-20-31
Was there an autopsy? No
What (not confirmed) tests established diagnosis?
(Signed) Wm Fielding M. D.
19 (Address) Jews Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 25 1931
UNDERTAKER: W M Norton — ADDRESS: 2358 N Mont

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-30—A. & Co.—250 Blks.

70715 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70715

CERTIFICATE OF DEATH

45

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1425 Cherry St. 25-77 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alexander Dreyler

(a) RESIDENCE NO. 1425 Cherry. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Pauline Dreyler

6 DATE OF BIRTH (month, day, and year) Dec 17/54

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Austria.

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Pauline Dreyler 1425 Cherry St

15 G. HAMILTON JONES, M. D.

JUL 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 22/31

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15 1931 to July 22 1931

that I last saw him alive on July 22 1931

and that death occurred, on the date stated above, at 8 P M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Mouth.

(duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. D. Scott M. D.

July 27 1931 (Address) 4615 Pennington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross C & Co. DATE OF BURIAL: 7-25-31

20 UNDERTAKER: E & B Harle 115 E West St ADDRESS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spmr.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70716

CERTIFICATE OF DEATH

93-003 E 70716

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 131 N. Lakewood ave ST. WARD 10-10

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emily A. Crawford

(a) RESIDENCE NO 131 N. Lakewood ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F | 4 COLOR OR RACE: W | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of: John F. Crawford

6 DATE OF BIRTH (month, day, and year): Dec 21 1856.

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Wm. R. Whitten

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Debora Dawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Kate Whitten 131 N. Lakewood ave

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

JUL 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/23/31

17 I HEREBY CERTIFY, That I attended deceased from 7/1, 1931, to 7-23, 1931

that I last saw h[illegible] alive on July 22, 1931

and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH was as follows:

Myocarditis

CONTRIBUTORY (Secondary): Bright Edema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) G. F. Frame M. D.

(Address) 1/24/31 2939 III E. Eday

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Public

DATE OF BURIAL: 7/25/1931

20 UNDERTAKER: J. J. Moran

ADDRESS: 340 E Balto St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70717

32-42

72-0E 70717

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4212 Kolb Ave ST. WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Herman Horn

(a) RESIDENCE NO. 4212 Kolb Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Horn

6 DATE OF BIRTH (month, day, and year) Aug. 1 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	23 22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John P. Horn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Mrs Amelia Horn
(Address) 4212 Kolb Ave

15 Filed JUL 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23-1931

17

I HEREBY CERTIFY, That I attended deceased from May 5 1931 to July 23 1931

that I last saw h m alive on July 23 1931

and that death occurred, on the date stated above, at 3.10 P. m.

The CAUSE OF DEATH* was as follows:

Pseudoleukemia (Hodgkins Disease)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign. Symptom

(Signed) A. Lee Hickert M. D.

July 24 1931 (Address) Maple Ave. Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery DATE OF BURIAL July 25 1931

20 UNDERTAKER George W. Zinkler ADDRESS 1737 E Eager

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

70718 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 70718

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 6407 Rosemont Ave. ST. 27-42 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth R. Vogeley

(a) RESIDENCE NO. 6407 Rosemont Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of George Vogeley

6 DATE OF BIRTH (month, day, and year) July 22, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	-	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John McCadden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Margaret Davidson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs J W Lisard

(Address) 6407 Rosemont ave

15 Filed . 19 C. HARRISON JONES, M. D. Registrar

JL 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23-1931

17

I HEREBY CERTIFY, That I attended deceased from April 25, 1931 to July 23, 1931

that I last saw h[illegible] alive on July 23, 1931

and that death occurred, on the date stated above, at 11 30 AM m.

The CAUSE OF DEATH* was as follows:

Acute Dilation Heart.

Acute myocarditis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Stomach

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert G. Webster M. D.

July 25 1931 (Address) 6409 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount ave

DATE OF BURIAL: July 25 1931

20 UNDERTAKER: George W Zickler

ADDRESS: 1737 E Eager st

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 C 70719

C 70719

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 Augusta Avenue ST. 20-71 WARD)

2 FULL NAME Mary Ann Nugent

(a) RESIDENCE NO. 100 Augusta Avenue ST. WARD

(Usual place of abode) (If non resident give city or town and State)

length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Nugent

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1835

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	95	10	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Druma

11 BIRTHPLACE OF FATHER (city or town) -----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah A. Kouchman

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) England

14 Informant Mary X. Nugent
(Address) 100 Augusta Avenue

15 JUL 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23-31

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to July 23, 1931

that I last saw h alive on July 22, 1931

and that death occurred, on the date stated above, at 4 p m.

The CAUSE OF DEATH* was as follows:

Chr Int Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Art Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical findings

(Signed) H a Kelly M. D.

7/25/31 (Address) Longton

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	7/25 1931

20 UNDERTAKER Henry U. Sparks ADDRESS Lombard & Eutaw

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70720

CERTIFICATE OF DEATH

117-001

E 70720

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 6-27 WARD 1

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Hall

(a) RESIDENCE NO. 610 S. Newkirk St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Hall

6 DATE OF BIRTH (month, day, and year) 2/27/1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Worker

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS

10 NAME OF FATHER Thomas Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER Louisa Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Records of

(Address): Baltimore City Hospitals

15 Filed 19 H. HANSON JONES, M. D. Registrar

JUL 24 1931 P.M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23-31

17

I HEREBY CERTIFY, That I attended deceased from 5-7 19 31 to 7-23 19 31

that I last saw h im alive on 7-23 19 31

and that death occurred, on the date stated above, at 7:50 A m.

The CAUSE OF DEATH* was as follows:

Peptic ulcer.
Bilateral Pyelonephritis

(duration) yrs. 3 mos. ? ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? Yes Date of 5-13-31

Was there an autopsy? Yes

What test confirmed diagnosis? Surgical & Autopsy

(Signed) Luther E. Leute M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel — DATE OF BURIAL: July 25 19 31

20 UNDERTAKER: John G. Connelly — ADDRESS: Essex

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. ACCURACY in the statement of AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

250789
70721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 70721

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Theodore Smith

(a) RESIDENCE NO. 3 N. Crescent St St. WARD Ashville N Car
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: alta

6 DATE OF BIRTH (month, day, and year): Feb 14 1905

7 AGE — Years: 76 Months: 5 Days: 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N Car

PARENTS
10 NAME OF FATHER: T J Smith
11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown
12 MAIDEN NAME OF MOTHER: Ella Moore
13 BIRTHPLACE OF MOTHER (city or town) (State or country): N Car

14 Informant (Address): Records Johns Hopkins Hospital

15 C. HAMPSON JONES, M. D. Registrar

JUL 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23-1931

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to July 23, 1931
that I last saw h[illegible] alive on July 23, 1931
and that death occurred, on the date stated above, at 10.35 P M
The CAUSE OF DEATH* was as follows:
Brain tumor, cerebellar

(duration) 3 yrs.? mos. da.

CONTRIBUTORY (Secondary): 0
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Asheville, N. C.
Did an operation precede death? Yes Date of 7-23-31
Was there an autopsy? no
What test confirmed diagnosis? Observation
(Signed) M B Woodhall M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lincolnton N C — DATE OF BURIAL: 7/24/31

20 UNDERTAKER: Joseph Abrens — ADDRESS: 221 Bway

INFORMATION IN REGARD TO THIS CERTIFICATE OF DEATH IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70722 — X 210-001 — E 70722

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mud Hospital ST. H-30 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm A. Matheson

(a) RESIDENCE NO Ellicott City ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) About June

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Boatman & U S Customs
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chas Matheson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER (Agnes) Isaacs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wife Washington

(Address) Ellicott City Md

15 Filed _____, 193_ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage * Result of Fracture of Skull by Fall from automobile

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mud Hospital

Did an operation precede death? Yes Date of 7-23-31

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) L. J. Frame, M. D. Coroner

7/24 1931 (Address) 2939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Thos Cemetery	7-25 1931
20 UNDERTAKER H. Keyser Embalmer	ADDRESS Ellicott City

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—3-12-29—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70723 — 50 — E 70723

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2206 E North ave ~~St.~~ 8-16 WARD)

2-FULL NAME Margaret R. Meyd.

(a) RESIDENCE NO. 2206 E. North ave ~~St.~~ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John F. Meyd

6 DATE OF BIRTH (month, day, and year): March 25, 1881

7 AGE: Years 50 | Months 3 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: James Conroy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Light

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Dorothy A. Meyd

(Address): 2206 E. North ave

15 Filed: JUL 24 1931

16 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-24-1931

17 I HEREBY CERTIFY, That I attended deceased from 6/29/1931 to 7/24/1931.

that I last saw her alive on 7/20/1931

and that death occurred, on the date stated above, at 1.15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast.

(duration) yrs. 2 mos 6 ds

CONTRIBUTORY (Secondary) Carcinomatosis general abdominal — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 1925-

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Geo. Alves Bauduy M.D.

7/24/1931 Address 1517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: July 27, 1931

20 UNDERTAKER: Fred A. Kraemer | ADDRESS: 703 Hamburg

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70724 ✓ 97-001 E 70724

REGISTERED NO. 97-56

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3212 Virginia ST. (or) WARD

2-FULL NAME Ella Gessner

(a) RESIDENCE NO. 3212 Virginia ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter Gessner

6 DATE OF BIRTH (month, day, and year) [illegible] 16 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER M. McCaffrey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Cassidy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Peter Gessner

(Address) 3212 Virginia ave

15 Filed JUL 25 1931, 192 [illegible] C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Disease
Heart
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dan'l Mahoney, Coroner, M. D.

7/24, 1931 (Address) 1532 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 7/25 1931

20 UNDERTAKER: Vernon Lemmon — ADDRESS: 4611 Ph. 4295

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70725

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hebrew Memorial Hospital ST. (or LOCATION) WARD

2-FULL NAME George D. Brantley

(a) RESIDENCE NO. 306 Towanda ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Susie Brantley

6 DATE OF BIRTH (month, day, and year): 4/22/85

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Geo

PARENTS

10 NAME OF FATHER: Martin Brantley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Amanda McCloud

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Geo

14 Informant: Susie Brantley

(Address) 306 Towanda Ave

15 Filed JUL 25 1931, 192 J. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/23 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry, thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Mosseau, Coroner, M. D.

19 (Address) 1632 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Eck Ga.	July 25 1931

20 UNDERTAKER: George L. Schnurr & Son

ADDRESS: Eutaw & Lexington Sts

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70726

46 V

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1808 Light ST. 73-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret E. Crofper

(a) RESIDENCE NO. 1808 Light (Usual place of abode) ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph H. Crofper

6 DATE OF BIRTH (month, day, and year) April 17 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Dorchester Co Md

PARENTS

10 NAME OF FATHER James Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co Md

12 MAIDEN NAME OF MOTHER Ke Trego

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co Md

14 Informant (Address) Mrs Margaret E Crofper 1808 Light St

15 JUL 25 1931 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24-31

17

I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to July 24, 1931

That I last saw h alive on July 23, 1931

and that death occurred, on the date stated above, at 11 30 H m

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy

(Signed) W. M. Cuff M. D.

7/24/31 (Address) 1819 Light St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge Md — DATE OF BURIAL July 25 1931

UNDERTAKER John F Denny — ADDRESS 715 E 4th St

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form—12-23-21—E.P.B.B.—400 Bks.

70727

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70727

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1726 N. Monroe St. 15-21 Ward) 31

Registered No.

2-FULL NAME Mary C. Schalitzky

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence No. 1726 N. Monroe St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced: Married

(Write the word)

6-If married, widowed, or divorced, HUSBAND (or wife) of: Fred. J. Schalitzky

6-DATE OF BIRTH (month, day and year): Aug 7-1901

7-AGE: 29 yrs. 11 mos. 14 ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: N. W. 31

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS

10-NAME OF FATHER: Louis B. Wrights

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Mary A Boyden

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

11- (Informant): Fred J Schalitzky

(Address): 1726 N Monroe St

15- Filed JUL 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH (month, day and year): July 23. 31

17- I HEREBY CERTIFY, That I attended deceased from Nov. 4 1930 to July 23 1931

that I last saw h[illegible] alive on July 23 1931

and that death occurred, on the date stated above, at 9:20 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia (Duration) yrs. mos. 1 ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

7/24/31 (Address) 2737 W. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: July 28, 1931

20-UNDERTAKER: Durby & Co.

ADDRESS: 2612 E. Chase St.

WHITE PENCIL WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 70728

250579

E 70728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-52 122-001

1 PLACE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL) ST. WARD

2 FULL NAME William Wheeler

(a) RESIDENCE NO. 3021 Keswick Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 26 74

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): 010

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Simon Wheeler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Georgia

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

JUL 25 1931 Reg. 7 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24-1931

17

I HEREBY CERTIFY, That I attended deceased from July 14 1931 to July 24 1931

that I last saw him alive on July 24 1931

and that death occurred, on the date stated above, at 1.05 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Poor

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-21-31

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(signed) Harold Hamilton M. D.

July 25 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

UNDERTAKER: Chunowith & Son

DATE OF BURIAL: July 27 1931

ADDRESS: 3615 Chestnut Ave

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 70729

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70729

CERTIFICATE OF DEATH

82 001

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 342 Dolphin St. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME Phoebe Lashley.

(a) RESIDENCE NO. 342 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. Lashley.

6 DATE OF BIRTH (month, day, and year): March 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Alfred Toney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Frances Caulfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): 342 Dolphin

Filed JUL 25 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leander H. Brack, Jr. M. D. Coroner

1931 (Address) Cardiner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: 7/25 1931

UNDERTAKER: Samuel Hensley

ADDRESS: Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spay—9-30—A. & Co.—250 Blks

E 70730

250813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70730

CERTIFICATE OF DEATH X 107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL St. 7-9 WARD)

2. FULL NAME Robert Angle

(a) RESIDENCE NO. Westernport St. Md ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
M	White	child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7-7-28

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3		17	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (city or town) (State or country) Md

PARENTS

10. NAME OF FATHER Wm Angle

11. BIRTHPLACE OF FATHER (city or town) (State or country) Md

12. MAIDEN NAME OF MOTHER Adele Reed

13. BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

14. Informant Records

(Address) JOHNS HOPKINS HOSPITAL

JUL 25 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 24 - 1931

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to July 24, 1931

That I last saw h[illegible] alive on July 24, 1931

and that death occurred, on the date stated above, at 7 25 p m.

The CAUSE OF DEATH* was as follows:

Bronco Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 4 ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No State of

Was there an autopsy? Yes

What test confirmed diagnosis? Yes

(Signed) Dan'l G. Ottes M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Piedmont West Va.

DATE OF BURIAL Jul 27th 31

UNDERTAKER Martin Dahey & Son

ADDRESS 1827 W. Fayette

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E70731

1-29—M & T—100 B—50L

E 70731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E70731

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 7-12 WARD) 13

2-FULL NAME Henry E Lephardt

(a) RESIDENCE No. 2106 E. Madison St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie T. Lephardt

6 DATE OF BIRTH (month, day, and year) Apr 6/1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Christopher Lephardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie Reybina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila., Pa.

14 Informant Mrs Annie Lephardt (wife)
(Address) 625 S. Paca St

15 Filed JUL 25 1931 192 C. HAMPSON JONES, M.D. Registrar
By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.
Coroner

7/24, 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	July 27 1931
20 UNDERTAKER	ADDRESS
August Pasch	2406 ashland ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70732

HEALTH DEPARTMENT—CITY OF BALTIMORE

70732

CERTIFICATE OF DEATH

129

1 PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE (No. 5th Division St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha Harcum

(a) RESIDENCE NO. 2038 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 10 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	colored	married

5a If married, widowed, or divorced (H) ~~WIFE~~ of (or) WIFE of John Harcum

6 DATE OF BIRTH (month, day, and year) Aug 28 - 89

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Nathan Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Emily Saunders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant John Harcum (Address) 2038 McCulloh

15 [illegible] [illegible]

JUL 25 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24 '31

17

I HEREBY CERTIFY, That I attended deceased from July 8, 1931, to July 24, 1931

that I last saw h[illegible] alive on July 24, 1931

and that death occurred, on the date stated above, at 1:25 a. m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinosis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Omental Colostomy

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-23-31

Was there an autopsy? No

What test confirmed diagnosis? Curative & clinical

(Signed) W. Bradham Hagner M. D.

(Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	July 27 1931
UNDERTAKER	ADDRESS
Sam'l W. Cleaver & Son	1400 Madison

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70733

E 70733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004 V

1. PLACE OF DEATH

CITY OF BALTIMORE (No) Mercy Hospital (St.) 97-43 (RD.)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Mary Foster

(a) RESIDENCE NO 3018 Oakcrest Lane ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7, 1931

7 AGE: Years ~~1~~ 0; Months; Days 18; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Albert Forester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton, Pa

12 MAIDEN NAME OF MOTHER Katherine Kemmel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Hospital Records

(Address)

15 C. HAMPSON JONES, M. D. Registrar

JUL 25 1931

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1931

17

I HEREBY CERTIFY, That I attended deceased from July 7, 19 , to July 25, 1931

that I last saw h alive on July 25, 1931

and that death occurred, on the date stated above, at 3 20 A m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation.

(Baby is one of twins connected by common colon)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? Colostomy 7/7/31 Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + operative

(Signed) J. Leyko M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. DATE OF BURIAL: 7/25/31

UNDERTAKER: Harry H. Wiske ADDRESS: 4101 Edmondson

INFORMATION: THIS IS A PERMANENT RECORD AND MUST BE CAREFULLY FILLED OUT. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec. 7-12-26—A Co.—200 Blks.

E 70734

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70734

92-001

CERTIFICATE OF DEATH

1-PLACE OF DEATH aged Mens Home

REGISTERED NO. _____

City of BALTIMORE: (No. 1400 W Lexington, St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John W Hudgins

(a) RESIDENCE NO. 1400 W Lexington St. _____ Ward _____

(Usual place of abode) 50

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 15, 1850

7 AGE: Years 81 Months 3 Days 10 IF LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Painter 60

(b) General nature of industry, business, or establishment in which employed (or employer): 05

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Thomas B Hudgins

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary A Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mary E Forestal 1400 W Lexington

15 Filed _____ 19 _____ Registrar _____

C. HARRISON JONES, M. D.

JUL 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from March 19 31 to July 25 19 31

that I last saw him alive on July 25 19 31

and that death occurred, on the date stated above, at 7:35 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease (duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) Senile Debility (duration) ? yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edwin D Garrett M. D.

19 (Address) 1116 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: July 27 1931

20 UNDERTAKER: George L Smith — ADDRESS: Hollins

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70735 X 9√ E 70735

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sydenham Hospital St. 7-45 (WARD)

2-FULL NAME Charlotte Carter

(a) RESIDENCE NO. Ellicott City ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Non Resident yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 17, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ellicott City Md

PARENTS

10 NAME OF FATHER Robert Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Ruth Hutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ruth Carter (mother)
(Address) Ellicott City

15 Filed JUL 26 1931, 19 H. RAMSAY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 25, 1931, that I last saw her alive on July 25, 1931, and that death occurred, on the date stated above, at 2 40 a m.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. _____ mos. 21 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. _____ mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Myron G. Tull, M. D.

7/25, 1931 (Address) Sydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. John's Cem. DATE OF BURIAL July 28, 19 31

20 UNDERTAKER Easton Dom ADDRESS Ellicott City

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30--M. & T.—100 B—50L

C 70736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1748 C 70736

REGISTERED NO. 23-31

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert Moore,(C) or Partlow,(C)

(a) RESIDENCE NO 153 W. Henrietta St. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ---- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Aug. 9, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER Mack Moore.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina.

12 MAIDEN NAME OF MOTHER Martha J. Taylor.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina.

14 Informant Janie Duland.(C) sister.

(Address) 1004 Leadenhall St.

15 Filed JUL 26 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 19, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Internal hemorrhage due to stab wound of chest involving heart and liver. Sharpened table knife. Homicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1000 block Creek St. July 19, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) Otto M. Reinhardt, M. D. Coroner

7/24 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

St. Calvery cemetery July 1931

20 UNDERTAKER — ADDRESS

Mrs R A Elliott asst 1725 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

750820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 70737 × 53 B 70737

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) JOHNS HOPKINS HOSPITAL (St.) (Ward) 7-9

2. FULL NAME Charles Holland

(a) RESIDENCE No. 183-6th Eastport St. Ward Annapolis Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
M	Black	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept-16-1903

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
27 28	10	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster man

(b) General nature of industry, business, or establishment in which employed (or employer): oyster

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Churchton Md

PARENTS

10. NAME OF FATHER Alexander Holland

11. BIRTHPLACE OF FATHER (city or town) (State or country): a-a-md

12. MAIDEN NAME OF MOTHER Cora Blake

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14. Informant (Address): Records JOHNS HOPKINS HOSPITAL

JUL 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 25-1931

17.

I HEREBY CERTIFY, That I attended deceased from July 18, 1931, to July 25, 1931

That I last saw him alive on July 25, 1931

and that death occurred, on the date stated above, at 5 30A m.

The CAUSE OF DEATH* was as follows:

Brain tumor, cerebellar

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) 0

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Bed.

Did an operation precede death? yes Date of 7-24-31

Was there an autopsy? no

What test confirmed diagnosis? Operation

(Signed) M Broadbelt M. D.

7-25-1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Franklin Cem'e

DATE OF BURIAL: July 27 1931

20. UNDERTAKER: E H B Parker.

ADDRESS: 47 Washington St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

70738

CERTIFICATE OF DEATH

82-001 E 70738

REGISTERED NO. 20-69

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johnson & Wells Sts. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L. Hudson.

(a) RESIDENCE NO. 206 S. Smallwood St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Bertha Hudson.

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Conductor,
(b) General nature of industry, business, or establishment in which employed (or employer): B. & O. R. R. Co.
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: William R. Hudson.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Laura A. ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: William L. Hudson. (son)

(Address) 206 S. Smallwood St.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

7/24 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: 7/27 1931

20 UNDERTAKER: Robert Brockbank — ADDRESS: Catonsville Md

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—6-8-29—H. P. Co.—1000 Blks.

E 70739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 70739

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No 610 Baker St 6-21 WARD

2-FULL NAME Permilia Martha DE Shields

(a) RESIDENCE. No 610 Baker ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph DE Shields

6 DATE OF BIRTH (month, day, and year): Dec 1- 1910

7 AGE — Years: 20 Months: 7 Days: 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Andrew Morton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Ida Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cairnsville

14 Informant (Address): Ida Campbell Morton 610 Baker St

15 Filed: [illegible] 1931, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23 1931

17 I HEREBY CERTIFY, That I attended deceased from March 22, 1931, to July 23, 1931, that I last saw h alive on July 20, 1931, and that death occurred, on the date stated above, at 7.50 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis (duration) (6-12) yrs. mos. ds.

CONTRIBUTORY (Secondary): None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum - Physical

(Signed) Wm. N. Wright, M. D.

7/24, 1931 (Address) 209 Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Randallstown DATE OF BURIAL: July 26 1931

20 UNDERTAKER: Virginia A. Brooks ADDRESS: 1463 N. Carey

V. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

Bungarner

HEALTH DEPARTMENT—CITY OF BALTIMORE

70740

CERTIFICATE OF DEATH

59V E 70740

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No.) 268 S. Monastery Ave (STREET) (WARD)

2 FULL NAME Mary D. Bumgarner

(a) RESIDENCE NO. 268 S. Monastery Ave ST. WARD
(If usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Herbert Bumgarner

6 DATE OF BIRTH (month, day, and year): Sept 18th 86

7 AGE: Years 62 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): New Bethlehem Pa

PARENTS
10 NAME OF FATHER: John Scott Moore
11 BIRTHPLACE OF FATHER (city or town) (State or country): New Bethlehem Pa
12 MAIDEN NAME OF MOTHER: Sarah E. Frazee
13 BIRTHPLACE OF MOTHER (City or town) (State or country): New Bethlehem Pa

14 Informant (Address): Herbert Bumgarner 268 S. Monastery Ave

15 Filed July 31 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25/31

17
I HEREBY CERTIFY, That I attended deceased from July 18 1931 to July 25 1931
that I last saw her alive on July 25 1931
and that death occurred, on the date stated above, at 7A m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchio Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clo Phy Exam

(Signed) J T Kipper M. D.

, 19 (Address) 3321 Elrod (Ave)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Bethlehem Pa

DATE OF BURIAL: July 26 1931

20 UNDERTAKER: F B Shupert

ADDRESS: 1850 N. Gay St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

1-PLACE OF DEATH Baltimore City Hospitals 25-74 REGISTERED NO. D 70741

CITY OF BALTIMORE: (No ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Reiter

(a) RESIDENCE NO. 3501 Old Annapolis Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary U. Reiter

6 DATE OF BIRTH (month, day, and year) Nov. 6 ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) Producer

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Charles S. Reiter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Frantz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-23-31

17

I HEREBY CERTIFY, That I attended deceased from 6-5-31, 19, to 7-23-31, 19

that I last saw him alive on 7-23-31, 19

and that death occurred, on the date stated above, at 8:50 P m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY ... Bronchopneumonia (Secondary)

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jas. Kirsch, Jr. M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	7/27/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

information should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-36—M. & T.—100 B—56L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70742

CERTIFICATE OF DEATH

210-001 E 70742

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. B. Genrral Hosp ST. 15-21 (WARD)

2-FULL NAME Frida Dacze

(a) RESIDENCE NO. 1529 N. Payson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hyman Dacks

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 67 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Samuel Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida K—

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Alex Dacks (Son)

(Address) 904 Augusta St

Filed JUL 26 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH was as follows: Struck & knocked down by moving auto

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Fract Skull

Cerebral Hem (duration) From Pneumonia

18 Where was disease contracted if not at place of death? Baker nr Pulaski

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) T. J. Fraine, M. D. Coroner

7/26 19 31 (Address) 29 3914 E Eddings

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Mt Carmel

DATE OF BURIAL: 7-27-19 31

20 UNDERTAKER: Nash Levin Inc.

ADDRESS: 1439 E Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

1304 E. Chase

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70743

CERTIFICATE OF DEATH

95-002

70743

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 609 Aisquith St. 58 WARD)

2 FULL NAME Benjman Deltzer

(a) RESIDENCE NO. 609 Aisquith St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Deltzer

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer): 045

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Deltzer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Rebecca -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jno. Lewis, Inc. 1439 E. Balto.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25-31

17 I HEREBY CERTIFY, That I attended deceased from 7/14/ 1931. to 7/25/ 1931.

that I last saw him alive on 7/25/ 1931

and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Abigail Altman M. D.

19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairview Mt. Carmel — DATE OF BURIAL: 7-26-19 31

20 UNDERTAKER: Jno. Lewis, Inc. — ADDRESS: 1439 E. Balto

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70744 — 95 — 70744

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hebrew Home for Aged & Infirm — No. 21-51 Liberty Ave.

CITY OF BALTIMORE: If NO Belvedere & Greenspring Aves. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lena Sussman

(a) RESIDENCE NO Belvedere & Greenspring Aves. (Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow.

5a If married, widowed or divorced, HUSBAND of (or) WIFE of Israel Sussman

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

11 Informant (Address) Hebrew Home for Aged City

13 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1 25 31

17

I HEREBY CERTIFY, That I attended deceased from 6 - 6, 19 31 to 1 - 25, 19 31

That I last saw h e alive on 1 - 24, 19 31

and that death occurred, on the date stated above, at 2540 m.

The CAUSE OF DEATH* was as follows:

Chronic valvular disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edmund Levin M. D.

19 (Address) Lundale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Jewish Cem

DATE OF BURIAL: 7-26 19 31

20 UNDERTAKER: Jack Levin, Inc. ADDRESS: 1439 E Balto

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A A Co.—250 Blks

E 70745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133 E 70745

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2027 Fredrick Ave. St. 20-28 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rosa Fagan

(a) RESIDENCE NO. 2027 Fredrick Ave St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 9-1902

7 AGE — Years: 29 — Months: 6 — Days: 15 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: David Fagan
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Mary —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: David Fagan (Brother)
(Address) 1421 Fredrick Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24-1931

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1931 to July 24, 1931
that I last saw her alive on July 24, 1931
and that death occurred, on the date stated above, at 10 35 P m.
The CAUSE OF DEATH* was as follows:

Pyelo nephritis
(duration) 7 yrs. mos. ds.
CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Eugene Baylis M. D.
7/25 1931 (Address) 2040 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Cemetery — DATE OF BURIAL: 7-26-1931

20 UNDERTAKER: Jose Lewis Inc. 1432 E Balto

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70746 ✓ E 70746

CERTIFICATE OF DEATH

87-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 723 Pierce St. 17-76 Ward 0

2-FULL NAME Emma Kennedy

(a) RESIDENCE NO. 723 Pierce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Married

3a If married, widowed, or divorced, HUSBAND of (or) WIFE of William Kennedy

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Dur Dunnock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hutchins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Emma Bishop (Address) 723 Pierce St

15 Filed JUL 26 1931 H. C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Tolbert, M. D.

7/25, 1931. (Address) 2 St Eastern Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	7-25-1931
20 UNDERTAKER Dent Estate	ADDRESS 916 Eutaw

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 70747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70747

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-36 108 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Earl Walker

(a) Residence: No. 815 N. Fairmount St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Walker

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Hosp. Records & Family
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Retired Date 7/25/31 19

19. UNDERTAKER Harriet Carter
(Address) 1000 E. Madison

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to July 24, 1931
I last saw him alive on July 24, 1931 death is said to have occurred on the date stated above, at 1 30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia. (Pneumococcus type III)	7/19

Other contributory causes of importance:

Pneumococcus Pericarditis	7/21
Pneumococcus Meningitis.	7/23

Name of operation none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harris Jaffe Abrams M.D.

(Address) Univ. Hosp.

N. B.—Write plainly, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70743 — 82-001 — E 70743

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 14-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Guy Perry

(a) RESIDENCE NO 1508 W. Fairmount Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6 DATE OF BIRTH (month, day, and year) April 29, 1891?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2?	23?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer ----

9 BIRTHPLACE (city or town) Newburn
(State or country) N.C.

PARENTS

10 NAME OF FATHER Asa Perry

11 BIRTHPLACE OF FATHER (city or town) Newburn
(State or country) N.C.

12 MAIDEN NAME OF MOTHER Lettice Smallwood

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) N.C.

14 Informant Alice Perry
(Address) 1508 W. Fairmount Ave.

15 Filed . 192 Reg. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 22, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 5 hrs. ds.

CONTRIBUTORY ----
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? -----

(Signed) Guy N. Cromwell, M. D. (Coroner)

7/23, 19 31 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 7-26 1931

UNDERTAKER David Taylor

ADDRESS 916 Pa ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 70749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1002

124

E 70749

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Rosalind Ave St. 15-61 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret N. Schultz

(a) RESIDENCE No. 3015 Rosalind Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Ferdinand A. Schultz

6 DATE OF BIRTH (month, day, and year): Feb. 27, 1852

7 AGE — Years: 79 — Months: 5 — Days: 1 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

037

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Louis Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: C. Rupert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Wm T. Spencer 1525 Bell St.

15 Filed JUL 26 1931, 19.. 141 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23-1931

17 I HEREBY CERTIFY, That I attended deceased from June 2, 1930, to July 23, 1931, that I last saw h[illegible] alive on July 23, 1931, and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Senile

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

7/25 1931 (Address) 1279 Hillman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A.M.E. | DATE OF BURIAL: July 27 1931

20 UNDERTAKER: Margaret T. Hynes | ADDRESS: Harbright Av.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 70750

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70750

CERTIFICATE OF DEATH.

92-601

78-26

1-PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital, Baltimore, Md. ST., WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Poindexter

(a) RESIDENCE NO. 1108 Sarah Ann ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Florence Poindexter

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Clifton Ford Virginia

PARENTS
10 NAME OF FATHER Joseph Poindexter
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Martha Allen
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Md.

15 Filed ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 18, 19 31, to July 25, 19 31,
that I last saw him alive on July 25, 19 31,
and that death occurred, on the date stated above, at 7:10 A.m.

The CAUSE OF DEATH* was as follows:
Embolism, middle cerebral artery

(duration) yrs. 1 mos 24 ds.
CONTRIBUTORY (Secondary) Valvular heart disease, Mitral insuff. and stenosis
(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? yes
What test confirmed diagnosis? autopsy
(Signed) O L Williams, M. D.
7/25, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	July 28, 19 31
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St.

N.B.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HAMILTON JONES, M. D.
JUL 29 1931

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70751 — 92 — 001 — E 70751

REGISTERED NO. 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2630 Fayette (St.) (Ward)

2-FULL NAME Manus Feny

(a) RESIDENCE No. 2630 Fayette ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. 2 mos. — ds. How long in U. S., if of foreign birth? 28 yrs. 2 mos. — ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male.	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Lazarus Feny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah Yavin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Feny

(Address) 2630 Fayette St. Balto

15 Filed ____, 192 ____ HAMILTON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26 1971

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion
of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

7/26, 19 (Address) 632 Poland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Memory Gdns

DATE OF BURIAL: 7/26 1971

20 UNDERTAKER: S. J. Garrison Bros.

ADDRESS 1127 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 70752

92-001
70752

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 3639 Falls Road, St. 13 52 Ward

2-FULL NAME Annie M. Simpson

(a) RESIDENCE NO. 3639 Falls Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 16-1848

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	82	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Smithfield, Va.
(State or country)

PARENTS

10 NAME OF FATHER George Simpson

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Broadfield

13 BIRTHPLACE OF MOTHER (city or town) Virginia
(State or country)

14 Informant (Address) Robert F. Simpson 115 Longwood Road

15 Filed ——, 19 Off Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dolorylar
Decrease of Heart
(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) 1672 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	July 27 1931
20 UNDERTAKER	ADDRESS
Horace F. Burgee	3631 Falls Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. P. S.—100 Blks.

E 70753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70753

CERTIFICATE OF DEATH

92-001

1—PLACE OF DEATH — REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. 728 Dolphin ST. 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha A. Campbor

(a) RESIDENCE NO. 2415 Woodbrook Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widower

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Henry

6 DATE OF BIRTH (month, day, and year) Oct. 23-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jane Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Anna D. Williams

(Address) 2415 Woodbrook Ave

15 Date JUL 26 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to July 23, 1931,

that I last saw h[illegible] alive on July 21, 1931

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 3 yrs. mns. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Ward M. D.

7/24 1931 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 7/27/1931

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill

mation should be carefully supplied. As E should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—130—M. A T.—250 Blks.

E 70754

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70754

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Baxter

(a) RESIDENCE NO. 1019 Arlington Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Baxter.

6 DATE OF BIRTH (month, day, and year) Dec 18, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	31	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Daisy Md.

PARENTS

10 NAME OF FATHER Charles King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Daisy Md

12 MAIDEN NAME OF MOTHER Minnie Hunday

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Daisy Md.

14 Informant (Address) Ida Snowden 1019 Arlington Av

15 Filed JUL 26 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from July, 1920, to July 24, 1931, that I last saw h[illegible] alive on July 24, 1931, and that death occurred, on the date stated above, at 11 50 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) 0 yrs. 0 mos 25 da.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 1019 Arlington Av

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) A. Pete. Miranda M. D.

, 19 (Address) Lydenham Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Daisy Md.

DATE OF BURIAL 7/28/31

ADDRESS

20 UNDERTAKER Mrs. Geo. H. Holland 1631 Druid Hill

HAMPSON JONES, M. D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

25-0136

P 70755

HEALTH DEPARTMENT—CITY OF BALTIMORE

70755

CERTIFICATE OF DEATH

121

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL S. or Ward) 12-50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jasper- Dean Taylor

(a) RESIDENCE NO. 3132 Gittell Ave - ST. WARD

(Usual place of abode) (If non-residents give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 18 1917

7 AGE — Years: 13 — Months: 7 — Days: 7 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jasper Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Florence Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Friends

(Address): JOHNS HOPKINS HOSPITAL

15 Filed: JUL 26 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 - 31

17

I HEREBY CERTIFY, That I attended deceased from June 30 1931 to July 25 1931

That I last saw him alive on July 25 1931

and that death occurred, on the date stated above, at 10:50 A. m.

The CAUSE OF DEATH* was as follows:

Pyelonephritis

Pyelitis

Pyohydronephrosis

(Duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary): Uremia ?

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-30-31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL

Loudon Park July 27 31

UNDERTAKER — ADDRESS

Putnam & Co 1723 W. Lafayette Ave

INSTRUCTIONS FOR FILLING OUT CERTIFICATE: This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002 70756

1 PLACE OF DEATH

CITY OF BALTIMORE (No. West Balto. Gen. Hosp. WARD 27-55) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Caroline Seipold

(a) RESIDENCE NO. 2700 Rogers Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Wm. F. Seipold

6 DATE OF BIRTH (month, day, and year): May 31 67

7 AGE: Years 64 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md.

PARENTS
10 NAME OF FATHER: Frederick Christian
11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md.
12 MAIDEN NAME OF MOTHER: Christine
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto. Md.

14 Informant (Address): Wm Seipold 2700 Rogers Ave

15 Filed JUL 26 1931 19 C. HAMPSON JONES, M. D. (or) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/24/31

17
I HEREBY CERTIFY, That I attended deceased from 7/19/31, 19, to 7/24/31, 19
that I last saw her alive on 7/24/31, 19
and that death occurred, on the date stated above, at 7:30 P. m.
The CAUSE OF DEATH* was as follows:
Cerebral Embolism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Suspected Apoplexy.

(Signed) M. McCoder M. D.
19 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel | DATE OF BURIAL: 7/27/19 31

20 UNDERTAKER: Philip Herring | ADDRESS: 2016 Orleans

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~70757~~ 70757 70757

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) (STREET) St. Joseph's Hospital

2 FULL NAME Leonard Frost Mechanic

(a) RESIDENCE NO. 528 E 20th ST. WARD

(If usual place of abode)

Length of residence in City or Town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 If Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonard

6 DATE OF BIRTH (month, day, and year) 7-20-31

7 AGE: Years — Months — Days: 6 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): 22 North Hospital Baltimore Md

10 NATIONALITY: United States

PARENTS

11 BIRTHPLACE OF FATHER (city or town) (State or country): Iowa

12 MAIDEN NAME OF MOTHER: Catherine Brennan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New Orleans La.

14 Informant (Address): Hospital Records

15 [illegible] 19 C. HAMPSON JONES, M.D. Registrar

UL 26 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-26-31

17 I HEREBY CERTIFY, That I attended deceased from 7-20-31, 19 to 7-26-31, 19

that I last saw h[illegible] alive on 7-26-31, 19

and that death occurred, on the date stated above, at 4A m.

The CAUSE OF DEATH* was as follows:

Pneumonia.

Duration 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Exam

(Signed) W. B. Kemper M. D.

19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Columbia S.C.

DATE OF BURIAL: 7/28/31

UNDERTAKER: Geo. J. Pulliam Sons

ADDRESS: 1135 Hanover

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M & T—100 B—50L

E 70758

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 70758

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 504 Madison Ave. St., 14-20 WARD

2-FULL NAME Annie Williams

(a) RESIDENCE No. 504 Madison Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Philip

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annie Bodkin

14 Informant: Annie Bodkin

(Address) 504 Madison

15 Filed JUL 27 1931 H. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, year): July 24th 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Necropsy

(Signed) July 24th 19 31 H. Bodkin, M. D. (Coroner)

(Address) Gordon

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: July 27 1931

20 UNDERTAKER: Thomas H. Monroe — ADDRESS: 1402 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70759 ✓ 2-001 70759

8-45 72

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. ____ WARD)

2-FULL NAME Alice F. Turner

(a) RESIDENCE No ____ 3023 Chesterfield Ave ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23/30

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	4	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Edward B. Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Sophia H Wilhelm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Edward Turner

(Address) 3023 Chesterfield Ave

15 Filed JUL 27 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 23/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ____ (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia
Leukemia?

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) History Sore Throat 2wks ago

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? ____

(Signed) [illegible] M. D. Coroner

19 32 (Address) 506 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cemetery	July 27 19 31
20 UNDERTAKER	ADDRESS
George W. Zukler	1737 E Eager

N. B.—WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 70760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70760

CERTIFICATE OF DEATH

REGISTERED NO. 97

1—PLACE OF DEATH Greenway Apt

CITY OF BALTIMORE: (No. Charles & 34th ST. 12-47 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Minter Gillet

(a) RESIDENCE NO. Greenway Apt ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or ~~Divorced~~ (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 31st 1852

7 AGE: Years 78 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min. 79

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New York City

PARENTS

10 NAME OF FATHER: W. H. Gillet

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Eliza Minter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: W. Johnson
Address: Greenway Apt

15 AUG 27 1931
Filed
HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1st 1931, to July 25th 1931,
that I last saw h alive on July 25th 1931,
and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Cerebral Arteriosclerosis
Insanity
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 5 or 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Carey B Gramm M. D.
7/26. 1931 (Address) Hunterdon Apts.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St John Cemetery	July 27 1931
20 UNDERTAKER	ADDRESS
Henry H Jenkins & Co	Eutaw & Mt Royal Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

F. 70761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-106

F. 70761

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital S. 12-49 WARD

REGISTERED NO. F. 70761

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Christine Ortman

(a) RESIDENCE NO. 231 E University Pkwy ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ortman

6 DATE OF BIRTH (month, day, and year) 2/7/1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Frederick Stumpf.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER C. Stubenrauch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr Henry Ortman 231 E University Pkwy

15 JUL 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25-31

17

I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to July 25, 1931

that I last saw h[illegible] alive on July 25, 1931

and that death occurred, on the date stated above, at 1[illegible] P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. 2 mos. 2 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Findings

(Signed) W. Thomas M. D.

19 [illegible] Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Immanuel Cem	July 28 1931
20 UNDERTAKER	ADDRESS
Louis J Heuman	32 S Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—200 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70762 — 119 V E 70762

1 PLACE OF DEATH Sinai Hospital — ST 1-3 (WARD) — REGISTERED NO

CITY OF BALTIMORE: (No. ... St. ... Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nathan Levin

(a) RESIDENCE NO 2116 E. Pratt — ST. ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. — How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2-24-31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country): Balto Md.

PARENTS

10 NAME OF FATHER: Harry Levin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Levin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): Mrs. Levin

15 JUL 27 1931 — C. BAMBERGER JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 31

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 27, 1931

That I last saw him alive on July 27, 1931

and that death occurred, on the date stated above, at 12.10 a. m.

The CAUSE OF DEATH* was as follows:

Infantile Diarrhea.

(duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) Hilton B Kirsh M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lyons Woodlawn — DATE OF BURIAL: 7-27-1931

20 UNDERTAKER: Jack Lewis Inc — ADDRESS: 1432 E. Pratt

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70763 — 70763

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (WARD) 725 23

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Walden

(a) RESIDENCE No. 620 W. Mulberry ST. ..... WARD ..... (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Walden

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Grocer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Joseph Walden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rachael —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) R. Sherman 2435 Eutaw Place

15 Filed JUL 2 1931, 19 C. HAMPDAY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26. 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26 1930 to July 26 1931

That I last saw h[illegible] alive on July 26 1931

and that death occurred, on the date stated above, at 12 20 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Ten Years (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Lawrence L. Sterne M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Hebrew — DATE OF BURIAL 7-27- 1931

20 UNDERTAKER Jack Levin Inc. 1432 — ADDRESS E. Balto St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

1707

70764

HEALTH DEPARTMENT—CITY OF BALTIMORE

70764

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No 311 N. Broadway) ST. (6-9) WARD (125-001)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Fannie Hettleman

(a) RESIDENCE NO. 311 N. Broadway. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Moses Hettleman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Moses Silverman

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Anna

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Joseph Hettleman (Address) 2727 E. Baltimore St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1931 to July 23, 1931

that I last saw her alive on July 23, 1931

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(from history) (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Scalp pelted atrophy of the Liver

(duration) - yrs. 3 mos. - ds.

18 Where was disease contracted if not at place of death?

Did no operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical symptoms

(Signed) Louis F. Diamond M. D.

19 (Address) 1705-7 E. Balto. St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Shaw Mt. Carmel

DATE OF BURIAL: 7-27-1931

20 UNDERTAKER: Isaac Levin Inc.

ADDRESS: 1439 E. Lexington

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

70765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 1001 / 70765

1-PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (NO.) 1000 Eaton Ave. ST. 18-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jerry Sullivan

(a) RESIDENCE NO. 26 S. Arlington Ave. ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 15th 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	9	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work retired 31

(b) General nature of industry, business, or establishment in which employed (or employer) Machinist

(c) Name of employer B & O R R.

9 BIRTHPLACE (city or town) (State or country) Garland.

PARENTS

10 NAME OF FATHER Thomas Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Joyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jenkins Memorial Hosp. (Address) Eaton & Monument

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931. to July 25, 1931.

that I last saw him alive on July 24, 1931.

and that death occurred, on the date stated above, at 7.15 A. m.

The CAUSE OF DEATH* was as follows:

① Aortic Regurgitation

② Atheroma of the Aorta

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Deg. and Dicomp. (duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? 26 S. Arlington St.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Physical

(Signed) [illegible] M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 7/28/1931

20 UNDERTAKER John J. Lowrey & Son

ADDRESS Gardiner

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70766

CERTIFICATE OF DEATH

V 57

E 70766

Registered No. 15-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 West North Ave. St., Life Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edwin Guest

(a) Residence: No. 2936 West North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Rebecca Guest

6. DATE OF BIRTH (month, day, year) May, 25th 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	62	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paperhanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 45

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Richard Guest

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Virginia Taylor

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Alexander C. Guest
(Address) 3705 Oakmont Ave.

18. BURIAL, CREMATION OR REMOVAL Louis Hill Co. July 28th 1931
Funeral Home Joseph Cook

19. UNDERTAKER 403 N. Eutaw St.
(Address)

20. FILED JUL 27 1931 HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July, 25th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930 to July 25, 1931

I last saw h— alive on July 24, 1931, death is said to have occurred on the date stated above, at 10.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	about Aug 1930.
Other contributory causes of importance	

Name of operation Date of

What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Aikell M. D.

(Address) 4207 Frederick Ave.

information should be carefully supplied. (AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70767 — 48 V 70767

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 617 Claymont St. (Ward) 16-69
Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Elizabeth Murray Stone
(a) Residence: No. 617 Claymont St., Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 19 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) Emmitsburg Co
(State or country) Maryland

MOTHER

13. NAME Jane M. Moore
14. BIRTHPLACE (city or town) Md
(State or country)
15. MAIDEN NAME Lucy E. Cole
16. BIRTHPLACE (city or town) Md
(State or country)

FATHER

17. INFORMANT Mrs. Ann Conner
(Address) 617 Claymont St. Cor. Chatsworth Ave.
18. BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Date July 28 1931
19. UNDERTAKER Joseph L. Cook & Sons
(Address) 1003 E. Lafayette Ave.
20. FILED ___ 19___ ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1931
22. I HEREBY CERTIFY, That I attended deceased from June 22, 1929 to July 26, 1931 death is said to have occurred on the date stated above, at 3.30 P.m.
I last saw her alive on July 26 1931
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Body of uterus)	
Other contributory causes of importance:	
Cardiac failure	

Name of operation ___ Date of ___
What test confirmed diagnosis? ___ Was there an autopsy? No.

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___
Where did injury occur? ___
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ___
Manner of injury ___
Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Fred'k Smith M. D.
(Address) 11 E. Chase St

AGE should be carefully supplied. Information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70768 — CERTIFICATE OF DEATH — X V 175 — E 70768

1 PLACE OF DEATH Woman's Hospital — REGISTERED NO. 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) (Street)

2 FULL NAME Mary Helen Roloson

(a) RESIDENCE NO. Westminster, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 19 ds. How long in U. S., if of foreign birth? 16 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 16 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) Mfg Jewelry

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Govanstown, Md.

PARENTS

10 NAME OF FATHER Edwin B Roloson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilford Pa.

12 MAIDEN NAME OF MOTHER Katie P. Myers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Katie M Roloson

(Address) Westminster Md

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 15 , 1931 , to July 26 , 1931

that I last saw her alive on July 26 , 1931

and that death occurred, on the date stated above, at 8 00 A m.

The CAUSE OF DEATH* was as follows:

Puerperal peritonitis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

Where did disease contracted if not at place of death? Westminster, Md

Did operation precede death? No Date of July 25, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Marvin P. Johnson M D

7/26 1931 (Address) Woman's Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL Union Funk Cem — DATE OF BURIAL July 29 1931

19 UNDERTAKER Funk & Cook — ADDRESS 1003 Park Ave

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state information CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70769 — 53 V 70769

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital — 9-47

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Elwood H. Wilson. Elwood H. Wilson

(a) Residence: No. 3939 Frisby Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bertha Wilson

6. DATE OF BIRTH (month, day, year) July 28 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29 yrs	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James H Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Virginia Bottjer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT James H Wilson
(Address) 3939 Frisby St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 27 1931

19. UNDERTAKER Joseph B Cook
(Address) 1003 N Bath Street

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/24/1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6. 1931 to July 24 1931

I last saw him alive on Jul. 24. 1931 death is said to have occurred on the date stated above, at 10:30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar and Spinal Cord Tumor (Malignant) -	1923

Other contributory causes of importance:

Name of operation Decompression - Excis Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. H. Varney, M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107 70770

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Gorey

(a) RESIDENCE NO. California St Marys Co, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	colored	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 20

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jeminie Gorey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mane Gorey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/25/31

17

I HEREBY CERTIFY, That I attended deceased from 7-17 1931 to 7-25 1931

that I last saw him alive on 7-25 1931

and that death occurred, on the date stated above, at 8 12 P.M.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy Prostate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J Sayko M. D.

7/25 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns on N Morgan Rd. DATE OF BURIAL 7/27 1931

20 UNDERTAKER Richard F Thomas Jr. ADDRESS Ft Ja Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M.D.

JUL 27 1931

Spec.—9-30—A. & Co.—250 Blks.

70771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70771

1 PLACE OF DEATH Baltimore City Hospitals 7-24-31 REGISTERED NO

CITY OF BALTIMORE: (No ST (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helen Brown

(a) RESIDENCE NO 530 St. Mary's ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	27		13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER John Brown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Martha Jones
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed JUL 27 1931 19 C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24-31

17
I HEREBY CERTIFY, That I attended deceased from 6-16-31, 19, to 7-24-31, 19
that I last saw him alive on 7-24-31, 19
and that death occurred, on the date stated above, at 1:20 A. M.

The CAUSE OF DEATH* was as follows:
Nephritis, Chronic, with uremia.

(duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Uremia, Chronic
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Jas Shmeldz M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATORY OR REMOVAL	DATE OF BURIAL
Holt. Zion Cem	7-31 19

20 UNDERTAKER Samuel Wesley ADDRESS McCulloh

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-28—M. & T.—100 B—50L

70772

E 70772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 183

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2nd of Galloway ST. (WARD)

2-FULL NAME James E. Campbell.

(a) RESIDENCE No. 1220 Bank St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mitchell

6 DATE OF BIRTH (month, day, and year) June 15 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Janet Campbell

(Address) 1220 Bank St

15 Date JUL 27 1931 192 C. HAMILTON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) ... yrs ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? ...

(Signed) A. P. Kerrigan M. D. Coroner

July 26, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harford Road Holy Cross DATE OF BURIAL July 27 1931

20 UNDERTAKER M. W. E. Dupp Inc ADDRESS 37 Lamb

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

E 70773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70773

93-004

25-77

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4710 Curtis Ave, Curtis Bay ST., WARD)

2-FULL NAME Lottie Collins.(C)

(a) RESIDENCE NO Snow Hill A.A.Co.Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) Wife of Isaiah Collins.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	---	------	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER William Parker.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Charlotta -----(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Isaiah Collins.(C) husband.

(Address) Snow Hill, A.A.Co. Md.

15 Filed JUL 27 1931, 192 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocordiat Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leonhardt, M. D. Coroner

7/27 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	7/25/31

UNDERTAKER Isaiah L. Brown & Son ADDRESS 101 Montgom

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

70774

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70774

CERTIFICATE OF DEATH

X 82V001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) St. Agnes Hospital ST. 16-71 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Elizabeth Steffy.

(a) RESIDENCE NO. 3720 Edmondson Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): Aug. 1851

7 AGE: Years 79 | Months 11 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Littlestown Pa.

PARENTS

10 NAME OF FATHER: Martin Steffy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mt. Pleasant, Md.

12 MAIDEN NAME OF MOTHER: Mary Schilling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gettysburg Pa.

14 Interment: Joh. M. Steffy. (Address): 3720 Edmondson Ave

15 Filed ... 19... Registrar: Kyle. Registered ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-25-31

17 I HEREBY CERTIFY, That I attended deceased from July 23 , 19 31 , to July 25 , 19 31

that I last saw her alive on July 25 , 19 31

and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Littlestown, Pa.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs.

(Signed) H J Sanner 5 Augsburg M. D.

7-25-31, 19 (Address) St Agnes Hosp. Ctr.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Littlestown, Pa.

DATE OF BURIAL: 7/28 19 31

20 UNDERTAKER: Harry E Kuntzleman

ADDRESS: 1401 Edmondson Ave

JUL 27 1931 THOMAS JONES, M. D.

GE should be carefully supplied. AGE s
CAUSE OF DEATH in plain terms, so that it ma
TION is very important. See instructions on bac
information should be stated EXACTLY. PHYSICIANS should state
it may be properly classified. Exact statement of OCCUPA-
n back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70775

CERTIFICATE OF DEATH

1-PLACE OF DEATH Franklin Square Hospital 125

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 21-29 WARD)

REGISTERED NO. 70775

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Parker nee Louise Waldmann

(a) RESIDENCE NO. 1212 Washington Blvd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Parker

6 DATE OF BIRTH (month, day, and year): 1904

7 AGE: Years 27; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Wm C Waldmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Englert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Wm C Waldmann 1203 Cleveland St.

15 Filed C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 1931

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 25, 1931, that I last saw h[er] alive on July 25, 1931, and that death occurred, on the date stated above, at 10:30 P m.

The CAUSE OF DEATH* was as follows:

Acute yellow atrophy of liver

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Mt Schreiber M. D.

(Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk

DATE OF BURIAL: 7/28 1931

20 UNDERTAKER: Harry A. Lutz

ADDRESS: 4101 Edmondson Ave.

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 27 1931

1-30--M. & T.--100 B--50L

E 70776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-902
70776

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital WARD) 90-27

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Minerva E. Ziegler.

(a) RESIDENCE No. 7 N. Payson St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 8 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a If married, widowed, or divorced
(or) WIFE of Albert Ziegler.

6 DATE OF BIRTH (month, day, and year) November 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER James A. Campbell.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Gillian B. Fogle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant James A. Campbell (father)
(Address) 2 Link Ave. Arbutus, Md.

15 Filed JUL 27 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cardio vascular disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 7 N. Payson st.

Did an operation precede death? No. Date of

Was there an autopsy? Yes at Hospital.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M. Kendall, M. D. Coroner

7/29 1931 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: July 29 19 31

20 UNDERTAKER: W. Cook — ADDRESS: 1217 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 70777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001 164 E 70777

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST., 8-11 (WARD)

2-FULL NAME Edward T. Gernhart

(a) RESIDENCE NO. 2827 E. Chase St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Pauline Gernhart

6 DATE OF BIRTH (month, day, and year) March 15/97

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	4	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Photoengraver
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer Balto. News & American

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Gernhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Emma Ebens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Pauline Gernhart (wife)

(Address) 2827 E. Chase St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
Suicide-Kitchen Gas Range.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at residence

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Haas Coroner, M. D.

7/27/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 7/28 1931

20 UNDERTAKER William Cook — ADDRESS 1217 St. Paul

JUL 27 1931 HAMILTON JONES, M. D.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 70778

CERTIFICATE OF DEATH

92-001

Registered No. B 70778

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4006 W. Rogers Ave (Ward) 27-5

Length of residence in city or town where death occurred 70 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Victoria Taylor

(a) Residence: No. 4006 W. Rogers Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of George W. Taylor

6. DATE OF BIRTH (month, day, year) Mar 8th 1861

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
70	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James L. Welch

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Amelia Gambrall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Henry Dornhecker
(Address) 4006 W. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Nat Cem at Cemetery Date July 28th 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 27 1931 THOMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24 1931 to July 25 1931

I last saw her alive on 7/25 1931 death is said to have occurred on the date stated above, at 5:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Valv. Heart Disease duration of 10 yrs	6 wks

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Eichhorst M. D.

(Address) 2020 N. Charles

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

E 70779

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70779

CERTIFICATE OF DEATH

1002

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1521 E. Preston (St.) 8-13 (Ward)

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hannah F. Parr

(a) RESIDENCE No. 1521 E. Preston St. (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Chas. F. Parr

6 DATE OF BIRTH (month, day, and year): Aug. 3 1876

7 AGE — Years: 54 — Months: 11 — Days: 28 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Thos Emrey

11 BIRTHPLACE OF FATHER (city or town) (State or country): West Indies

12 MAIDEN NAME OF MOTHER: Maria Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Pauline C. Germain 237 McElderry St.

15 JUL 27 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 23/31

17 I HEREBY CERTIFY, That I attended deceased from May 6 1931 to July 23 1931

that I last saw her alive on July 23 1931

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH was as follows:

(a) Simple Anemia

(duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (secondary) Poor work + Insufficient food

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1636 Madison St.

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical test

(Signed) H. Walter M. D.

19 (Address) 745 E. Eager St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	July 27 1931
20 UNDERTAKER	ADDRESS
Mrs R. A. Elliott	237 Eastlake

Information should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

70780

HEALTH DEPARTMENT—CITY OF BALTIMORE

70780

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph Hospital ST. 9-17 WARD

REGISTERED NO. 56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mildred Kellogg

3. RESIDENCE NO. 6407 Beech Ave ST. WARD Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	7 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

8a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21st 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Roland Kellogg.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER H. N. Coburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Henrietta J. Dresch

(Address) 6404 Beech Ave

JUL 27 1931 15 C. HAMPSON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/31

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to July 26, 1931

that I last saw her alive on July 26, 1931

and that death occurred, on the date stated above, at 9.45 P. M.

The CAUSE OF DEATH* was as follows:

Acute Rheumatic Fever
Acute Pan-Carditis

(Duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac Dilatation

(Duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Saunders M. D.

19 Address Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	7/29 1931
20 UNDERTAKER Frederick Tarsahn & Son	ADDRESS 7401 Belair Rd.

AGE should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. ... that it may be properly classified. Exact statement of OCCUPA... CAUSE OF DEATH in plain terms, so that ... TION is very important. See instructions on back of certificate.

Spect.—9-30—A. & Co.—250 Blks

70781

HEALTH DEPARTMENT—CITY OF BALTIMORE

70781

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2106 Dobler Ave. 8-45 (St. or Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME RUDOLPH H. BREEBACK

(a) RESIDENCE NO. 2106 DOBLER AVE. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	WIDOWED

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of CATHERINE BREEBACK

6 DATE OF BIRTH (month, day, and year) MAY 9 1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work DAIRYMAN

(b) General nature of Industry, business, or establishment in which employed (or employer) RETIRED

(c) Name of employer

9 BIRTHPLACE (city or town) BALTO.
(State or country) MD.

PARENTS

10 NAME OF FATHER CARL BREEBACK

11 BIRTHPLACE OF FATHER (city or town) UNKNOWN
(State or country) GERMANY

12 MAIDEN NAME OF MOTHER UNKNOWN

13 BIRTHPLACE OF MOTHER (city or town) UNKNOWN
(State or country) GERMANY

14 Interment CHARLES BREEBACK
(Address) 3814 SOUTHERN AVE. BALTO

15 Filed JUL 27 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 7 1931 to July 25 1931

That I last saw h[illegible] alive on July 25 1931

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

1 Pneumonia Lobar

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) 2 Myocarditis

(Duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edw. J. Gunnemann M. D.

7/26/1931 (Address) 2858 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PARKWOOD CEMETERY	JULY 28 1931

20 UNDERTAKER Frederick Loudenslager & Son ADDRESS 1401 BEAM AVE

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

Mitchell

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70732 — 92-001 — V. 70732

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Clark Mitchell

(a) RESIDENCE NO. 206 E. 34th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. -- mos. -- da. How long in U. S., if of foreign birth? -- yrs. -- mos. -- da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Mullan

6 DATE OF BIRTH (month, day, and year) Feb. 28, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B. C. & A. Railway

9 BIRTHPLACE (city or town) (State or country) Aberdeen, Harford Co. Maryland

PARENTS

10 NAME OF FATHER John P. Mitchell

11 BIRTHPLACE OF FATHER (city or town) Harford Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mathilda H. Clark

13 BIRTHPLACE OF MOTHER (city or town) ------ (State or country) Delaware

14 Informant Wm. C. Mitchell

(Address) 2734 Maryland Avenue

15 Filed JUL 27 1931, 192 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism
Duration
Heart

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Mowbray, M. D. Coroner

7/26, 1931 (Address) 5672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	7/28 19 31

20 UNDERTAKER Henry H. Myers & Sons ADDRESS W. Calvert

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—d-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

File No. 70783 — 56 — File No. 70783

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 706 Springfield Avenue St. 27-47 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Edward Delouchrey White Jr.

(a) RESIDENCE No. 706 Springfield Avenue St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 5, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	25	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Messenger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Enoch Pratt Library

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Edward D. White

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Marie Saxton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Edward D. White
(Address): 706 Springfield Avenue

15 Filed ____, 19__ Registrar

JUL 27 1931 C. Hampton

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1 1931 to July 25 1931

That I last saw him alive on July 24 1931

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

1c. Staphylococcus aureus -
(Rheumatism). - Arterial
nos

(duration) yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): 1c. Staphylococcus aureus infection 8 days

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Carroll Pickard M. D.

July 26 31 (Address) 4 E Preston St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL 7/28 1931

20 UNDERTAKER: Henry U. Mears & Son — ADDRESS 805 N. Calvert

Spec.—9-30—A. & Co.—250 Blks.

70734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 27-43 WARD

REGISTERED NO. 70784
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clara B. Fuld

(a) RESIDENCE NO. 2916 Rookie Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Leon Fuld

6 DATE OF BIRTH (month, day, and year) Oct 15 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Frank Foreman
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md
12 MAIDEN NAME OF MOTHER: Sarah Wallace
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Hospital Records

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/26/31

17
I HEREBY CERTIFY, That I attended deceased from 7/25, 1931 to 7/26, 1931
That I last saw her alive on 7/26 1931
and that death occurred, on the date stated above, at 2 15 P m.
The CAUSE OF DEATH* was as follows:

Pregnancy —
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Acute carditis dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? Caesarean Section Date of 7/25/31
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) J Leyko M. D.
7/26 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 7/29 1931

20 UNDERTAKER: Henry W. Mears Sr. — ADDRESS: 802 W. Eager

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 70785

REGISTERED NO. C 70785

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Baltimore City Hospitals WARD) 6-77

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Brezezenski

(a) RESIDENCE NO. 4522 Curtis Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Oct. 26-1888

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Iron Moulder

(b) General nature of industry, business, or establishment in which employed (or employer): Car Shops

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Jadwiga Olejenczak 1630 Hazel St.

15 Filed JUL 27 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25. 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov. 26. 1930 to July 25 1931

That I last saw him alive on July 25 1931

and that death occurred, on the date stated above, at 2.30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) — (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? X-Ray - Autopsy

(Signed) Lawrence [illegible] M. D.

7/25 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross M&C — DATE OF BURIAL 7/28 1931

UNDERTAKER: Wm Fiallowsky ADDRESS 148 Eastern Ave

JUL 27 1931 — HAMPSON JONES, M. D. — Registrar

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

Schnitta

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70736 ✓

CERTIFICATE OF DEATH

191 E 70736

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 4345 Johnson St WARD)

2 FULL NAME Annie Schnitzler

(a) RESIDENCE NO. 1405 Edmondson WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John H Schnitzler

6 DATE OF BIRTH (month, day, and year) Sept 11 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment (in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Foertz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Ella Wyand (Address) 1405 Edmondson

15 Filed , 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25 31

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1931, to July 25, 1931

that I last saw her alive on July 25, 1931

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH was as follows:

Heat (Cerebral)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed) H. Fiedler M. D.

July 27 31 (Address) 3323 E Baltimore

(Specify the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL July 27 1931

ADDRESS 3323 E Balto St

UNDERTAKER J. A. Brown

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E-70787 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 70787

CERTIFICATE OF DEATH

108 ✓

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W. Barre St. 7-30 Ward)

Length of residence in city or town where death occurred 11 yrs. 11 mos. 27 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas (Attavio) Prestianni.

(a) Residence: No. 115 W. Barre St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 21 1919

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	11	11	27	4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Nunzio Prestianni

14. BIRTHPLACE (city or town) (State or country) Rome Italy

MOTHER

15. MAIDEN NAME Theresa Crispi-Iacullo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Theresa Prestianni

(Address) 115 W Barre

18. BURIAL, CREMATION, OR REMOVAL

Place Th Theodat Date July 28 1931

19. UNDERTAKER Fred J. Adamczyk

(Address) 603 S. Hanover St.

20. FILED JUL 27 1931 C. HAMPSON JONES, M. D. Registrar

BY ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/21 1931 to 7/25 1931

I last saw h alive on 7/25 1931 death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	7/17/31

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D.W. Trautman M. D.

(Address) 1717 W Lee

Spec.—9-30—A. & Co.—250 Blks.

✓ E 70783

70783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 Chestnut Hill Ave (St.) (Ward) 46

2 FULL NAME Edward H. Leonhardt

(a) RESIDENCE NO. 509 Chestnut Hill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Emma V. Leonhardt

6 DATE OF BIRTH (month, day, and year) July 3 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Wagon Builder

(b) General nature of industry, business, or establishment in which employed (or employer): 607

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Wm Leonhardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Clarkson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Emma V. Leonhardt 509 Chestnut Hill Ave

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

L 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/31

17 I HEREBY CERTIFY, That I attended deceased from May 1st 19 31 to July 25th 19 31

that I last saw h... alive on July 25th 19 31

and that death occurred, on the date stated above, at 5:30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Esophagus

— — (duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) — —

— (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? — — —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Elmer B Freeman M. D.

19 31 (Address) 807 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem'	July 28 19 31
UNDERTAKER: Harry W. Ellen	ADDRESS: 1210 Gorsuch

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70789

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 765 Linnard St 16-67 (WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Boy Tyler

(a) RESIDENCE NO. 765 Linnard ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residency in this or town where death occurred yrs. mos. d. 3 hrs How long in U. S., if of foreign birth? yrs. mos. 3 hrs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26-1931

7 AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Howard Tyler

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Nellie Lynch

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant (Address) Mother - Nellie Tyler 765 Linnard St

15 JUL 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26-31

17

I HEREBY CERTIFY, That I attended deceased from July 26 Y, 19 31, to July 26, 19 31

that I last saw h[illegible] alive on July 26, 19 31

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia - Acute
6 months 28 Days

(duration) yrs. mos. 3 dys.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Phy and

(Signed) Grant Peter Jones M. D.

19 (Address) 1726 Linnard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL 7-27 1931

UNDERTAKER Bernard C Stark — ADDRESS 1000 S Paca St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70790 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70790

1-PLACE OF DEATH Baltimore City Hospitals (Tbc.) 17-23

CITY OF BALTIMORE: (No) (ST) (WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Karl Bush

(a) RESIDENCE No 939 Pennsylvania ave. ST WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland Maryland

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed JUL 27 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 7, 1931, to July 26, 1931

that I last saw h im alive on July 26, 1931

and that death occurred, on the date stated above, at 5.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence A Kerr, M. D.

7-27 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore [illegible] DATE OF BURIAL 7/29/31

20 UNDERTAKER [illegible] ADDRESS [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70791 70791

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 865 W. Franklin ST. 18-26 WARD

REGISTERED NO. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary R. Gray

(a) RESIDENCE NO. 865 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Wm Gray

6 DATE OF BIRTH (month, day, and year) Sept 5-1893

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min
37	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Bath Me

PARENTS

10 NAME OF FATHER Eddie Welsh

11 BIRTHPLACE OF FATHER (City or town) (State or country) Bath Me

12 MAIDEN NAME OF MOTHER Hester Nash

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant (Address) Wm Gray (Husband) 865 W Franklin

15 Filed JUL 27 1931 C. P. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to July 26, 1931,

that I last saw h[illegible] alive on July 25, 1931,

and that death occurred, on the date stated above, at 8 a 9 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 ds

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? [illegible] Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 7/28/31

20 UNDERTAKER [illegible] ADDRESS [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 70792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 ✓ E 70792

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1031 Lewiston Ave ST. 27-55 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Russell Hill

(a) RESIDENCE NO. 1031 Lewiston Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 6" 1911

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Plumber's Helper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mr Snyder

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William L Hill

11 BIRTHPLACE OF FATHER (city or town) Carroll Co
(State or country) Md

12 MAIDEN NAME OF MOTHER Nancy Ann Taylor

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant William L Hill

(Address) 1031 Lewiston Ave

15 Filed 6/27 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Trauma (Accidental Fall)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Maryland Avenue

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.
Coroner

6/27 1931 (Address) 2432 Rockrose

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cem (Arcadia Mt)

DATE OF BURIAL July 28" 1931

20 UNDERTAKER Geo A Fisher & Son

ADDRESS 1003 N. Eutaw St

—WRITE PLAINLY, WITH UNFADING INK— mation should be carefully supplied. AGE s CAUSE OF DEATH in plain terms, so that it m TION is very important. See instructions on b

Spec.—9-30—A. & Co.—250 Blks

E 70793

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70793

CERTIFICATE OF DEATH

94-001

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1313 Hollins St. 18 Ward 29

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E Burt

(a) RESIDENCE NO. 1313 Hollins ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm A Burt

6 DATE OF BIRTH (month, day, and year) Feb 20 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	55	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Nicholas Magee
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER —
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs Wm Hadyen 2216 N Fremont

15 Filed 7-28-1931 C. HAMPSON JONES, M. D. Registrar
By —

L 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1931

17
I HEREBY CERTIFY, That I attended deceased from July 19, 1931, to July 25, 1931
that I last saw h[illegible] alive on July 25, 1931
and that death occurred, on the date stated above, at 5 P. M.
The CAUSE OF DEATH* was as follows:

Acute Angina - Cerebral Hemorrhage

(duration) yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary) None
(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam

(Signed) John Hopkins M. D.
7-27-1931 (Address) 855 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
Pt Lotus Cem 7/28 1931

20 UNDERTAKER — ADDRESS
Forge & Stanley Fulton Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70794 70794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE (No. Marlborough St. Ward 20)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Freeman

(Residence in Baltimore: No. Marlborough St. Extended St.; yrs. ..; mos. ..; ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

6-DATE OF BIRTH: June 6 (Month) (Day) 1864 (Year)

7-AGE: 67 yrs. 1 mos. 22 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Shoemaker
(b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or Country): Balto Md

PARENTS

10-NAME OF FATHER: Simon Freeman

11-BIRTHPLACE OF FATHER (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Rosetta Hartman

13-BIRTHPLACE OF MOTHER (State or Country): Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. J. Seger

(Address) Marlborough St. 3rd

15- JUL 27 1931

C. HAMPSON JONES, M. D.
Registrar.

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: July (Month) 26 (Day) 1931 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Coroner (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) Suddenly

CONTRIBUTORY (Secondary) ..... Duration ..... yrs. ..... mos. ..... ds.

(Signed) ..... M. D.

July 26 1931 (Address) (Coroner) Coroner

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: July 29 1931

20-UNDERTAKER: J. Ahrensdorf ADDRESS: 2432 Eastern Ave

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-23-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70795

CERTIFICATE OF DEATH

11-001 ✓

E 70795

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 N Durham ST.) 8-17 (WARD)

2—FULL NAME Margaret Lurz

(a) RESIDENCE NO. 1808 N Durham ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 8/5/1862

7 AGE — Years: 68 | Months: 11 | Days: 20 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: George Lurz

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Sophia Lurz

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Mrs Pauline Edelmann
(Address) 1808 N. Durham St

15 Filed JUL 27 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JUL 25 1931

17 I HEREBY CERTIFY, That I attended deceased from JUL 21 1931, 19 to JUL 24 1931, 19
that I last saw h alive on JUL 24 1931, 19
and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchopneumonia

(duration) X yrs. X mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Gastro-Intestinal Influenza (duration) X yrs. X mos. 7 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elliott Duker M. D.

(Address) 928 E. North Ave

JUL 27 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: 7/28/31

20 UNDERTAKER: Geo. J. Ruth Inc. — ADDRESS: 1735 Hanover

JUL 27 1931

Be sure cause of death is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 70796

122-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph Hospt. (St.) 10-4 (Ward)

2 FULL NAME Leonard Gissel

(a) RESIDENCE NO. 1205- Holbrook St. WARD

(If non-resident give city or town and State)

Length of residence in City or Town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine L Behn

6 DATE OF BIRTH (month, day, and year) 9/26/1862

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elsenor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Catherine Behn 1205 Holbrook St.

15 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25-31

17 I HEREBY CERTIFY, That I attended deceased from July 23 1931, to July 25 1931

That I last saw alive on July 25 1931

and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

Undetermined cellulitis of scrotum — bilateral inguinal hernia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hernia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-23-31.

Was there an autopsy? No. (over)

What test confirmed diagnosis? Operation

(Signed) N M Kennedy M. D.

19 Address St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. DATE OF BURIAL 7/28/31

20 UNDERTAKER Emory J. Tuttle & Son ADDRESS 1735 Harford Ave

L 27 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70797 — 2435 — 93-003 — Registered No. 70797

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2404 Loraday St. (Ward) 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie H. Pinckard

(a) Residence: No. 2404 Loraday St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas H. Pinckard

6. DATE OF BIRTH (month, day, year) Nov. 7, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Jesse Hurst

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Cinthia Whitesell

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT H. L. Pinckard

(Address) 2404 Loraday St

18. BURIAL, CREMATION, OR REMOVAL White Stone Interred Ga Date July 29, 1931

19. UNDERTAKER Hilburn Cook

(Address) 1210 N. Carey St

20. FILED ..... 19..... C. HAMPSON JONES, M. D. Registrar

July 29

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1931 to July 27, 1931

I last saw h[illegible] alive on July 26, 1931 death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Several years

Other contributory causes of importance:

Cardiac decompensation	3 mos.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. M. Shaw, M. D.

(Address) 2433 Maryland Ave

E—WRITE PLAINLY, with pen and ink. AGE should be carefully supplied. All information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A C—200 Blks.

E 70793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

127 E 70793

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home Infirmary) Ward 5-40

2-FULL NAME Peter Holmdahl

(a) RESIDENCE NO. 3201 Fyndale Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Minnie L Holmdahl

6 DATE OF BIRTH (month, day, and year): Aug 26, 1869

7 AGE

Years	Months	Days	IF LESS than 1 day hrs. or min.
61 62	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Sweden

PARENTS

10 NAME OF FATHER: Olof Holmdahl

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Sweden

12 MAIDEN NAME OF MOTHER: Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Sweden

14 Informant (Address): Minnie L Holmdahl 3201 Fyndale Ave

C. H. JAMESON JONES, M. D.
Registrar

L 27 1931

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): July 26, 1931 19

16 I HEREBY CERTIFY, That I attended deceased from July 17 1931 to July 26 1931, that I last saw h[illegible] alive on July 26 1931, and that death occurred, on the date stated above, at 11½ a. m.

The CAUSE OF DEATH* was as follows: Acute Cholecystitis with Perforation

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (secondary) Streptococcus Cutaneus Septicemia + Bronchopneumonia

(duration) yrs. mos. 7 ds.

17 Where was disease contracted (if not at place of death)

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood culture + Autopsy

(signed) Vernon H Norwood, M. D.

7/27, 1931 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

Date of Burial: 7/29 19 31

20 UNDERTAKER: J M Cook

ADDRESS: 2120 Eutaw

IT—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every Item of Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9 30—A & Co—250 Blks

70799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

70799

1 PLACE OF DEATH Good Shepherd Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-21 St.) (Ward)

2 FULL NAME Sarah Miner

(a) RESIDENCE No. 611 Cumberland St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: A. A.

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wesley Miner

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: 47 — Years — Months — Days — If LESS than 1 day, hrs. or mln.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

070

9 BIRTHPLACE (city or town) (State or country): St. Mary's Co Maryland

PARENTS

10 NAME OF FATHER: Charles Carroll

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Amie Garden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): James Carroll 611 Cumberland St.

15 [illegible] G. HAMPSON JONES, M. D.

JUL 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25, 31

17 I HEREBY CERTIFY, That I attended deceased from 7/14, 1931, to 7/25, 1931, that I last saw h[illegible] alive on 7/25, 1931, and that death occurred, on the date stated above, at 12:30 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis ?

Pellagra ?

(Duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson M. D.

(Address) Good Shepherd Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters cemetery — DATE OF BURIAL: July 28 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 130 Preston St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 70300

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70300

CERTIFICATE OF DEATH

97

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1229 W Cross ST. 21-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Maria Albers

(a) RESIDENCE NO. 1229 W Cross ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 11-1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Anna Moore

(Address) 1229 W Cross St

15 Filed: 18

C. HAMPSON JONES, M. D.
C. S. L. Registrar

L 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25/31

17 I HEREBY CERTIFY, That I attended deceased from April 15 1931 to July 25 1931

that I last saw h[illegible] alive on July 24 1931

and that death occurred, on the date stated above, at 2:30 A m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

CONTRIBUTORY (Secondary) Pulmonary Congestion (duration) 3 yrs mos. ds. (duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Gen

(Signed) Jno Ehrlich, M. D.

July 26, 1931 (Address) 621 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	July 28 1931
20 UNDERTAKER	**ADDRESS**
John L. Miller	1135 E Oliver

IMPORTANT—Should be carefully filled out and properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30--M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70801

209 E 70801

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST. 20-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas J. Flynn

(a) RESIDENCE NO 3801 Edmonson Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bridget McHale

6 DATE OF BIRTH (month, day, and year) Dec. 20, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) County Mayo Ireland

PARENTS

10 NAME OF FATHER Michael Flynn

11 BIRTHPLACE OF FATHER (city or town) Co. Mayo (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen Hughes

13 BIRTHPLACE OF MOTHER (city or town) Co. Mayo (State or country) Ireland

14 Informant Nellie Flynn

(Address) 3801 Edmonson Ave.

15 Filed JUL 28 1931 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 25, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by street car-accident

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Shock and terminal pneumonia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Broadway & Baltimore St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? --

(Signed) Guy H. Cromwell, M. D. Coroner

7/27 19 31 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL July 28 19 31

20 UNDERTAKER Margaret E. Flynn ADDRESS 1411 Light St.

S. H.—WRITE PLAINLY, WITH UNFADING INK—THIS INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 70802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70802

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. West Butler Ave Hosp ST. 16-68 WARD

2-FULL NAME Anna Hartzell

(a) RESIDENCE NO. 48 Zara St Pittsburgh Pa. WARD

(Usual place of abode)

(If non-resident give city or town and State)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4 hours

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Standard Baker
(b) General nature of industry, business, or establishment in which employed (or employer) Own
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Butler Co Pa.

PARENTS

10 NAME OF FATHER Not Known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Butler Co Pa

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Butler Co Pa

14 Informant Arthur Rodeneser

(Address) 300 N. Highland Ave Pittsburgh Pa

15 Filed JUL 28 1931 192 C. HANSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 27th 1931

17 * I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hartzwell Bakery

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) A. C. Finch, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pittsburgh Pa	July 28 1931
20 UNDERTAKER	ADDRESS
John O. Mitchell & Sons	9 Penn Ave.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119 E 70803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 Brisco. St.) 21-31 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna Elizabeth Hampton

(a) RESIDENCE NO. 1209 Brisco St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Oct 28 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	30 29	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Joseph H. Hampton

11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12. MAIDEN NAME OF MOTHER: Evelyn Winkler

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14. Informant (Address): Evelyn Hampton 1209 Brisco St

15. [illegible] HAMPTON JONES, M. D. Registrar

JUL 28 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 27/31

17. I HEREBY CERTIFY, That I attended deceased from 7/25/31 to 7/27/31

that I last saw [illegible] alive on 7/27/31

and that death occurred, on the date stated above, at 10.20 P. M.

The CAUSE OF DEATH was as follows: Enteritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (secondary): Mal Nutrition

(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theodore Davis M. D.

(Address) [illegible]

*Cause (1) Disease Causing Death, or in deaths from Violent Causes State (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 7-29 1931

20. UNDERTAKER: Bernard C Harke

ADDRESS: 1000 S Paca St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70804

CERTIFICATE OF DEATH

93-003 70804

1 PLACE OF DEATH Baltimore City Hospitals ST. 17-26 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME William H. Harrison

(a) RESIDENCE NO. 737 W. Fayette St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Annie Wolach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ..., 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-24-31

17

I HEREBY CERTIFY, That I attended deceased from 6-12-31, 19..., to 7-24-31, 19...

That I last saw him alive on 7-24-31, 19...

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, General
myocarditis, Chronic
kidneys (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jos. Schwalbe Jr. M. D.

, 19... (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: JUL 2 1931

20 UNDERTAKER

ADDRESS

Commissioner of Health.

JUL 28 1931 HAMILTON JONES M. D.

(Over)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70805

CERTIFICATE OF DEATH

E 70805

1 PLACE OF DEATH Baltimore City Hospitals 14-20 (WARD) 93-003 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: I NO

2 FULL NAME George Sharp

(a) RESIDENCE NO 1405 Druid Hill Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Sharp

6 DATE OF BIRTH (month, day, and year) June 3, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER James Sharps

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of

(Address) Balto. City Hosp.

15 JUL 28 1931 C. HARVEY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-22-31

17

I HEREBY CERTIFY, That I attended deceased from 4-1-30, 19 to 7-22-31, 19

that I last saw h im alive on 7-22-31, 19

and that death occurred, on the date stated above, at 4:20 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jos. Shreve M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL JUL 2, 1931

20 UNDERTAKER Commissioner Health. — ADDRESS

Per

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Rper.—9-30—A. & Co.—250 Blks

E 70800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

E 70806

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Benj Bernstein

(a) RESIDENCE NO. Levindale. Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1855

7 AGE: Years 73 Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isaac Bernstein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Mrs Sarah Berkstein 1804 N Smallwood st

15 Filed JUL 28 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/27/31

17

I HEREBY CERTIFY, That I attended deceased from 7/3/31, 19 to 7/27/31, 19

that I last saw h[illegible] alive on 7/27/31, 19

and that death occurred, on the date stated above, at 3:10 P. M.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

Cancer Ileum

~~Carcinoma Sigmoid~~

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Carcinoma Sigmoid

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis? Cancer + Operation

(Signed) I. E. Goodman M. D.

7/28 19 31 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Rosedale

DATE OF BURIAL: 7/28 19 31

UNDERTAKER: Jos Grinsom + Bro

ADDRESS 1127 E Baltimore St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

250031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70807 X 124-001 70807

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Dennick

(a) RESIDENCE NO. 5 Township Rd Dundalk WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 1 mos. / ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor

6 DATE OF BIRTH (month, day, and year) Sept 11 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Heater do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Eastern Rolling Mills

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Phillip Dennick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger

12 MAIDEN NAME OF MOTHER Eliz Kriser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

JUL 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26-1931

17

I HEREBY CERTIFY, That I attended deceased from June 26, 1931 to July 26 19 31

that I last saw him alive on July 26, 19 31

and that death occurred, on the date stated above, at 2 34 P. M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver. Ascites

Haemmatemesis, oesophageal Varices.

(Duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Kidneys Retention

(Duration) yrs. mos. 25 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) Benj. M. Baker, Jr. M. D.

(Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL July 28 1931

UNDERTAKER John Ulrich

ADDRESS 2008 Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-12-23—3,61—500 Mts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70803 — 92-001 — 70803

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 701 — 10 Wy. Ave. ST. Brooklyn 25-75 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert W. Tucker

(a) RESIDENCE NO. 4017 — 10 Wy. Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alice Tucker

6 DATE OF BIRTH (month, day, and year): Dec 15th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Richard Tucker

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Alice Forrest

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant: Chas L. Tucker

(Address) 4017 Tenth St Brooklyn

15 [illegible] 19 [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6 1931, to July 26 1931, that I last saw him alive on July 26 1931 and that death occurred, on the date stated above, at 11:59 m.

The CAUSE OF DEATH* was as follows: Aortic Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm H Leath, M. D.

(Address) 48, S. Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem — DATE OF BURIAL: July 28 1931

20 UNDERTAKER: E Schlosman & Son — ADDRESS: 1039 Hanover

JUL 28 1931

E. HAMPTON JONES, M. D.

Registrar

mation should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 1-31 2100

Sarah Dickerson

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70309

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 Fulton St. 11th Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Sarah Dickerson

(a) Residence: No. 239 Fulton St. Ward

(If non-resident give city or town and State)

(If usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1896

7. AGE: Years 35 | Months | Days | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt. Md.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs. Fields

(Address): Family neighbor.

18. BURIAL, CREMATION, OR REMOVAL

Place: Johnson Gen Date: 7-28 1931

19. UNDERTAKER: Dorsey Parker.

(Address): 916 Pine Ave.

20. FILED: JUL 28 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931 to July 26, 1931

I last saw her alive on July 25, 1931 death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Phthisis.	
Other contributory causes of importance:	

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. N. Hamilton M. D.

(Address) 1775 Eutaw Pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 70310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82609 E 70310

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-4th WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Dugan

(a) RESIDENCE NO. Preston + Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: About 73 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None · 0d

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Dugan

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Ellen Reardon

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Little Sisters of the Poor (Address) Preston + Valley St

15 Filed JUL 28 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from 7/24, 1931 to 7/27, 1931.

that I last saw h alive on 7/26, 1931.

and that death occurred, on the date stated above, at 4.30 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Wolff M. D.

7/28, 1931 (Address) 1216 N Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: July 29 1931

20 UNDERTAKER: Rita Wiedefeld — ADDRESS: 914 Greenmount Ave

JUL 28 1931

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A Co.—250 Blks

E 70811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70811

CERTIFICATE OF DEATH

50V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 S. Potomac St. 12 WARD 1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotta M. Dressel

(a) RESIDENCE NO. 111 S. Potomac St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15 83

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Geo. Dressel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Fredericka Kimmel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Howard Dressel
(Address): 111 S. Potomac St.

15 Filed 28 1931, 19 — C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 12 30 to July 25 1931, that I last saw h[e] alive on July 25 1931, and that death occurred, on the date stated above, at 4 40 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast
One (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Genel misletuse (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J K Knott Insley M. D.
(Address) 1731 E. Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	7/29 1931
20 UNDERTAKER	ADDRESS
Philip Herwig	2016 Orleans

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—B 30—A. & Co.—250 Blks.

E 70312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70312

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 2624 E. Madison St. 7-17 WARD)

2. FULL NAME Margaret M. Schmidt

(a) RESIDENCE NO. 2624 E. Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Late Fred. F. W. Schmidt

6 DATE OF BIRTH (month, day, and year): Feb 21 56

7 AGE — Years: 75 — Months: 6 — Days: 4 — If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Butte

PARENTS

10 NAME OF FATHER: John Lindenberger

11 BIRTHPLACE OF FATHER (City or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Pa.

14 Informant: Mrs Fred. Hoppe

(Address): 2626 Madison St

JUL 28 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 25 31

17 I HEREBY CERTIFY, That I attended deceased from July 25 19 31 to July 25 19 31 (that I last saw h[illegible] alive on July 25 19 31) and that death occurred, on the date stated above, at 7 22 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis.

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Louis Krauz M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity

DATE OF BURIAL: 7/28 1931

20 UNDERTAKER: Wilh. Herwig 2016

ADDRESS: Orleans

Information should be carefully supplied. ACCURATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70813

CERTIFICATE OF DEATH

93-004

10-14

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George A. Phillips

(a) RESIDENCE NO 1134 Homewood Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Susan Philips

6 DATE OF BIRTH (month, day, and year) Dec 26/ 50

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	60	7	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blacksmith & Wagon Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Nashville, Tenn

PARENTS

10 NAME OF FATHER Thad Phillips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Wm. Cook

(Address) 1117 St. Paul St

15 Filed _____, 192 H. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(Fell at Work)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 900 Block Homewood Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

7/28/31 19 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Richmond Va	7/28 19 31
20 UNDERTAKER	ADDRESS
H M Cook	1217 St Paul

N.B.—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5 31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~F 70314~~ 119 F 70814

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ref Md Hosp St. 4 W 30 Ward)

Length of residence in city or town where death occurred yrs 5 mos 8 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Samuel Eleazer Lewis

(a) Residence: No. Easton Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7 30

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER FATHER

13. NAME Samuel Lewis
14. BIRTHPLACE (city or town) (State or country) Talbot Co Md
15. MAIDEN NAME Emma Collins
16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Lillian Lewis
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Easton Md Date July 28 19 31

19. UNDERTAKER
(Address) 2 E 5 E Lanvale St

JUL 28 1931 19 FH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27. 31

22. I HEREBY CERTIFY, That I attended deceased from July 14 1931, to July 27 1931
I last saw h alive on July 27 1931 death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance were as follows:

Undernutrition and diarrhea - acute — Date of onset 7/1

Other contributory causes of importance:

Rickets ?

Name of operation None Date of
What test confirmed diagnosis? ? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Manning Jones M. D.
(Address) University Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70315

CERTIFICATE OF DEATH

+ 70-001

E 70315

1—PLACE OF DEATH Md Gen. Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George R. Tauber

(a) RESIDENCE NO. 284 St. Helen. (Usual place of abode) STREET OR AVENUE Aberdeen Road (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 14 1919

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	2	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Albert Tauber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Barbara Babtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Hospital records

(Address)

15 Filed JUL 28 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26 1931

17 I HEREBY CERTIFY, That I attended deceased from July 23 1931 to July 26 1931

that I last saw h alive on July 26 1931

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Peritonitis hemorrhagicum.

(duration) yrs about 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical.

(Signed) [illegible] M. D.

7/26/31 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	July 29th 1931
20 UNDERTAKER	ADDRESS
Lilly & Zeiler Sons	4000 Wash Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

250783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70816

CERTIFICATE OF DEATH

119 V

E 70816

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 2nd WARD)

2 FULL NAME George Schultz

(a) RESIDENCE NO. 616 S Chapel ST. 2 WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. 5 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27-1931

7 AGE — Years: — Months: 5 mo. Days: 27 If LESS than 1 day ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): boy

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Otto Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Mary Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed JUL 28 1931 10 C. H. E. JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 24-1931

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to July 24, 1931

That I last saw h imp alive on July 24, 1931

and that death occurred, on the date stated above, at 7 05 p m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Diarrhea & enteritis

under 2 yrs of age (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Dan'l Leiter M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Malhair Cemetery — DATE OF BURIAL: July 28 1931

20 UNDERTAKER: Lilly & Sister Bros. — ADDRESS: 1438 W. Lafayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

E 70817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70817 Ha Todd

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Mason St., (Dist.) Ward) 11-27-00

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Elisabetta Cassa.

(a) Residence: No. 305 S. Mason St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Thos. Cassa

6. DATE OF BIRTH (month, day, year) Mch 27 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Holdan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Wright Daughter
(Address) 305 S. Mason St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date July 29. 1931

19. UNDERTAKER Libby & Zuill Inc.
(Address) 409 St Paul St.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26. 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1st. 1931. to July 25. 1931.

I last saw h.. alive on July 25. 1931. death is said to have occurred on the date stated above, at 2.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Adam Tod, M. D.

(Address) 416 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-36—A. & Co.—250 Blks.

E 70316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-0 E 70313

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-54 Ward)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eva Schapiro

(a) RESIDENCE No. 3525 Reisterstown Rd. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Wht	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Aaron Schapiro

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	(68)			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Russia,

PARENTS
10 NAME OF FATHER Aaron Bachrach
11 BIRTHPLACE OF FATHER (City or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant Aaron Shapiro
(Address) 3525 Reisterstown Road

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1931

17
I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to July 27, 1931
that I last saw her alive on July 27, 1931
and that death occurred, on the date stated above, at 12:30 P.M.
The CAUSE OF DEATH* was as follows:
Intestinal Obstruction

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pneumonia - Bronchial -
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. E. Goodman M. D.
, 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sinai Cemetery	7-29-31
20 UNDERTAKER Inc. and Sons 1339 E Balto St	ADDRESS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 29 1931 H. HAMPSON JONES, M. D.

Spec.—8-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70819 — CERTIFICATE OF DEATH — 131 — E 70819

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp ST. 7-13 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Albert R Michton

(a) RESIDENCE NO. 620 Ridge St. Charlottesville, Va
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Michton

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant 25 0 25

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10. NAME OF FATHER Wm. Michton

11. BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14. Informant ... (Address) 1439 E Balto St

15. Filed ... 19 ... HAMPTON JONES, M. D. Registrar

JUL 28 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 28/31

17. I HEREBY CERTIFY, That I attended deceased from July 22 1931, to July 28 1931

that I last saw him alive on July 28 1931

and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows

Chr. Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Milton B Marsh M. D.

19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dyth St Cloth Cem.	7-28 19 31

20. UNDERTAKER Sinai Reuse Inc. ADDRESS 1439 E Balto

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70820

CERTIFICATE OF DEATH

6-9-59

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 121 N. Bond (St.) (Ward)

REGISTERED No. E 70820

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Irma Lipsman

(a) RESIDENCE No. 121 N. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Lipsman

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Israel —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Zamir —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Lipsman (Son)

(Address) 121 N. Bond St

15 JUL 28 1931 HAYDEN JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25-31

17

I HEREBY CERTIFY, That I attended deceased from April 15 1931 to July 28 1931

that I last saw h Er alive on June 15 1931

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cardio-vascular hypertension disease Diabetes mellitus

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Theodore Sherry M. D.

, 19 (Address) 600 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Levi Washington Road	7-28 1931
20 UNDERTAKER Isaac Levi	ADDRESS E Balto

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—4-10-21—MAT—1500 Blks.

E 70821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

E 70821

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 7727 Beaufort Av (ST.) 27-56 (WARD)

2-FULL NAME Albert Morgan Bowen Jr.

(a) RESIDENCE NO. 7727 Beaufort Av ST. WARD

(Usual place of abode) Lived 15 Months

Length of residence in city or town where death occurred yrs mos da. How long in U. S., if of foreign birth? yrs mos da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Albert Morgan Bowen Jr.

6 DATE OF BIRTH (month, day, and year): July 27 31

7 AGE — Years | Months | Days | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ——

(b) General nature of industry, business, or establishment in which employed (or employer): ——

(c) Name of employer: ——

9 BIRTHPLACE (city or town) (State or country): Baltimore City

PARENTS

10 NAME OF FATHER: Albert Morgan Bowen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Myrtle M Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant (Address): Albert M Bowen 7727 Beaufort Ave

15 Filed JUL 28 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1931

17 I HEREBY CERTIFY, That I attended deceased from July 11 31, 19 , to July 27, 19 31, that I last saw h alive on July 27, 19 31, and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

9 months Twins.
Prematurity

(duration) yrs mos 10 months da.

CONTRIBUTORY (Secondary): Abortion of Mother

(duration) yrs. mos 14 da.

18 Where was disease contracted if not at place of death? 7727 Beaufort Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Gross & Microscopic

(Signed) J Noble Hood M. D.

(Address) 6912 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forman Chapel Cemetery — DATE OF BURIAL: July 28 1931

20 UNDERTAKER: Carlton & Md — ADDRESS: John F Denny 715 Eutaw St

JUL 28 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0 30—A. & Co.—250 Blks

70822 E 70822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) 25 REGISTERED NO.

CITY OF BALTIMORE: (No. 7-13 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Geraldine Hebron

(a) RESIDENCE NO. 1612 Milliman st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Leon Hebron

6 DATE OF BIRTH (month, day, and year) Aug. 14, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Sparrows Point Maryland

PARENTS
10 NAME OF FATHER Chas. Braxton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Mary Holmes
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed JUL 28 1931 C. HAMPSON JONES, M.D. Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1931

17
I HEREBY CERTIFY, That I attended deceased from June 4, 1931 to July 27, 1931
that I last saw her alive on July 27, 1931
and that death occurred, on the date stated above, at 7.20 A.M.
The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

(duration) yrs. 4 mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Lawrence H. Sterne M. D.
7-27 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: 7 30 1931
20 UNDERTAKER: Jas M Shumeo — ADDRESS: 1625 E. Mad

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 70823

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 6514 St. Helena Ave STREET) WARD 36

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna C. Cawley

(a) RESIDENCE NO. 6514 St. Helena Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James J. Cawley

6 DATE OF BIRTH (month, day, and year): July 6-1865

7 AGE: Years 66 | Months July | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ?
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Patrick Moran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Cath. Calvert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant (Address): Miss Anna Cawley 6514 St. Helena Ave

UL 26 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26-31

17
I HEREBY CERTIFY, That I attended deceased from July 20th, 1931, to July 26th, 1931

that I last saw her alive on July 26th, 1931

and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal disease with Hypertension

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if out of place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Lab. Exam.

(Signed) Amos Gentry M. D.

19 (Address) Brooklyn, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: July 30, 19 31

20 UNDERTAKER: J. A. Moran

ADDRESS: 3811 Eastern Ave Balto.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

70824 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

160 ✓ 70824

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St Agnes Hospital, 18-29 WARD)

REGISTERED NO. 70824

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Raymond E. Talley

(a) RESIDENCE NO. 855½ W. Lombard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Raymond

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Raymond Talley 855 W. Lombard St

15 [illegible] 28 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-27-31

17

I HEREBY CERTIFY, That I attended deceased from 7-25, 1931, to 7-27, 1931

that I last saw him alive on 7-27, 1931

and that death occurred, on the date stated above, at 11 40 a. m.

The CAUSE OF DEATH* was as follows:

Subtentorial Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at birth

Did an operation precede death? Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) St Agnes Hospital Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 1931 2 1931

20 UNDERTAKER

ADDRESS

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M.D. Director of Vital Statistics

UNIVERSITY OF MARYLAND

Spec.—9-30—A. & Co.—250 Blks

70825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59. 70825

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 626 W. Lafayette Ave ST 14-20 WARD) Baby Golden

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Premature birth 6½ hrs.

(a) RESIDENCE No 626 W. Lafayette Ave ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred Yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 26, 1931

7 AGE — Years — Months — Days — If LESS than 1 day 6½ hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Jennie Bryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) 626 W. Lafayette Ave

JUL 28 1931

C. HAMPSON JONES, M. D.
Registrar

Dat 6018

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1931

17:

I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to July 26, 1931

That I last saw h alive on July 26, 1931

and that death occurred, on the date stated above, at 7 A. M.

The CAUSE OF DEATH* was as follows:

Premature birth 6½ hrs.

6 hrs.
(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. M. Pettigrew M. D.

, 19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL JUL 2 1931

20 UNDERTAKER — ADDRESS

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks.

70326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70326

131

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hospital 2616 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Capt. Jacob. Rupp.

(a) RESIDENCE NO. 2536 W. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 6 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Captain
(b) General nature of industry, business, or establishment in which employed (or employer): of Baltimore City
(c) Name of employer: Fire Department

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Jacob Rupp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Sarah A. Keller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Westminster Md

14 Informant: Miss S. Margaret Rupp
(Address) 2536 W. Baltimore St

15 Filed . 19 C. HERBERT JONES, II Registrar.

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-27-31

17
I HEREBY CERTIFY, That I attended deceased from 7-11 , 1931 , to 7-27 , 1931
that I last saw him alive on 7-27 , 1931
and that death occurred, on the date stated above, at 4:00 P. m.

The CAUSE OF DEATH* was as follows:
Chronic nephritis & edema.
Chronic myocarditis
Benign hypertrophy prostate
(duration) 4 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Edema of the lungs.
(duration) 0 yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? home.
Did an operation precede death? NO Date of 0
Was there an autopsy? NO
What test confirmed diagnosis? clinically & laboratory

7/27 1931 (Signed) Andres G. Calas M.D.
(Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: July 30 31

20 UNDERTAKER: Jos B Cook — ADDRESS: 103 N Bals St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 70827

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) 8-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St.) (WARD)

2 FULL NAME Phillip Whittle

(a) RESIDENCE NO. 1903 N. Castle st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1889 Jan 1

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Thomas H. Whittle

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Susie Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hospital Records

15 Filed 7-28 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9 1930 to July 28 1931

That I last saw him alive on July 28 1931

and that death occurred, on the date stated above, at 11.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence A Serra M. D.

7-28 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Vault

DATE OF BURIAL: 7/30 1931

20 UNDERTAKER: Frederick Lassahn & Co.

ADDRESS: 7401 Belair Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

2-50817
2-70828

HEALTH DEPARTMENT—CITY OF BALTIMORE

70828

CERTIFICATE OF DEATH.

X154

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Erwin Drake

(a) RESIDENCE No. 6519 Forrest ave St. Ward Hammond Ind
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 030

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): N H.

PARENTS

10 NAME OF FATHER Erwin Drake

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.H.

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N H.

14 Interment (Address): Records JOHNS HOPKINS HOSPITAL

UL 28 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July-27-1931

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to July 27, 1931

that I last saw him alive on July 27, 1931

and that death occurred, on the date stated above, at 9-35 p m.

The CAUSE OF DEATH* was as follows:

Brain Abscess Right Frontal lobe
Meningitis staphylococcus

(duration) yrs. mos. 14 da.

CONTRIBUTORY (Secondary) osteomyelitis left orbit

(duration) yrs. 1 mos. 14 da.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of 7-26 3 days

Was there an autopsy? Brain - yes

What test confirmed diagnosis? operation

(Signed) Fred W Geil M. D.

19 Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Elizabeth N. J.	July 28 19 31

20 UNDERTAKER ADDRESS

John C. Miller 2035 E. Oliver

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

70829 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82 16 70829

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St. 21-29 Ward)

2 FULL NAME Agnes Fiorentino

(a) RESIDENCE No. 1311 (Usual place of abode) James St. St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Fiorentino

6 DATE OF BIRTH (month, day, and year) June 4th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Henry Fiorentino

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Interment (Address): Hospital Record

15 Filed JUL 29 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-31

17

I HEREBY CERTIFY, That I attended deceased from 7-17, 1931 to 7-28, 1931

that I last saw h[illegible] alive on 7-28, 1931

and that death occurred, on the date stated above, at 1 55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Seyko M. D.

7/30/1931 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 7/30/1931

20 UNDERTAKER: Wm. Cook — ADDRESS: 1217 St. Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

Dr Sattler 2435 Mid Ave Zone 6440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70330

87-001

87-70330

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 E. 24th 12-50 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abram C Atler

(a) Residence: No. 112 E. 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Anna M. Atler

6. DATE OF BIRTH (month, day, year) Jan 24th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist 26

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davison Chemical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Abram C. Atler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Cromwell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Anna M. Atler 112 E. 24th St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date 7/30/1931

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

JUL 28 1931

20. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28th, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1931 to July 28, 1931

I last saw h~~im~~ alive on July 28 1931 death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension	Some years

Other contributory causes of importance:

Cerebral Hemorrhage	1 day

Name of operation Clinical examination Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert M Sattler, M. D.

(Address) 1423 Maryland Ave

Information should be carefully supplied. Attention is called to the fact that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks.

70831 HEALTH DEPARTMENT—CITY OF BALTIMORE 3

CERTIFICATE OF DEATH

93-10 70831

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO.

CITY OF BALTIMORE: (No. 1-2 St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Amberg

(a) RESIDENCE NO. 120 S. Curley St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Apr. 3, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10 NAME OF FATHER: Fred Fleminger
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Anna Layman
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-28-31

17
I HEREBY CERTIFY, That I attended deceased from 7-17-31, 19, to 7-28-31, 19
that I last saw her alive on 7-28-31, 19
and that death occurred, on the date stated above, at 4:45 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic
more than (duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis + Hypertension
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) J. A. Arnold Jr. M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interred
20 UNDERTAKER: [illegible]
DATE OF BURIAL: 7/31 19 31
ADDRESS: 1211 Druid Hill Ave

L 28 193 C. HAMPSON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks

E 70832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70832

131 REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1960 Fortieth Place (St.) E-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sophia Louise Engleman

(a) RESIDENCE NO. 1960 Fortieth Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Engleman.

6 DATE OF BIRTH (month, day, and year) Aug. 21 - 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Kahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Holzner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Welch N.C.

14 Informant Mabel C Engleman

(Address) 1960 Fortieth Pl

L 28193 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-27-31

17

I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to July 27, 1931

that I last saw h[illegible] alive on July 27, 1931

and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

Myocarditis Decompensated

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) 3 yrs. mos. 5 ds.

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Thos A Stevens M. D.

7-27-31 (Address) 2818 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: July 30 1931

20 UNDERTAKER A J Ashe ADDRESS 1069 Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70833

Registered No. 70833

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 1 da. How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Stuart Poole

(a) Residence: No. Aberdeen, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Poole

6. DATE OF BIRTH (month, day, year) Feb 16 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME David Poole

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lulu Hockler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT David Poole
(Address) Aberdeen Md R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
Place Churchville Md Date July 31 1931

19. UNDERTAKER Henry Tabeling Sons
(Address) Aberdeen Md

JUL 28 1931 C. HUMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to July 28, 1931

I last saw him alive on July 28 1931 death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy (type undetermined) of left pleura; with metastases to the spinal column in thoracic region	?
Other contributory causes of importance: Pleural effusion	?
Pericardial effusion	July 27, 1931

Name of operation O Date of

What test confirmed diagnosis Signs, symptoms & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Hornbaker, M. D.

(Address) University Hospital

Information should be carefully supplied. Attempt should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70834

186-001 70834

1 PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Clean Smith) S 14-20 WARD

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Allen Van Hess

(a) RESIDENCE No. 815 Park Ave ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	0	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Dr. Eugene Van Hess

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Clean M. E. Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Dr E Mac E. Van Hess 815 Park ave

15 Filed 19 H. L. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1931

17

I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to July 27, 1931

that I last saw h alive on July 27, 1931

and that death occurred, on the date stated above, at 4.00 P. M.

The CAUSE OF DEATH* was as follows:

Accidental fractured cervical vertebrae with compression & laceration of spinal cord. Incurred while diving.

(Duration) yrs. mos. 1 ds.

(a) (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hagerstown Md.

Did an operation precede death? yes Date of July 27, 1931

Was there an autopsy? No

What test confirmed diagnosis? Operation & X ray

(Signed) Richard T. Hunsicker M. D.

(Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.

DATE OF BURIAL: 7-29 19 31

20 UNDERTAKER: Henry W. Jenkins Sons

ADDRESS: Richard McCulloh

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 70835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

107 E 70835

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 5-8 WARD

2-FULL NAME Joseph Gillyoard

(a) RESIDENCE No. 23 East St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Gillyoard

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Byron Knight

(Address) 1218 McCulloh St

15 Filed ____, 19__ G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) C. P. Kingsford, M. D. Coroner

July 28, 1931 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: 7-29 19 31

20 UNDERTAKER: Byron Knight

ADDRESS: 1218 McCulloh St

...mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70836 — 59 — E 70836

1—PLACE OF DEATH Md Gen Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. — ST. 27-458 — WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mollie E Chelton

(a) RESIDENCE NO. 341 Taylor Ave. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thos G Chelton

6 DATE OF BIRTH (month, day, and year): Jan 12 1863

7 AGE — Years: 68 — Months: 6 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Denton Md.

PARENTS

10 NAME OF FATHER: Thomas Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Hospital Records

(Address)

15 Filed JUL 29 1931 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27 1931

17 I HEREBY CERTIFY, That I attended deceased from June 4 1931 to July 27 1931

that I last saw h[illegible] alive on July 27 1931

and that death occurred, on the date stated above, at 11.58 A.m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

Diabetes mellitus

(duration) yrs. 18 mos. ?? ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What tests confirmed diagnosis? Clinical

Signed: Robert J. Chenowith, M. D.

7/27/31 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catonsville, Md — DATE OF BURIAL: 7/29/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70837 70837

CERTIFICATE OF DEATH

48

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3818 Chatham Rd. WARD) 15-63

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Olivia Pick

(a) RESIDENCE NO. 3818 Chatham Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem. | 4 COLOR OR RACE: White | 5 SINGLE, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 5, 1861

7 AGE: Years 70 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Clearfield Co Pa

PARENTS

10 NAME OF FATHER: Edward Pick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Laura Brenker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant

15 Address: 2346 W. Lafayette Ave

16 Mr. Herman M. Lautenbach

17 [illegible] Registrar

JUL 29 1931

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) July 27, 31

19

I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to July 27 1931

that I last saw him alive on July 26, 1931

and that death occurred, on the date stated above, at 7.15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Mamma.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Gastritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. Hearn M. D.

(Address) 3901 Fairmount Ave

*State the Disease Causing Death, or in deaths from Violence state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: July 29, 31

20 UNDERTAKER: Wm. Pickner & Sons

ADDRESS: North & Pa

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70838

CERTIFICATE OF DEATH

9

E 70838

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital) 21-29 Ward

Length of residence in city or town where death occurred yrs. 8 mos. 25 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hardy

(a) Residence: No. 903 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Nov 2 1930

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James F Hardy

14. BIRTHPLACE (city or town) (State or country) Harperferry Ind

15. MAIDEN NAME Mary K Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr James F Hardy
(Address) 903 Burgundy

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 29. 1931

19. UNDERTAKER John T. Denny
(Address) 715 Light St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to July 27, 1931

I last saw h[illegible] alive on July 27 1931 death is said to have occurred on the date stated above, at 9[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and Enteritis	6/20/31

Other contributory causes of importance:

Pertussis	6/15/31

Name of operation ..... Date of .....

What test confirmed diagnosis? Gross Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Peter Meranche M. D.

(Address) Lyndenham Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spmc.—1-12-33—M&T—500 Blks.

70839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.) 70839

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (NO. 12-51 ST. WARD)

2. FULL NAME Robert Edgar Hill

(a) RESIDENCE NO. 2811 Remington Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 24, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	45	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balne Clinton N. C.

PARENTS

10 NAME OF FATHER Wright Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Clinton N.C.

12 MAIDEN NAME OF MOTHER Chesey Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Clinton N.C.

14 Informant (Address) Records, U.S. Marine Hospital, Baltimore, Md.

15 Filed JUL 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to July 26, 1931,

that I last saw h im alive on July 26, 1931

and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, arterial

tnknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) O. C. Williams, M. D.

7/27, 1931 (Address) U.S. Marine Hospital, Balto., Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. DATE OF BURIAL 7/29, 1931

20 UNDERTAKER Samuel Hemsley ADDRESS 578 W Baltimore

C. [illegible] JONES, M. D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

70840 CERTIFICATE OF DEATH. 114-002 B 70840

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Balto. City Hospitals ST. WARD.)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Lee

(a) RESIDENCE No. 609 Pitcher ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lee

6 DATE OF BIRTH (month, day, and year) July 17, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43		8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Pennsylvania R. R.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS
10 NAME OF FATHER: James Lee
11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia
12 MAIDEN NAME OF MOTHER: Elizabeth ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Mary Lee 609 Pitcher St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-25-31

17
I HEREBY CERTIFY, That I attended deceased from July 17, 1931 to July 25, 1931
that I last saw him alive on July 25, 1931
and that death occurred, on the date stated above, at 5:30 P. m.
The CAUSE OF DEATH* was as follows:
Abscess of Rt. Lung.

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Secondary Tuberculosis
(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 7-20-31
Was there an autopsy? yes
What test confirmed diagnosis? Clinical & Autopsy
(Signed) Luther E. Little M. D.
19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 7/29/31

20 UNDERTAKER: Samuel F. Kemsley ADDRESS: W. Balto

JUL 29 1931 C. HAMPSON JONES, M. D.

CAUSE OF DEATH should be carefully supplied. AGE information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-0-20—A. & Co.—250 Blks

E 70841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70841

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1406 N. Central Ave) (Ward 18)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Bell Busch

(a) RESIDENCE NO. 1406 N. Central ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? Life. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Mr. Jesse F. Busch

6 DATE OF BIRTH (month, day, and year) Dec. 20 1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Balto. Md

PARENTS

10 NAME OF FATHER Richard P. Pittinger

11 BIRTHPLACE OF FATHER (city or town) (state or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary E. Garrett

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Balto. Md

14 Information given by (Signature and address) Mr. Jesse F. Busch 1406 N. Central Ave

Filed JUL 25 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) July 28 1931

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to July 28, 1931, that I last saw h[illegible] alive on July 28, 1931, and that death occurred, on the date stated above, at 3½ P. m.

The CAUSE OF DEATH was as follows:

Embolism of brain

CONTRIBUTORY (Secondary) Cerebral hemorrhage (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John L. Davidson M. D.

(Address) 1714 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL July 31 1931

UNDERTAKER Stanley Hoech Funeral Home

ADDRESS 1501 E. Eager St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 4-2-31a-H.D.P. Co.—1000 Blks.

E 70842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1346 N Fremont (St.) 15-23 (Ward)

REGISTERED NO. 31 E 70842

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen E Peters

(a) RESIDENCE. NO. 1346 N Fremont ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Cornelia Peters

6 DATE OF BIRTH (month, day, and year): July 27 - 1878

7 AGE — Years: 52 — Months: 11 — Days: 29

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Invalid for yrs.

(c) Name of employer: Baugh Chemical Co West River Md

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

PARENTS

10 NAME OF FATHER: Charles Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country): West River

12 MAIDEN NAME OF MOTHER: Sarah Talbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West River

14 Informant (Address): Cornelia Peters 1346 N Fremont Ave

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 26 1931

17 I HEREBY CERTIFY, That I attended deceased from June 8 1931, to July 26 1931.

That I last saw him alive on July 25 1931.

and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis 8 mos. +

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension 3 yrs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Wm H Wright M. D.

(Address) 1209 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: July 29 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Eastern Ave

L 29 1931

Registered by H. HAMILTON JONES, M. D.

Instructions: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70843

CERTIFICATE OF DEATH

23 E 70843

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) No. 1205 Morling Ave St. 13-57 WARD

2 FULL NAME Dorothy D. Wildy

(a) RESIDENCE NO. 1205 Morling Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 24 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence E. Wildy

6 DATE OF BIRTH (month, day, and year) May 25 1887

7 AGE: Years 44; Months 2; Days 3; If LESS than 1 day, ... hr. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER James L. Arnold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Ida E. Hamber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Clarence E. Wildy
(Address): 1205 Morling Ave

UL 29 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st 1930 to July 28 1931

that I last saw her alive on July 28 1931

and that death occurred, on the date stated above, at 2:14 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Don't know.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Joseph Greenfield M. D.

7/31 1931 (Address) 846 E. 36 & 587 Balto

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Providence Balto Co Md

DATE OF BURIAL: July 30 1931

UNDERTAKER: Thenowerth & Son

ADDRESS: 365 Chestnut Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spaw—8-16-29—L. F. S.—100 Pks.

E 70844

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70844

CERTIFICATE OF DEATH

59

1—PLACE OF DEATH

REGISTERED NO. 24-317

CITY OF BALTIMORE: (No. 1507 Jackson St ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertie Nicely

(a) RESIDENCE NO. 1507 Jackson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Nicely

6 DATE OF BIRTH (month, day, and year) Oct 27 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Va.

PARENTS

10 NAME OF FATHER Mortimer Crim

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Margaret Crim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Mr. Lee Nicely

(Address) 1507 Jackson St

15 Filed . 19 C. HAMPSON JONES M.D. Registrar

L 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 5 . 1931 . to July 28 . 1931 . that I last saw her alive on July 28 . 1931 and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus Indefinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically findings

(Signed) C. H. Campbell M.D.

July 28 . 1931 (Address) 1614 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL 7/31 1931

20 UNDERTAKER L. Frew McCully

ADDRESS 130 E Fort

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 70845

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1433 Orleans ST. 5-9 (WARD)

2-FULL NAME Ernst A. Osborne

(a) RESIDENCE NO 1433 Orleans ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber & Ins. Agent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co., Va.

PARENTS

10 NAME OF FATHER Peter W. Osborne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mildred Paeker (Sister)
(Address) 1116- 50th St N.E. Wash D.C.

15 JUL 29 1931 16 C. HAMPSON JONES, M. D. 17

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held on inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage-Probably Tuberculosis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

7/28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arlington Cemetery July	30 1931
UNDERTAKER	ADDRESS
Chas H. Ishmorth & Co	[illegible]

should be stated EXACTLY. PHYSICIANS should state
mation should be carefully supplied. AGE
CAUSE OF DEATH in plain terms, so that it may
TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 70846

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70846

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 E. 20th Street ST. 12-19 WARD)

REGISTERED NO. 73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert C. Dannenberg

(a) RESIDENCE NO. 108 E. 20th ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Catharine Troy

6 DATE OF BIRTH (month, day, and year) September 19, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): — Retired

(c) Name of employer: none

9 BIRTHPLACE (City or town) (State or country): Reisterstown Md

PARENTS

10 NAME OF FATHER Frederick Dannenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Eliza Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Mrs. C. K. Dannenberg 108 E. 20th St

15 Filed JUL 29 1931 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1931

17

I HEREBY CERTIFY, That I attended deceased from August 1929 to July 27 1931.

that I last saw him alive on July 27 1931,

and that death occurred, on the date stated above, at 2:30 p m.

The CAUSE OF DEATH* was as follows:

chronic alcoholism

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) peripheral neuritis with muscle paralysis and atrophy of (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinic & laboratory examinations

(Signed) Frank R. Smith, Jr., M. D.

1-4, 1951 (Address) 921 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount	July 29 1931
20 UNDERTAKER	ADDRESS
Ernest Lubrio & Son Co	McCulloh & Eutaw St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-24-14—M. & T.—5000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

70847

CERTIFICATE OF DEATH.

70847

1-PLACE OF DEATH
CITY OF BALTIMORE, (No.) Presbyterian Hospital (Street) (WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rebecca Applebaum 58

(Residence in Baltimore: No. 1258 St. Matthew St. St.; yrs., mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: April (Month) 3 (Day) 1873 (Year)

7-AGE: 58 yrs. 3 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home

9-BIRTHPLACE, (State or Country): Russia

PARENTS.

10-NAME OF FATHER: Henry Silberman

11-BIRTHPLACE OF FATHER (State or Country): Russia

12-MAIDEN NAME OF MOTHER: Annie —

13-BIRTHPLACE OF MOTHER (State or Country): Russia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Ellis Applebaum

(Address) 1225 St. Mathews

JUL 29 1931

Filed ..... 191.....

HARRY JONES, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH: July (Month) 29 (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 6 1931, to July 29, 1931, that I saw her alive on July 28, 1931, and that death occurred, on the date stated above, at 4.45 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis right
Septicaemia

(Duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary)
Bronchopneumonia (Duration) yrs. mos. 1 da.

(Signed) Nicholas Sanfourche M. D.

July 29, 1931. (Address) Presbyterian Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. da. In the State yrs. 8 mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: New Wash Road — DATE OF BURIAL: 7-31-31

20-UNDERTAKER: Jack Laun, Inc — ADDRESS: 1739 E. Balto

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-12-25—7,871—500 Blks.

B 70848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-001 ✓

B 70848

1-PLACE OF DEATH 1327 James

CITY OF BALTIMORE: (No.) ~~Charles Fis~~ 21-24 (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Fischer

(a) RESIDENCE No. 1327 James St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Laura A. Fischer

6 DATE OF BIRTH (month, day, and year): Dec 23rd 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min
	73	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Falls Mod

PARENTS

10 NAME OF FATHER: William Fischer

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Wode

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Laura A. Fischer 1327 James St

15 JUL 29 1931 H. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1931, to July 27, 1931, that I last saw he alive on July 27, 1931, and that death occurred, on the date stated above, at 8.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? ———

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Gethaus M. D.

7/28, 1931 (Address) 1901 Griffith Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: July 30th 1931

20 UNDERTAKER: C. Schlosman & Son ADDRESS: 1039 W. Baltimore St.

mation should be carefully supplied. A C.E. should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70849 E 70849

CERTIFICATE OF DEATH

119 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U of Md. Hosp St. 18 E 22 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geronetta Willong

(a) Residence: No. 867 N Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Sing

(a) If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Western Port
(State or country) Md.

MOTHER FATHER

13. NAME Thos Willong
14. BIRTHPLACE (city or town) Grant County
(State or country) W.Va.
15. MAIDEN NAME Flora Willong
16. BIRTHPLACE (city or town) Garrett County
(State or country) Md.

17. INFORMANT Hospital Records.
(Address) Univ. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 7/30/31

19. UNDERTAKER Frederick A. Pole
(Address) 1200 W. Lombard St.

20. FILED ____ 19__ E. LEON JONES, M.D.
Registrar
By ____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/28, 1931, to 7/29, 1931

I last saw her alive on 7/29, 1931 death is said to have occurred on the date stated above, at 7:15 Am

The principal cause of death and related causes of importance were as follows:

Acute gastro enteritis — Date of onset 7/24/31

Other contributory causes of importance:

Cardiac — 7/26/31

Name of operation None — Date of

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hanna James Evans M.D.

(Address) University Hospital

Information should be carefully supplied. Age, occupation, and birthplace should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-28-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70850 108 E 70850

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3800 Ornda Ave. (ST.) 27-42 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alice Godfrey Channell.

(a) RESIDENCE NO. 3800 Ornda Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm. F. Channell

6 DATE OF BIRTH (month, day, and year): May 26 1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
76	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore.

PARENTS

10 NAME OF FATHER: John Godfrey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER: Julia Ada

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mrs. Fred Fritz 6001 Biscay Rd

15 Filed JUL 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/28 1931

17

I HEREBY CERTIFY, That I attended deceased from June 28 1931 to July 28 1931.

that I last saw her alive on July 28 1931

and that death occurred, on the date stated above, at 10,30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 3d ds.

CONTRIBUTORY (Secondary): (Hemiplegia) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustave A. Fritz, M. D.

7/29 1931 (Address) Ornda

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem.	7/31 1931
20 UNDERTAKER	ADDRESS
Fred Lasselin & Son.	744 Baker St

N.B.—WRITE PLAINLY, WITH UNFADING INK. This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HARRY JONES, M.D.

Spec.—0-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~~E 70851~~ 46 E 70851

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Resident Hosp. St. 14 Ward 20)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Agnes Peters

(a) RESIDENCE NO. 1402 Penna Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col	Wid

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundry

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: John Hebron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Emma Caudt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Chas. Peters

(Address) 1604 Druid Hill Ave

15 Filed JUL 29 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/26/31

17

I HEREBY CERTIFY, That I attended deceased from 7/17/31, 19 ... to 7/26 ... 19 31

that I last saw h[illegible] alive on 7/26 ... 19 31

and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) mos 1 ds.

CONTRIBUTORY ... (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B Stanis Bender M. D.

7/26 19 31 (Address) Bender Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Saint Peters Cemetery	July 27 1931

20 UNDERTAKER ... ADDRESS

Archibald E. Gaddis 1848 W. Pratt

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

70352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 57

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Union Memorial Hosp. St. 12-49 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Majorie Mitchell

(a) RESIDENCE NO. Union Memorial Hosp. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	11 years			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Portsmouth New Hampshire

PARENTS

10 NAME OF FATHER Mr. Lee Mitchell

11 BIRTHPLACE OF FATHER (city or town) Binghampton (State or country) New York

12 MAIDEN NAME OF MOTHER Hazel Perkins

13 BIRTHPLACE OF MOTHER (city or town) Exeter (State or country) New Hampshire

14 Informant Mr. Lee Mitchell (Father)

(Address) Portsmouth N. H.

15 Filed . 19 H. M. Cook/JONES, M. D. Registrar

JUL 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1931

17

I HEREBY CERTIFY, That I attended deceased from July 25th, 1931 to July 28th, 1931

that I last saw her alive on 28th of July, 1931

and that death occurred, on the date stated above, at 10:00 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

Pericarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Infection Polyarthritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/27/31

Was there an autopsy? Confirmed of Diagnosis

What test confirmed diagnosis? Blood culture

(Signed) John D. Craven M. D.

, 19 Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Portsmouth N. H.	July 29 1931
20 UNDERTAKER	ADDRESS
Henry Sander & Sons Inc	Baltimore St & Broadway.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-6-28—A Co.—200 Blks.

70853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

+ 129 ✓

E 70853

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home Infirmary St. _____ Ward)

2-FULL NAME Miss Marian Kent

(a) RESIDENCE NO. Essex Md. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 21, 1893

7 AGE: Years 8 | Months 6 | Days 8 | If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town): Salby N. J.
(State or country)

10 NAME OF FATHER: Lester Kent

11 BIRTHPLACE OF FATHER (city or town): Syracuse N. Y.
(State or country)

12 MAIDEN NAME OF MOTHER: Blue Bentley

13 BIRTHPLACE OF MOTHER (city or town): Salby N. J.
(State or country)

14 Informant (Address): Lester Kent Essex Md.

15 Filed _____ 19 _____ Registrar

JUL 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29 1931

17:
I HEREBY CERTIFY, That I attended deceased from 7-25-31, 19___, to 7-29-31, 19___,
that I last saw h[illegible] alive on 7-29, 1931,
and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Streptococcus peritonitis 1 wk
b/c

(duration) yrs. ___ mos. 10 ds.

CONTRIBUTORY (Secondary): Bronchial pneumonia

(duration) yrs. ___ mos. 2 ds.

18 Where was disease contracted
If not at place of death!

Did an operation precede death! no Date of ___

Was there an autopsy! yes

What test confirmed diagnosis! Clinical

(Signed) Allyn B. Choate, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — Date of Burial 7/31 19-

20 UNDERTAKER: [illegible] — ADDRESS 1-17 W Fay

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70854 70854

CERTIFICATE OF DEATH

115-001

1 PLACE OF DEATH — Mercy Hospital — 15-58 WARD

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO

2 FULL NAME Mrs. Rebecca Duvall

(a) RESIDENCE NO. 4307 Park Heights, Cor. St. WARD (If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Scott E. Duvall

6 DATE OF BIRTH (month, day, and year) June 21, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 yrs.	1	27	

8 OCCUPATION OF DECEASED Housewife 037

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Ellermeyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jane Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant E. Scott Duvall (Address) 4307 Park Heights Ave

15 JUL 29 1931 C. H. GORDON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/28/31

17

I HEREBY CERTIFY, That I attended deceased from 7/28/31, 19 to 7/28/31, 19

that I last saw h[illegible] alive on 7/28/31, 19

and that death occurred, on the date stated above, at 3.45 P. M.

The CAUSE OF DEATH was as follows:

1) Sacro - Rectal Abscess (5 days.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/26/31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Earle L. Chambers M. D.

, 19 (Address) Mercy Hosp.

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

20 UNDERTAKER George J. Smith

DATE OF BURIAL July 30 1931

ADDRESS 1532 Hollins

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—1-30—M. & T.—250 Bks

E 70855

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001

E 70855

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Roslyn Ave ST. 15-61 WARD)

2-FULL NAME Mary Elizabeth Williams

(a) RESIDENCE NO. 2309 Roslyn Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Milton B. Williams

6 DATE OF BIRTH (month, day, and year) Dec 8/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John H. Franklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Caroline Kunzmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Beulah Waters Pole

(Address) 2309 Roslyn Ave

15 Date 7-29 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28/31

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to July 28, 1931; that I last saw her alive on July 28, 1931; and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

(duration) ___ yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Angina pectoris

(duration) ___ yrs. ___ mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Walter D Tibbett, M. D.

July 29 1931 (Address) 2220 Harrison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL July 30 1931

20 UNDERTAKER Harry Rothmaier & Son — ADDRESS Hedgewood Ave

L 29 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70856 — 161-001 — 70856

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 Sarah Ann St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S., if of foreign birth? yrs mos ds. 4-25

2. FULL NAME Baby Girl Anderson

(a) Residence: No. 618 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22, 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Clarence Anderson

14. BIRTHPLACE (city or town) (State or country) Farmville, N. C.

MOTHER

15. MAIDEN NAME Rosa Ann Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Rosa Anderson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn, Md. Date July 29th 19 31

19. UNDERTAKER
(Address)

JUL 29 1931 (SEAL) 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to July 25, 1931

I last saw her alive on July 24 1931 death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital debility	7/22

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. All items should be stated EXACTLY. Abbreviations should not be used. Be sure that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

70357 — 70357

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Park Ave St., ... Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Louis

(a) Residence: No. Pittsville, Md St., ... Ward. 14-20
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna M Louis

6. DATE OF BIRTH (month, day, year) Dec 21 1859

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME Samuel Louis
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Rhoda Smith
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs A M Louis
(Address) 1701 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsville Md Date 7-29 1931

19. UNDERTAKER Jno C Veit
(Address) 2117 E Baltimore St

Filed JUL 29 1931 C. HAMPSON JONES, M. D. Registrar
By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1931 to July 29, 1931

I last saw h[illegible] alive on July 25, 1931 death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of stomach and complications attending same.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John C Veit, M. D.

(Address) Medical Arts Bldg Baltimore Md

Information should be carefully supplied. All items should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 70858

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. — St. — WARD) 6-10

2 FULL NAME Thomas Clark

(a) RESIDENCE NO. 444 N. Lakewood Avenue St. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2 - 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Formerly a Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): 015
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS
10 NAME OF FATHER: Washington
11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia
12 MAIDEN NAME OF MOTHER: Virginia Crow
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Records Baltimore City Hospitals

15 Filed JUL 28 1931, 19 — L. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-31

17
I HEREBY CERTIFY, That I attended deceased from 7-3, 1931, to 7-28, 1931
that I last saw him alive on 7-27, 1931
and that death occurred, on the date stated above, at 2:00 P. m.
The CAUSE OF DEATH* was as follows: Due 7-2 1931

Carcinoma of prostate

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ...
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical Errors.
(Signed) Edward Kirkbridge, Jr. M. D.
7-29 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 7/30/31

20 UNDERTAKER: J. M. Cook — ADDRESS: 2190 Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be p
TION is very important. See instructions on back of ce

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70859 108 F 70859

1 PLACE OF DEATH
CITY OF BALTIMORE. (No. St. Agnes Hospital. St. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Anna Bortmer

(a) RESIDENCE NO. 3115 Augusta Ave. ST. 20-71 WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE: Years 80 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md. Baltimore

PARENTS
10 NAME OF FATHER: Peter Bremer
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Rosa Schmeer
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md. Baltimore

14 Informant: Mrs. G. Bremer
(Address): 3115 Augusta Ave.

15 Filed JUL 29 1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-28-31

17
I HEREBY CERTIFY, That I attended deceased from 7-22 1931 to 7-28 1931
that I last saw h alive on 7-28-0 1931
and that death occurred, on the date stated above, at 5:00 P. M.
The CAUSE OF DEATH* was as follows:

Lobar pneumonia.

CONTRIBUTORY (Secondary) (duration) yrs. 7 mos. ds.
Acute cardiac dilitation (duration) yrs. 7hours.

18 Where was disease contracted if not at place of death? 3115 Augusta Ave.
Did an operation precede death? No (date of)
Was there an autopsy? No
What test confirmed diagnosis? Physical signs & X-Ray

(Signed) Hyalmar S. Clapham M. D.
7-28-31 (Address) St Agnes Hospital

*State the Disease Causing Death, or if deaths from Violent Causes (state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park
DATE OF BURIAL: July 31 1931
20 UNDERTAKER: H. Berry Owens
ADDRESS: 1 Bigh

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 70860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70860

CERTIFICATE OF DEATH.

46

REGISTERED NO. 25-72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Jenkins Memorial Hospl

CITY OF BALTIMORE: (NO. 1000 Eaton Ave ST., WARD)

2-FULL NAME Margaret Farley

(a) RESIDENCE NO. Jenkins Mem. Hospl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Farley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Moran

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Jenkins Memorial Hospl (Address) 1000 Eaton Ave.

15 Filed JUL 29 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 29, 1931, that I last saw h[illegible] alive on July 28, 1931, and that death occurred, on the date stated above, at 3:15 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia bilateral

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of Sigmoid (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Jenkins M. Hosp.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Findings.

(Signed) [illegible] M. D.

, 19 (Address) Wagner Crater

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL 7-30-31

20 UNDERTAKER [illegible] ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L.

E 70861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-023 E 70861

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2104 Wilkens Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME John McGovern P.

20-69

(a) RESIDENCE NO. 2104 Wilkens Ave. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret E.

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer ---

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick McGovern

11 BIRTHPLACE OF FATHER (city or town) --
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Garvey

13 BIRTHPLACE OF MOTHER (city or town) ---
(State or country) Ireland

14 Informant Mrs. Mary E. McGovern.
(Address) 104 Wilkens Ave.

15 JUL 29 1931 192 RFH Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy A. Cromwell, M. D. Coroner

7/27, 1931 (Address) 503 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL July 30 1931

20 UNDERTAKER Margaret E. Flynn ADDRESS 1422 Light St.

...mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

70862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23 L 70862

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 West Baltimore Gen'l Hosp. ST.) WARD) 16-68

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Rogerson

(a) RESIDENCE NO. 78 Edna, Md. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. — mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances H. Rogerson

6 DATE OF BIRTH (month, day, and year) March 4, 590

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Fisherman
(b) General nature of Industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bayport L.I.

PARENTS
10 NAME OF FATHER: Geo. A. Rogerson
11 BIRTHPLACE OF FATHER (city or town) (State or country): N. Y.
12 MAIDEN NAME OF MOTHER: [redacted]
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Francis H. Rogerson, Pandora Road

15 Filed 19 [illegible] C. HAMPSON JONES, M. D. Registrar

JUL 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/29/31

17 I HEREBY CERTIFY, That I attended deceased from July 27, 19 31, to July 29, 19 31
that I last saw him alive on July 29, 19 31
and that death occurred, on the date stated above, at 4:30 P.M.

The CAUSE OF DEATH* was as follows:
Acute Laboratory Intoxication
Accidental

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute cardiac dilatation
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Chas. F. Turner M. D.
19 (Address) Md. State Dept. of Health

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bayside N. Y. — DATE OF BURIAL: July 30 1931

20 UNDERTAKER: H. Hand Evans — ADDRESS: Fort Lee

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spart.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 L 70863

L 70863

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 210 E. Biddle St 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Ann Burke

(a) RESIDENCE NO. 210 E. Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Oct. - 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	74	9 --	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Burke

11 BIRTHPLACE OF FATHER (city or town) ----
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Alice Ryan

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Ireland

14 Informant Miss Regina A. Kennedy
(Address) 210 E. Biddle Street

15 Filed ... 19 ... C. HAMPSON JONES, M. D.
Registrar

JUL 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-31

17

I HEREBY CERTIFY, That I attended deceased from 7/8 . 1931 . to 7/27 . 31

that I last saw her alive on 7/26 . 1931

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General metastases

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr Bernard Wess M. D.

7/29/31 (Address) 1516 N Calvert St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 7/30 1931

20 UNDERTAKER: Henry U. Meakins & Son — ADDRESS: 805 N. Calvert

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0-30—A. & Co.—250 Blks

70864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 70864

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 2117 W. Baltimore St (Ward) 20-69.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sophie Harris

(a) RESIDENCE NO 2117 W. Baltimore St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs mos ds. How long in U. S., if of foreign birth? 60 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Solomon Harris

6 DATE OF BIRTH (month, day, and year) Jany. 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Berthold May

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Babette ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Mr. R. May (Nephew)
(Address) c/o J. Schoeneman

15 [illegible] C. HAMPSON JONES, M. D.
19 [illegible] Registrar

JUL 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1931

17

I HEREBY CERTIFY, That I attended deceased from 7/26, 19 31 to 7/28, 19 31

that I last saw h alive on 7/27, 19 31

and that death occurred, on the date stated above, at A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis
Hypertension

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

19 (Address) 2145 W. Baltimore St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	7/30/ 19 31
20 UNDERTAKER Harry Sondheimer Son	ADDRESS 1902 Eutaw Place

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill out CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Blks.

E 70365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70865

1—PLACE OF DEATH Md. Gen. Hospital

REGISTERED NO. 89-001

CITY OF BALTIMORE: (No. Md. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary John Bennett

(a) RESIDENCE NO. Sykesville Md. ST. 11-24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Robert Bennett

7 DATE OF BIRTH (month, day, and year): Nov 6. 1892

7 AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or — min.
38	38	8	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll County Maryland

PARENTS

10 NAME OF FATHER: William Shorb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll County Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Hoffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll County Maryland

14 Informant: Hospital records

(Address)

15 Date JUL 29 1931, 19 C. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to July 29, 1931.

That I last saw h[illegible] alive on July 27, 1931

and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Meningitis

(Supplementary)

(duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (Secondary): Suppurative Otitis Media

(duration) yrs. 1 mos. 12 ds.

18 Where was disease contracted if not at place of death? Sykesville Md

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Robert F. Chenault M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wesley Chapel Cemetery	July 31 1931

20 UNDERTAKER: C. M. Watty ADDRESS: Winfield Md.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70866

CERTIFICATE OF DEATH

210-007

E 70866

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. Balto City Hosp ST., WARD)

2-FULL NAME Chas F. Johnson

(a) RESIDENCE NO 1341 Richardson ST., 4-35 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ———

6 DATE OF BIRTH (month, day, and year) 3/24/06

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	25	— 4	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Iron Worker
(b) General nature of industry, business, or establishment in which employed (or employer) ✓ 079
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Winfield Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mirah Hafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mrs Mary Johnson

(Address) 1341 Richardson St

15 JUL 29 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/27 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest find that said deceased came to death (autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he which was riding ran from road & collided with tree

(Duration) yrs mos ds

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Stoney Creek Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L. J. Frame Coroner, M. D.

1/29, 1931 (Address) 2939 W. Eden Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill	July 30 1931

20 UNDERTAKER Chas. L. Steele ADDRESS 1501 Ford Av

C. HAMPSON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70867 — 23 — E 70867

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 1632 N. Washington St. (Ward) 8.17

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Wm. Lawrence Cullum Jr.

(a) RESIDENCE NO. 1632 N. Washington St. Ward
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 25, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
	20	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Wm. Lawrence Cullum

11 BIRTHPLACE OF FATHER (city or town) (State or country) City

12 MAIDEN NAME OF MOTHER Dora Ward

13 BIRTHPLACE OF MOTHER (city or town) (State or country) City

14 Informant (Address) Mrs. J. Cullum 1632 N. Washington St.

15 C. HAMPSON JONES, M. D.

16 A.S.H. Registrar

L 29 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to July 27, 1931

That I last saw h[illegible] alive on July 27, 1931

and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Myocarditis

Nephritis 4 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Lobular Atelectasis

(duration) yrs. 0 mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of ——

Was there an autopsy? No.

What test confirmed diagnosis? Gross & Microscopic

(Signed) [illegible] M. D.

(Address) 800 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pat Lucas Cemetery	7/30 1931

20 UNDERTAKER: E. J. Fanning & Son — 1938 Lafayette Av. (Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

(Wrzesinski)

C 70868

210-004

C 70868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Hosp St., WARD) 2—4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Michael Wrzesinski

(a) RESIDENCE NO 513 S. Wolfe St., WARD 2

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6 DATE OF BIRTH (month, day, and year) 9/16-03

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jacut Wrzesinski

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland Balto Md

12 MAIDEN NAME OF MOTHER Mrs Kunon

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Poland

14 Informant Josephine Wrzesinski

(Address) 513 S Wolfe St

15 Filed ..... 192 ..... Registrar

C. HAMPSON JONES, M. D.

JUL 29 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute mania which he was a victim of contracted through exposure

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hanover & Mowe

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clue

(Signed) C. Hampson Jones, M. D. (Coroner)

7/29, 1931 (Address) 2934 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary July 31 1931

DATE OF BURIAL

20 UNDERTAKER John M. Weber

ADDRESS York Rd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-THON is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

Swink

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70869 34 C 70869

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. Ward)

2 FULL NAME Mary Swink

(a) RESIDENCE NO. (Usual place of abode) 1349 Mt Pleasant Ave WARD 26-2

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alva Swink

6 DATE OF BIRTH (month, day, and year) Aug 25-1885

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W.

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Thomas Hagerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Hutchinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 JUL 30 1931 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29-1931

17 I HEREBY CERTIFY, That I attended deceased from July 19, 1931, to July 29, 1931

That I last saw h.e. alive on July 29, 1931

and that death occurred, on the date stated above, at 1½ p m.

The CAUSE OF DEATH* was as follows:

1 Peritonitis following perforation of stomach

July 22, 1931

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-22-31

Was there an autopsy? Partial

What test confirmed diagnosis? Intraoperative findings

(Signed) Edmund Kelly M. D.

7-29 1931 (Address) Johns Hopkins Hosp. Balto. Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Cem. Pa

DATE OF BURIAL: July 30 31

19 UNDERTAKER: A.S. Marshall 3539 Fall Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70870 — X 94-002 — E 70870

1 PLACE OF DEATH: Sinai Hospital — REGISTERED NO

CITY OF BALTIMORE: (No Sinai St Ward) 7-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: Morris Glaser

(a) RESIDENCE NO. Bishopville S.C. St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs 6 Weeks ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bertha Glaser

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 58 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Junk Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Abraham Glaser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Hannah R.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Meyer Schwartzman 342 Woodlawn Ave.

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to July 29, 1931

That I last saw h[illegible] alive on July 29, 1931

and that death occurred, on the date stated above, at 10-30 P. M.

The CAUSE OF DEATH* was as follows:

Acute Coronary Thrombosis

(duration) ... yrs. 2 mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nelson B. Kerr M. D.

... 19 (Address) Sinai Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Rem — DATE OF BURIAL: 7-30-1931

20 UNDERTAKER: Jack Levine, Inc. — ADDRESS: 1439 E. Pratt St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 70371

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70371

CERTIFICATE OF DEATH

95-002

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Steam Station ST., 1-3 WARD)

2-FULL NAME William F. Rose

(a) RESIDENCE No. 2007 Portugal Street ST., _____ WARD _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Rose

6 DATE OF BIRTH (month, day, and year) March 19, 1880 ~~1879~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Pennsylvania Railroad

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: Mrs Mary Rose

(Address) 2007 Portugal Street

15 Filed JUL 30 1931, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heart Disease

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test (confirmed diagnosis)? _____

(Signed) John J. Sorrenson, M. D. Coroner

7/30/31 (Address) 1631 Roland Ave

*Give the Disease causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cemetery — DATE OF BURIAL: July 30, 31

20 UNDERTAKER: E. Leroy Stiffler, Inc. — ADDRESS: 125 E. North Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. E.—500 Blks.

E 70372

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70372

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1812 Druid Hill Ave St., WARD) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME 1812 Druid Hill Ave

(a) RESIDENCE NO. 1812 Druid Hill Ave St., 14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M. | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): single

a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 17 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	4	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dishwasher

(b) General nature of industry, business, or establishment in which employed (or employer): Rest

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Mary Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thomas Cole

(Address) 1812 Druid Hill Ave

15 Filed July 31, 1931 JEK. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 31

17 I HEREBY CERTIFY, That I attended deceased from July 30 1931 to July 29 1931

that I last saw h[illegible] alive on July 28 1931

and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Walker M. D.

July 31 1931 (Address) 1212 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet	July 31 1931
20 UNDERTAKER	ADDRESS
Chas. W. Chase & Son	608 W. Baltimore

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70873 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70873

CERTIFICATE OF DEATH

131

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1303 S. Clinton St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie F. Francis

(a) RESIDENCE NO. 1303 S. Clinton St. 26-1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard H. Francis

6 DATE OF BIRTH (month, day, and year) Nov. 13 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eliz. Dannenfelser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Richard H. Francis

(Address) 1303 S. Clinton St

15 JUL 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 193

17

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930, to July 29, 1931

that I last saw h er alive on July 29, 1931

and that death occurred, on the date stated above, at 8.45 A. m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease with Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? h

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H E Kupferschmidt M. D.

7/20 19 31 (Address) 2939 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem. DATE OF BURIAL Aug 1 19 31

20 UNDERTAKER George W Zirkler ADDRESS 1737 E. Eager St

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70874

Rehr ✓ E 70874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH Mar. Hosp

REGISTERED NO.

CITY OF BALTIMORE. (No. ST. WARD) 15-58

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Jennie Sarah Rehr

(a) RESIDENCE NO. 2809 Keyworth Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Jewish

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of: Phillip

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE: Years 58 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: 0

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Mathew Cherry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Teague

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Interment (Address): Phillip Rehr 2809 Keyworth ave

JUL 30 1931

HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29/31

17
I HEREBY CERTIFY, That I attended deceased from July 28 1931 to July 29 1931
that I last saw h living on July 29 1931
and that death occurred, on the date stated above, at 4 P. M.
The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
Undetermined Type

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Milton B. Strok M. D.
11/29 1931 (Address) Mar. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bethel M. Cemetery

DATE OF BURIAL: July 30 1931

UNDERTAKER: Sol Levinson & Bro

ADDRESS 11 27 E Balto st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-H 2498

HEALTH DEPARTMENT CITY OF BALTIMORE

E 70875 93-003 E 70875

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 E Baltimore St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Henry Boullemare. 16 37

(a) Residence: No. 3707 E Baltimore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Boullemare

6. DATE OF BIRTH (month, day, year) Mar 22-1856

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
75	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor Church

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Boullemare

(Address) 3707 E Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 31 1931

19. UNDERTAKER John Gelsendorf

(Address) 2008 Orleans

20. FILED C. HAMPSON JONES JR. Registrar.

UL 301931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to July 28 1931

that I last saw him alive on July 28 1931, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocarditis	

Other contributory causes of importance: Hypotonia & Shock.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Smith M. D.

(Address) 470 Bolton Road

Information called for on this certificate is required by law. It may be properly classified. Exact statement of date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70876

CERTIFICATE OF DEATH

131

E 70876

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland General Hospital ST. ~~Eutaw~~ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louis Schulze

(a) RESIDENCE NO. 2240 Eastern Ave ST. 1-3 WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lilly M. Schulze

6 DATE OF BIRTH (month, day, and year): April 13, 1864

7 AGE — Years: 67 — Months: 3 — Days: 15 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Druggist.

(b) General nature of industry, business, or establishment in which employed (or employer): 025

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Charles Schulze

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Mary Beindard.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Hospital Records

(Address)

15 Filed JUL 30 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-28-31

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to July 28, 1931, that I last saw h[illegible] alive on July 28, 1931, and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia rt. side
(Hypertension)

(duration) ? yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Chronic Nephritis

(duration) ? yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Clinical.

(Signed) Robert F. Chenault, M. D.

19 (Address) Md. General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: July 31 1931

20 UNDERTAKER: John Ulrich — ADDRESS: 200 Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70877 — 18 — E 70877

CERTIFICATE OF DEATH

1 PLACE OF DEATH: Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No ____ St ____ Ward) 4-25

2 FULL NAME: Lois Mears

(a) RESIDENCE NO: 675 Vine St ____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: 7 yrs ____ mos ____ ds. How long in U. S., if of foreign birth? ____ yrs ____ mos ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 19, 1913

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	18	5	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House cleaning

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Leesburg Va.

PARENTS

10 NAME OF FATHER: Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Isabella ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records of

(Address): Balto. City Hosp.

15 ____ 1931 C. J. SIMPSON JONES, M. D. Registrar

JUL 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-27-31

17

I HEREBY CERTIFY, That I attended deceased from 7-21-31, 19__, to 7-27-31, 19__

(that I last saw her alive on 7-27-31, 19__)

and that death occurred, on the date stated above, 1:10 P m.

The CAUSE OF DEATH* was as follows:

Meningitis, Cerebro. Spinal, Meningococcic

(duration) yrs. ____ mos 20 ds.

CONTRIBUTORY (Secondary) ... Foul

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Jas. Thweatt M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MA Cemetery Co.	7/30 1931
20 UNDERTAKER: Daniel Carter	ADDRESS: 716 Penna Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Corr.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70878

CERTIFICATE OF DEATH

23

E 70878

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 943 Sarah Ann St., Ward)

2-FULL NAME Cora Burton

(a) RESIDENCE NO. 943 Sarah Ann St., 12-26 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Walter Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hannah Sims

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Fanny Burton
(Address) 943 Sarah Ann St.

15 Filed JUL 30 1931 H. MAY JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemoptysis - due to Pulmonary tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feltus M. D.

7/29. 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	7-29 1931
20 UNDERTAKER	ADDRESS 916
Dennis Easton	E Gay

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70879

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70879

CERTIFICATE OF DEATH

X 46

1 PLACE OF DEATH Mercy Hospital

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. St. Ward)

2 FULL NAME - William D. Butler

(a) RESIDENCE NO. 2637 Maisel St (Usual place of abode) Woodbine Md St. 25-32 WARD (If non-resident give city or town and state)

Length of residence in (fb) or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	- Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of - Mary Butler

6 DATE OF BIRTH (month, day, and year) Dec. 23, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	7	

8 OCCUPATION OF DECEASED - Blacksmith

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jesse Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Martha J. Farmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary Butler (Address) 2637 Maisel St.

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 / 931

17 I HEREBY CERTIFY, That I attended deceased from July 21 1931 19 , to July 30, 1931 19

that I last saw him alive on July 30, 1931 , 19

and that death occurred, on the date stated above, at 5.05 A. m.

The CAUSE OF DEATH* was as follows:

Epithelioma of Stomach with Metastases

(duration) ? yrs. mos. ds.

CONTRIBUTORY - (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) - Earl L. Chambers M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL St. James Cem. DATE OF BURIAL Aug. 1 31

23 UNDERTAKER C. M. Watts ADDRESS Mayfield Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70880 — 23 E 70880

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., WARD) 16-22

2-FULL NAME Moses Young

(a) RESIDENCE No 1608 Harlem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Young

6 DATE OF BIRTH (month, day, and year) Sept 17 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
44	44	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Butler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mother Sarah Young

(Address) 108 W Pennsylvania Ave

Received JUL 30 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

2
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) S Edmonds M. D.
Coroner

July 29 19 (Address) 1059 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	July 30, 1931
20 UNDERTAKER	ADDRESS 322 N.
Mrs. Katie R. Williams	Schroeder St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70881

HEALTH DEPARTMENT—CITY OF BALTIMORE

70881

CERTIFICATE OF DEATH

78

1 PLACE OF DEATH Provident Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No 1514 Division ST C, WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nadine Briggs. 18-26

(a) RESIDENCE NO 1107 N. Mulberry ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 21, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Blanche Briggs (Address) 1107 N Mulberry St

15 Filed JUL 30 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-29-31

17
I HEREBY CERTIFY, That I attended deceased from 7-27, 1931, to 7-29, 1931

That I last saw her alive on 7-29, 1931

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Encephalitis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Brogan Hughes M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

20 UNDERTAKER: Mrs Katie R. Williams

DATE OF BURIAL: July 31, 1931

ADDRESS 822 Schroeder St.

INFORMATION should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 70882 · HEALTH DEPARTMENT—CITY OF BALTIMORE E 70882

50

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 Bonn ct, ST., WARD) 19-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Francis Smith

(a) RESIDENCE NO. 1402 Bonn ct ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Smith

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greenville Dela. Md

PARENTS

10 NAME OF FATHER Moses Greene

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greenville Del Co.

12 MAIDEN NAME OF MOTHER Esther Snell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greenville Del Co.

14 Informant (Address) Wilbur McLaren 1402 Bonn ct.

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 4, 19 31, to July 21, 19 31, that I last saw h alive on July 21, 19 31, and that death occurred, on the date stated above, at 1.41 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) generalization

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical X ray

(Signed) H. L. McLeod Williams, M. D.

, 19 (Address) 1530 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	July 23 1931
20 UNDERTAKER Mrs Katie R. Williams	ADDRESS 3221 Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—60L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1831 70883

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Off 4th & Cheaspeake Ave (St.) Brooklyn, (WARD) 2-4

2-FULL NAME Edward J. Niziolek.

(a) RESIDENCE NO 526 S. Bethel St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 25, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Niziolek.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Victoria Novak.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Victoria Niziolek, (mother)

(Address) 526 S. Bethel St.

15 Filed JUL 30 1931 192 P.M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.
while in swimming.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], M. D. Coroner

7/29, 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary July 31 1931

DATE OF BURIAL

20 UNDERTAKER [illegible] ADDRESS 1930 Eastern Av.

N. B.—WRITE PLAINLY. Ditto marks should not be used. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 70834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70834

CERTIFICATE OF DEATH

159

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital ST., WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Fraiger

(a) RESIDENCE NO. Randallstown Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7/28/31

7 AGE: Years — | Months — | Days — | If LESS than 1 day 22 hrs. or 55 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (City or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Jeffrey Wm Fraiger

11 BIRTHPLACE OF FATHER (City or town) Randallstown (State or country) Md.

12 MAIDEN NAME OF MOTHER Carrie Margaret Gill

13 BIRTHPLACE OF MOTHER (City or town) Randallstown (State or country) Md.

14 Informant Hospital Records (Address) Baltimore Md.

15 — 19 — Registrar

JUL 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/29/31

17 I HEREBY CERTIFY, That I attended deceased from July 28 . 1931 . to July 29 . 1931 . that I last saw her alive on July 29 . 1931 and that death occurred, on the date stated above, at 1:05 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity (7 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Malnutrition.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Phil W. Clement, M. D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL JUL 1931

20 UNDERTAKER — ADDRESS

JOHNS HOPKINS HOSPITAL

Commissioner Health.

Important. See instructions on back of certificates.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

1-30—M & T—100 B—50L.

70385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 E 70385

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Ostend St. ST., WARD) 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Norman Henry.(C)

(a) RESIDENCE NO 410 N. Ostend St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) March 11, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Hughlett Henry.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Altha Thomas.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Altha Henry.(C) mother.

(Address) 410 N. Ostend St.

15 (Date) JUL 30 1931, 192 (Signature) HAMPSON JONES, M. D. Registrar

JUL 30 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
Whooping cough.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, Coroner, M. D.

7/30 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cf	7/30/31

20 UNDERTAKER Isaiah L. Burns Sons

ADDRESS

CAUSE OF DEATH—WRITE PLAINLY, WITH UNABBREVIATED WORDS. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION should be carefully supplied. AGE should be properly classified. It may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. See instructions on back of certificates. CAUSE OF DEATH is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—60L

E 70836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 70836

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hos ST. WARD)

2-FULL NAME Phillip Lana

(a) RESIDENCE No. 422 East Street ST. 5-8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 2 - 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Sam Lana

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Lena Lana

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Lena Lana

(Address): 422 East Street

15 Filed _____ 193 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & knocked down by moving auto

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos.

18 Where was disease contracted if not at place of death? Mt Elder & Cen

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Fram M. D.

7/30 31 (Address) 2939 W. Fayette Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 7/31/31 19

20 UNDERTAKER: Geo. J. Pabst Inc

ADDRESS: 1733 Hanover

ACE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. (1) 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 — E 70387

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 743 N. Fulton Ave Ward)

Length of residence in city or town where death occurred 70 yrs 6 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Albert G. Metzger 16-22

(a) Residence: No. 743 N. Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lucille M. Metzger

6. DATE OF BIRTH (month, day, year): Jan 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marble Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Gottlieb Metzger
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Caroline Zeller
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Lucille M. Metzger 743 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: July 31 1931.

19. UNDERTAKER (Address): Mr. & Mrs. John N. Tuppeny 501 W. Fayette St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 28, 1931.

22. I HEREBY CERTIFY, That I attended deceased from November, 1930, to July 28, 1931.
I last saw h.e alive on July 28, 1931, death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Retrosternal Glands	2 yrs
Secondary Anemia	6 mo
Pyocardial Asthma	6 mo
Other contributory causes of importance:	
Myocardial Insufficiency	2 da

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) C. H. Jones, M. D.
(Address) 516 N. Fulton Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form—4-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 415 Normandy Ave ST.) (WARD)

2. FULL NAME Mary Grimes

(a) RESIDENCE NO. 415 Normandy Av (If non-resident give city or town and State)

(Usual place of abode) WARD 20-71

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: white | 4 COLOR OR RACE: color | 5 Single, Married, Widowed, or Divorced, (write the word): widow

6 If married, widowed or divorced, (or) WIFE of James Grimes

6 DATE OF BIRTH (month, day, and year) 1845?

7 AGE: Years 86 87? | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Jerome Kerney 415 Normandy ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1931

17 I HEREBY CERTIFY, That I attended deceased from July 27 1931 to July 29 1931

that I last saw he alive on July 5 1931

and that death occurred, on the date stated above, at 7. A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. 7 mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. W. Hoffman M. D.

July 30 1931 (Address) 8 East Read St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral — DATE OF BURIAL: July 31 1931

UNDERTAKER: Ernest Jenkins Bro. — ADDRESS: 21 Gilford & 20 Orchard St.

JUL 30 1931

EMERSON JONES, M. D.

Spec.—9-30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 70889 — 93-003 — L 70889

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2817 W. North Ave ST. WARD 15-68

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Caroline L. Price

(a) RESIDENCE NO. 2817 W. North Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
(w) WIFE of Isaac Price.

6 DATE OF BIRTH (month, day, and year) Nov. 12-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Hugh Robert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Emily

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Isaac Price 2817 W. North Ave

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to July 30 1931

that I last saw h[illegible] alive on July 29 31

and that death occurred, on the date stated above, at 12 30 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Chronic myocarditis
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrh.
age (duration) yrs. 17 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) T. K. Cullen M. D.

7/30/31 (Address) 2757 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Aug 1 19 31

20 UNDERTAKER: Harry W. Eblen

ADDRESS: 1912 W. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70390 E 70390

CERTIFICATE OF DEATH.

131 REGISTERED No.

1 PLACE OF DEATH Balto City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No Balto Md St WARD)

2 FULL NAME George Daugherty

(a) RESIDENCE No. 203 Lincoln Court St. WARD 7-9
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Daugherty

6 DATE OF BIRTH (month, day, and year) 10-25-66

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	4	

8 OCCUPATION OF DECEASED 074

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Stevedore

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Jer Daugherty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Gale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Record Balto City Hospitals

15 [illegible] Registrar

JUL 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7 29 31

17 I HEREBY CERTIFY, That I attended deceased from 3-21-, 19 31, to 7-29, 19 31

that I last saw h[illegible] alive on 7-28, 19 31

and that death occurred, on the date stated above, at 3.30A m.

The CAUSE OF DEATH* was as follows:

Myocardial failure & nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis

Senile Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Jas. Brvd M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Easbury cemetery	aug 2 1931
20 UNDERTAKER Edward Bryan	ADDRESS 1681 orleans st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70891 CERTIFICATE OF DEATH. 124-002 70891

1 PLACE OF DEATH Baltimore City Hospitals REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST WARD)

2 FULL NAME anna groizan

(a) RESIDENCE NO 908 S. Paca St. ST 21-29 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Anthony Groizan

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Not obtainable

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: not obtainable

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Records Baltimore City Hospitals

15 [illegible] Registrar

JUL 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-29-31

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to July 28, 1931

That I last saw her alive on July 27-31, 1931

and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows:

Cirrhosis of the liver

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Examination

(Signed) Elmer Hightberger Jr. M. D.

1-31 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: 7/31 1931

20 UNDERTAKER: Chas. B. Kuch — ADDRESS: 637 S. Paca

Information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70892 X 148 E 70892

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Mercy Hospital St. Ward) 4-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lillian Mackin

(a) RESIDENCE NO. Taylor Ave., Overlea Md St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs mos 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a If married, widowed, or divorced (or) WIFE of Henry O. Mackin

6 DATE OF BIRTH (month, day, and year) Oct 3-02

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Berg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment Hospital Records (Address)

15 C. HAMPTON JONES, M. D. Registrar

JUL 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-31

17 I HEREBY CERTIFY, That I attended deceased from 7/24, 1931, to 7-28, 1931, that I last saw h[illegible] alive on 7-28, 1931, and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Mesenteric thrombosis (Puerperal)

(duration) yrs. mos. 8? ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Exploratory 7-28-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical + operation

(Signed) J. Leyko M. D.

7/28 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood — DATE OF BURIAL 7/31 1931

20 UNDERTAKER Philip Herwig — ADDRESS 2016 Orleans St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004

REGISTERED NO. 70893

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital ST. WARD)

2. FULL NAME Baby Dorothy Foster

(a) RESIDENCE NO. 3018 Orkney Rd ST. 27-43 WARD
(Usual place of abode)
(If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 7, 1931

7 AGE: Years | Months | Days: 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Mercy Hospital Baltimore Md.

PARENTS
10 NAME OF FATHER: Albert Foster
11 BIRTHPLACE OF FATHER (city or town) (State or country): Easton Pa.
12 MAIDEN NAME OF MOTHER: Catherine Jerard
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ashley Pa.

14 (Informant) Mother.
(Address) —

C. HAMPSON JONES, M. D.

JUL 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1931

17
I HEREBY CERTIFY, That I attended deceased from July 7, 1931 to July 30, 1931
that I last saw her alive on July 30, 1931
and that death occurred, on the date stated above, at 12 09 p. m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation (duration) yrs. mos. 23 ds.
(Secondary) One of Twins born with one Colon (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of 7/7/31
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) Simon Brager M. D.
19 (Address) Mercy Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairwood Cemetery DATE OF BURIAL: July 31 31
UNDERTAKER: Harry A. Witzke ADDRESS: 4101 Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

70394

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1107 S. Linwood ave ST. WARD 1-1)

2-FULL NAME John C. Mc Donough.

(a) RESIDENCE NO 1107 S. Linwood ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Mc. Donough.

6 DATE OF BIRTH (month, day, and year) May 15 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, professtan or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Labor.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John McDonough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Wm. Edward P. McDonough 1107 S. Linwood ave

JUL 30 1931

G. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 31

17

I HEREBY CERTIFY, That I attended deceased from July 20 . 19 31 . to July 29 . 19 31

that I last saw h— alive on July 29 . 19 31

and that death occurred, on the date stated above, at 3.15 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Chronic yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Chronic yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) J. Grant Pitcairn M. D.

7/30, 1931 (Address) 315 S. Highland ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Saint Peters

DATE OF BURIAL Aug. 1 1931

20 UNDERTAKER John A. Mason

ADDRESS 3000 E. Baltimore St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

Rev. Tolbert S. Dalton

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70895 97 L 70895

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5800 Greenmount Avenue St. .....Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Tolbert S. Dalton

(a) Residence: No. 5800 Greenmount Avenue St., 12-49 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella G. Dalton,

6. DATE OF BIRTH (month, day, year) 5-5-1846

7. AGE Years 84 Months 2 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER
13. NAME Tolbert S. Dalton, Sr.
14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER
15. MAIDEN NAME Matthews
16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Mrs. Lena Dalton
(Address) 5800 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Virginia
Place Manassas Date Oct 2, 1931

19. UNDERTAKER John F. Ryan
(Address) 2120 E. Oliver St.

L 30 1931 19 arm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30-1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...
I last saw him alive on ..... 19... death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac	5 A.M. 7-30-31
Dilatation	
Other contributory causes of importance:	
Atherosclerosis	
Some years	

Name of operation No operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Tompal M. D.
(Address) 3310 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70396

CERTIFICATE OF DEATH

191 Registered No. E 70396

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4422 Old York Rd St.) Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Houck

(a) Residence: No. 4422 Old York Rd St., Ward. 29-49

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced (or) WIFE of Wm H. Houck

6. DATE OF BIRTH (month, day, year) Oct 6th 1851

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
79	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER FATHER

13. NAME Henry Earhart

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Dock

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT M. Beulah Gutman (Address) 4422 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Date 8/1/1931

19. UNDERTAKER Wm Gotz (Address) 1217 E Fayette St

JUL 30 1931

..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29th 1931

22. I HEREBY CERTIFY, That I attended deceased from May 9th 1931 to July 29th 1931

I last saw her alive on July 29 1931 death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lung)	7th-22nd

(Other contributory causes of importance:

Hypocardilis 10 Yrs.
Age & Exhaustion.
from Heat.

Name of operation Not any Date of

What test confirmed diagnosis? Clinical & Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) D. A. Waldron, M. D.

(Address) 210 E Preston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

70897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) REGISTERED NO

CITY OF BALTIMORE: (No St Ward) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Avery Johnson

(a) RESIDENCE NO 239 W. Preston st. St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of 1903

6 DATE OF BIRTH (month, day, and year) 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (City or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lula ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Interment Hospital Records

(Address)

15 JUL 30 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1930, to July 27, 1931

that I last saw him alive on July 27, 1931

and that death occurred, on the date stated above, at 8.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Sena M. D.

7-28 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart — DATE OF BURIAL 7/31 1931

20 UNDERTAKER J. J. Tickert & Sons — ADDRESS 1318 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. S-11 2-28-31

HEALTH DEPARTMENT—CITY OF BALTIMORE

70898 — 70898

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4713 Alhambra Ave (Ward) Gowans

Length of residence in city or town where death occurred 65 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mary A. Maddox

(a) Residence: No. 4713 Alhambra Ave Ward. 27-48

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Nicholas Maddox

6. DATE OF BIRTH (month, day, year) + 1850

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Patrick Foy

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Waughtons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine E. Corrigan

(Address) 4713 Alhambra Ave

18. BURIAL, CREMATION, OR REMOVAL

(Place) St Mary's Barren Cem. Date July 31st 1931

19. UNDERTAKER Wm Gott

(Address) 1217 St Paul St

20. Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 28th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 27 1931, to July 25 1931

I that saw h[illegible] alive on July 28 1931 death is said to have occurred on the date stated above, at 2:15 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Chronic Nephritis.	
Chronic Bronchitis -	
old Age	
Other contributory causes of importance: Acute Cardiac Dilatation	3 days

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop, M. D.

(Address) 301 Sheridan Av.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 30 193

AACo. 5-31 250B

E. 70899 HEALTH DEPARTMENT—CITY OF BALTIMORE E. 70899

CERTIFICATE OF DEATH

121 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 Chauncey Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Moore

(a) Residence: No. 311 Chauncey Ave St., Ward. 27-43

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Moore

6. DATE OF BIRTH (month, day, year) Nov 20, 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pat Fdy Foundry

10. Date deceased last worked at this occupation (month and year) July 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Carl Moore

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma Moore

(Address) 311 Chauncey Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 8/1 1931

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

JUL 30 1931

CHAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1931 to July 27, 1931.

I last saw h alive on July 27, 1931 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1931

Uremic Convulsions

Other contributory causes of importance Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. T. Fountaine M. D.

(Address) 6 Randall St

This CAUSE OF DEATH in plain terms, so that state CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—9-36—A & Co.—250 Blks

70900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 70900

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Union Memorial Hospital) (WARD) 12-49

2 FULL NAME Thomas Elliott Haynie

(a) RESIDENCE NO. Asburies - Prospect Ave. ST. WARD Hilethorpe Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred * yrs. * mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Lusby

6 DATE OF BIRTH (month, day, and year) Apr 8, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lively, Va

PARENTS

10 NAME OF FATHER Stepton Haynie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lively, Va.

12 MAIDEN NAME OF MOTHER Mary Ann Dudley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lively, Va

14 Informant Son E. C. Haynie

(Address) Oakland Ave Catonsville

15 Filed JUL 30 1931 19 21 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 24, 19 31 to July 29, 19 31

that I last saw h... alive on July 29, 19 31

and that death occurred, on the date stated above, at 4:25 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Samuel McLanahan M. D.

7-29-31 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Farnham Cemetery Richmond Va

DATE OF BURIAL 7-31 1931

20 UNDERTAKER Wm Cox

ADDRESS 1211 St Paul St.

CAUSE OF DEATH must be entered CAREFULLY and COMPLETELY. Indefinite terms, such as "Heart Failure," "Old Age," "Senility," "Exhaustion," "Uremia," "Convulsions," "Pneumonia," "Tuberculosis," "Cancer," "Septicemia," "Blood Poisoning," "Abscess," "Meningitis," "Hemorrhage," "Accident," "Fracture," "Burns," "Drowning," "Suffocation," "Asphyxiation," "Poisoning," "Shock," "Injuries," "Internal Injuries," "Internal Hemorrhage," "Internal Bleeding," "Internal Abscess," "Internal Poisoning," "Internal Shock

Spec.—8-10-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70901 — 186-001 — E 70901

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1320 Bolton ST. 11th WARD) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza N. Bainbridge

(a) RESIDENCE NO. 1320 Bolton Street ST. 11th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1st, 1841

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: no occupation

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Louisville Kentucky

PARENTS

10 NAME OF FATHER: Edmund Taylor Bainbridge

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fredricksburg Virginia

12 MAIDEN NAME OF MOTHER: Sophia Baily

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant: Emma Lyston Whitelaw (Address) 223 W. Lanvale St.

15 Filed . 19 Registrar

L 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 23. 1931. to July 29. 1931.

that I last saw her alive on July 29. 1931.

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis.
Pulmonary Edema.
Heat Exhaustion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple Contusions
Lacerations Abrasions of Left Forearm

(duration) yrs. mos. ds.

Where did disease contracted if not at place of death?

Did accident or injury precede death? no Date of

Was there an autopsy? no

Were findings confirmed by autopsy? Clinical findings

Signature: M. D. Norris M. D.

7/30, 1931 (Address) 140 S Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	July 31 1931
20 UNDERTAKER: Henry H. Jenkins & Co.	ADDRESS: 1624 E. Monument St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-31—A & Co.—250 Blks

70902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

70902

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Eutaw Place WARD)

2. FULL NAME Martha Ellen Boulden

(a) RESIDENCE No. 1917 Eutaw Place ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William J. Boulden

6. DATE OF BIRTH (month, day, and year): Dec 8 1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	8	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Berlin Md

PARENTS

10. NAME OF FATHER: Levi Cathell

11. BIRTHPLACE OF FATHER (city or town) (State or country): Md

12. MAIDEN NAME OF MOTHER: Priscilla Cannon

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14. Informant (Address): Mrs Chas N Boulden Homewood Apts

15. C. HAMPSON JONES, M. D. Registrar

L 30 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 29 1931

17. I HEREBY CERTIFY, That I attended deceased from April 5 1926 to July 29 1931

that I last saw her alive on July 27 1931

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Heart disease - mitral insufficiency

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical signs & symptoms

(Signed) Geo. E. Worthington M. D.

(Address) 3314 Tioga Parkway

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem — DATE OF BURIAL: July 30 '31

20. UNDERTAKER: John O Mitchell & Son — ADDRESS: 19th Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

E 70903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003 E 70903

REGISTERED NO._____

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Schiebold 6-9

(a) RESIDENCE NO. Church Home & Infirmary St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	IF LESS than 1 day __ hrs. or __ min.
	86	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER William Augustus Schiebold

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna _____

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Church Home Records

(Address) Belmont Ave Broadway

C. HAMPSON JONES, M. D.

JUL 30 1931

15 Filed _____, 19__ By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7 - 30 - 31

17 I HEREBY CERTIFY, That I attended deceased from 7 - 1 1931, to 7 - 30, 1931, that I last saw h__ alive on 7 - 30 1931, and that death occurred, on the date stated above, at 4 55 a. m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

(duration) 1 hr. yrs. ____ mos. ____ ds.

CONTRIBUTORY (secondary) Chronic myocarditis Arteriosclerosis

(duration) 15 yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Allyn B. Choate, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — Date of Burial: Aug 1 1931

20 UNDERTAKER: Hyther & Mc Sherry — ADDRESS: 849 N. Broadway

REGISTRAR.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. A CE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70904 X 59 E 70904

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Md. General Hospital ST. WARD) (Upton)

2—FULL NAME Columbus Ellsworth Upton

(a) RESIDENCE NO. Woodlawn, Md ST. 11-24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Upton

7 DATE OF BIRTH (month, day, and year) Sept 2 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Co

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER John Upton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md.

12 MAIDEN NAME OF MOTHER Ellen Sanders

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md.

14 Informant Hospital records.

(Address)

15 ..... 1931 ..... Registrar

L 30 1931

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1931

17 I HEREBY CERTIFY, That I attended deceased from 7-7-1931 to 7-29-1931

that I last saw him alive on 7-29-1931

and that death occurred, on the date stated above, at 5-55 p m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Angina pectoris

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John F. Chamberlain M. D.

7/29 1931 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Aug 1st 1931

20 UNDERTAKER Joseph L B Cook ADDRESS 1063 N Bal

(OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

REGISTERED NO. 70905

1-PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 3 1 S. Morley St. St. WARD)

2-FULL NAME Mr. Raymond Loudenslager. 20-70

(a) RESIDENCE NO. 3 1 S Morley St St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie E. Loudenslager

6 DATE OF BIRTH (month, day, and year) Oct 24 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Repairman

(b) General nature of industry, business, or establishment in which employed (or employer) Garage owner

(c) Name of employer Himself Baltimore

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George H. Loudenslager

11 BIRTHPLACE OF FATHER (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Catherine Frances

13 BIRTHPLACE OF MOTHER (State or country) Washington Co Md

14 Informant (Address) Mrs Jane 31 S. Morley St.

15 JUL 30 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-29-31

17

I HEREBY CERTIFY, That I attended deceased from 6-17-31, 19... to 7-29-31, 19...

that I last saw him alive on 7-29-31, 19...

and that death occurred, on the date stated above, at 4 35 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary abscess right

Sub diaphragmatic abscess right

(Duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Perforated gastric ulcer

(Duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home of Clara

Did an operation precede death? Yes Date of 6-17-31

Was there an autopsy? No

What test confirmed diagnosis? Roentgen Examination

(Signed) Wyatt Clayton M. D.

7-29-31 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hardscrabble Harrisonville Md

DATE OF BURIAL July 31 19 31

20 UNDERTAKER Jos B Cook

ADDRESS 1008 W Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

70906 — 46 — E 70906

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 W. Fayette St., ... Ward)

Length of residence in city or town where death occurred 20 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Charlotte Amelia Nickles

(a) Residence: No. 2550 W Fayette St., Ward. 20-69
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Late Edward Nickles

6. DATE OF BIRTH (month, day, year): April 17-1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): July 1931

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER

13. NAME: Morrison

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Carrie Ertell

(Address) 2550 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date July 31 1931

19. UNDERTAKER: Jos B Cook

(Address) 1003 W Baltimore St

C. HAMPSON JONES, M. D. Registrar

AUG 1 1931

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): July 29. 1931

22. I HEREBY CERTIFY, That I attended deceased from July 26th 1931 to July 29th 1931

last saw h e alive on July 28 1931 death is said to have occurred on the date stated above, at 5.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Indefinite
Other contributory causes of importance: Obstruction of bowel & Heart failure	July 26th 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J E Boulton M. D.

(Address) 3909 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 70907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931 E 70907

1-PLACE OF DEATH (a) CITY OF BALTIMORE: (No.) 1003 Gaily ST., (Third Floor Edmondson) WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Johnson

(a) RESIDENCE: NO. 703 George ave ST., WARD 17-26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. 18 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7-10-20

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leroy Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Martha Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bertha Johnson

(Address) 703 George ave

15 7 30 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Jury, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Ghosmeyer Coroner M. D.

7/30 1931 (Address) 1632 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 7-31 1931

20 UNDERTAKER Chas S. Cooper

ADDRESS 5447 Baltimore St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70903

HEALTH DEPARTMENT—CITY OF BALTIMORE

70903

CERTIFICATE OF DEATH.

46

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 910 Washington Blvd

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louisa. Freeh 21-29

(a) RESIDENCE No. 910 Washington Blvd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 5 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~single~~ Married, Widowed, or ~~Divorced~~, (write the word)
Female	white	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George Freeh

6 DATE OF BIRTH (month, day, and year) Feb 8 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Julius Thomas
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Louisa Brooks
13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant (Address) George Freeh 910 Washington Blvd

15 JUL 30 1931 — 19 31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1931

17
I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to July 30, 1931.
that I last saw h w alive on July 30, 1931.
and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver.

(duration) — yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) None.

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? no.
What test confirmed diagnosis? M.D. Physical Exam.

(Signed) Thos Lentz M. D.
19 (Address) 888 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery DATE OF BURIAL Aug 1 1931

20 UNDERTAKER Jos Joesden & Son ADDRESS 217 S. Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

70909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

70909

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4602 Liberty Heights WARD)

2. FULL NAME Annie Miller Mowen

(a) RESIDENCE NO. 4602 Liberty Heights ST., WARD 28.6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurs 55 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 85 yrs. 10 mos. 18 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Mowen

6. DATE OF BIRTH (month, day, and year) Sept 5th 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9. BIRTHPLACE (city or town) (State or country) Washington Co. Maryland

PARENTS

10. NAME OF FATHER Jacob Miller

11. BIRTHPLACE OF FATHER (city or town) Middletown (State or country) Maryland

12. MAIDEN NAME OF MOTHER Margaret Zittle

13. BIRTHPLACE OF MOTHER (city or town) Middletown (State or country) Maryland

14. Informant Thos. Mowen (husband) (Address) 4602 Liberty Heights Ave

15. DATE JUL 30 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) July 30/31

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to July 31, 1931

That I last saw her alive on July 30, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 10 yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Robertson M. D.

. 19 (Address) 712 McCulloh Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown - Pa. DATE OF BURIAL Aug 2/1931

20. UNDERTAKER Edward Mowen & Bro. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

E 70910

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1935 E. 30 th (St.) (Ward)

2 FULL NAME Fannie M. Wilbur

9-45

(a) RESIDENCE NO. 1935 E. 30 th. (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George A. Wilbur

6 DATE OF BIRTH (month, day, and year) May 29, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	I	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore. Md.

PARENTS

10 NAME OF FATHER: Thomas Bedford

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Hannah Lippy.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Interment (Address): George A. Wilbur 1935 E. 30 th. St.

15 C. HAMPSON JONES, M. D. Registrar

JUL 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27-1931

17

I HEREBY CERTIFY, That I attended deceased from April, 1931, to July 27, 1931

that I last saw h[illegible] alive on July 27, 1931

and that death occurred, on the date stated above, at 11,45 P. M.

The CAUSE OF DEATH* was as follows:

Cancer of the uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of the liver

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. L. Zimmerman M. D.

July 30 1931 (Address) 2858 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	July 31, 1931

20 UNDERTAKER: Margaret E. Hynes ADDRESS: 1472 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 70911

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Lindsay ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mont Rolen Tee 9-46

(a) RESIDENCE NO. 2829 Simpson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joe Cantee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Annie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs. Annie Cantee

(Address) 2829 Simpson

15 Filed JUL 31 1931 192 HAMILTON JONES, M. D. Registrar

CO26

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia Both Lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Hamilton Jones, M. D. Coroner

(Address) 1530 Lorman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

JUL 30 1931

(Be sure that every question is answered. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

1-30—M. & T.—100 B—50L

E 70912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 E 70912

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 914 Hanover St. ST., WARD) 23-35

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Buckheit.

(a) RESIDENCE NO 1200 Light St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 7 mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Dec. 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Boiler maker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Peter Buckheit.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Reeder.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Henry Buckheit. (brother)

(Address) 1813 Light St.

15 Filed JUL 31 1931, 192 ---------- Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his (Unquest, autopsy or inquiry.) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No. Date of ----------

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Chas. A. Reinhardt, M. D. Coroner

7/30, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Hill Cemetery — DATE OF BURIAL: Aug 1st 1931

20 UNDERTAKER: Fred A. Krauss — ADDRESS: 703 Hanover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L.

E 70913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 E 70913

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 709 Druid Hill Ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Stanley L Anthony

(a) RESIDENCE NO. 709 Druid Hill Ave (WARD) 11-24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter and Decorator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Halifax N Carolina

PARENTS

10 NAME OF FATHER Chas Anthony

11 BIRTHPLACE OF FATHER (City or town) (State or country) Halifax N Carolina

12 MAIDEN NAME OF MOTHER Josephine Smith

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Halifax Carolina

14 Informant Mrs Sandie Lyons

(Address) 1806 N Gay St

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) July 29 1931 H Hollins, M. D.

(Address) October Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Aug 1 1931

20 UNDERTAKER Banner & Whitehurst ADDRESS 1201 Eutaw Pl

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 31 1931 RAMON JONES, M. D.

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 70914

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70914

CERTIFICATE OF DEATH

1-PLACE OF DEATH Usaltz Eye & Ear Infirmary Entaw Place 45

CITY OF BALTIMORE: No ____ ST.: ____ WARD 16-68

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME C. THEODORE DIETERICH

(a) RESIDENCE No 2711 W MOSHER ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	WHITE	SINGLE

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) JAN 10, 1869

7 AGE	6 Months	19 Days	If LESS than 1 day, hrs. or min.
62 Years	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work MUSICIAN

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) BALTIMORE MD

PARENTS

10 NAME OF FATHER LOUIS P DIETERICH

11 BIRTHPLACE OF FATHER (city or town) (State or country) GERMANY

12 MAIDEN NAME OF MOTHER ELIZ ROEDER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) BALTIMORE MD

14 Informant LOUIS F DIETERICH

(Address) 2711 W MOSHER BALTIMORE MD

15 Filed JUL 31 1931 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JULY 29 1931

17 I HEREBY CERTIFY, That I attended deceased from JUNE 13, 1931, to JULY 29, 1931, that I last saw him alive on JULY 29, 1931, and that death occurred, on the date stated above, at 6.55 P.m.

The CAUSE OF DEATH* was as follows:

CARCINOMA of TONGUE WITH SECONDARY HEMORRHAGE

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Joseph Kinsley, M. D.

, 19 (Address) 1908 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 7/31/1931

20 UNDERTAKER: H Browning Sons — ADDRESS 1136 Poplar Grove

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 70915 — 61 — L 70915

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2112 Allendale Road St. Ward) 15-61

2 FULL NAME Francis Ann Hozier

(a) RESIDENCE NO. 2112 Allendale Road St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 30 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

PARENTS

10 NAME OF FATHER William Hozier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Harvey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) MacArthur Richardson 2112 Allendale Rd

15 Filed JUL 31 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1931

17

I HEREBY CERTIFY, That I attended deceased from October 25 1923 to July 27th 1931

that I last saw he alive on July 28th 1931

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Progressive Arthritis Paralysis

(duration) 7 yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) H. S. Hammer M. D.

July 29 1931 (Address) 124 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	July 31 1931
20 UNDERTAKER	ADDRESS
Wm. J. Tschudy & Son	Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 70916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 97 E 70916

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 4326 Eager St. ST.) (WARD) 26-39

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Bayland Bables Hospital

2—FULL NAME Eliza N. Rosier

(a) RESIDENCE NO. 4326 Eager St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Rosier

6 DATE OF BIRTH (month, day, and year) Jan. 7-1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Housewife (6 yrs.)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co., Md.

PARENTS

10 NAME OF FATHER John Riley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Annie Stuffy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Geo. Wilhelm (Address): 4326 Eager St.

15 Filed JUL 31 1931, 19 — Dept. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30/31

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to July 30, 1931, that I last saw h[illegible] alive on July 29, 1931, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Gangrene of right leg

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Toukey, M. D.

, 19 (Address) 600 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Market Cem. — DATE OF BURIAL: Aug. 1 1931

20 UNDERTAKER: W. C. Brooks & Son — ADDRESS: Sparks Md

IMPORTANT. Physicians are required by law to fill out this certificate properly and completely. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Use only black ink. Write plainly. Do not abbreviate. Do not use ditto marks. Be sure that it may be properly classified. Exact statement of OCCUPATION is very

Spec—9-28—A. & Co—250 Blks

E 70917

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70917

CERTIFICATE OF DEATH

126

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital ST. WARD)

2 FULL NAME Mrs. Fannie Freeman

(a) RESIDENCE NO. 421 S. Pulaski St WARD 20-78

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham

6 DATE OF BIRTH (month, day, and year) ~~1870~~ 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Potlock

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Ida Unklow

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Morris Freeman 421 S. Pulaski St

15 [illegible] C. HAMPSON [illegible] Registrar

JUL 31 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from 7/23, 1931, to 7/30, 1931

that I last saw her alive on 7/30, 1931

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Hydrops of Gall Bladder, Hepatitis Acute Cholecystitis Chronic Pancreatitis, Cholangitis

(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible] Gall Bladder

Did an operation precede death? No Yes Date of 7/26/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Goodman M. D.

7/30, 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fickus Washington Pk. DATE OF BURIAL: July 31, 1931

20 UNDERTAKER: M. S. Feinman Bro. ADDRESS: 1107 E Balto St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70918 — 186-001 — E 70918

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 W. Monument ST., WARD) 11-25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret McDonogh Lynch

(a) RESIDENCE NO 223 W. Monument ST., WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) _____

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

PARENTS

10 NAME OF FATHER Andrew A. Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) ------ Pennsylvania

12 MAIDEN NAME OF MOTHER Rosalba P. Ludden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Miss Lillie M. Lynch

(Address) 223 W. Monument Street

15 Filed JUL 31 1931 Harrison Jones M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. 6 mos. Fracture of Femur

CONTRIBUTORY (Secondary) (duration) about 1 week

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 12 weeks

Was there an autopsy? Yes

What test confirmed diagnosis? Regular

(Signed) H. E. Lynch M. D.

July 29 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Green Mount Cemetery	8/1 1931

20 UNDERTAKER Henry U. Mears & Sons ADDRESS W. Saratoga

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 70919

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

E 70919

CERTIFICATE OF DEATH

1—PLACE OF DEATH 707 Allegheny Place

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2—FULL NAME Sarah Parker Bell

(a) RESIDENCE NO. 707 Allegheny ST. 15.21 WARD
(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	W.	Widowed

a If married, widowed, or divorced, HUSBAND of (or) WIFE of William Bell Thomas Parker

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Calvert Co Maryland

PARENTS

10 NAME OF FATHER: William Wills

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Maryland

12 MAIDEN NAME OF MOTHER: Catherine Wills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co Maryland

11 Informant: Thomas J. Parker

(Address): 707 Allegheny Place

15 Filed JUL 31 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 29. 1931

17 I HEREBY CERTIFY, That I attended deceased from 7/29, 19 31, to 7/29, 19 31,

that I last saw h[er] alive on 7/29, 19 31

and that death occurred, on the date stated above, at 4 1. m.

The CAUSE OF DEATH* was as follows:

Nephritis (chr.)
Myocarditis
arteriosclerosis

(duration) Years mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson M. D.

, 19 (Address) 1132 Baker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: July 31 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1305 Pierstman St

IMPORTANT. See instructions on back of certificates.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

1-30—M. & T.—100 B—50L.

E 70920

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70920

107-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 E Register ST., ... WARD) 2-4

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Virgie Young-
9 E Register.

(a) RESIDENCE NO ..... ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 6 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Tom Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Carrie Perry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Carolina

14 Informant: Carrie Young

(Address) 9 S Register St

15 Filed ..... 192 ..... Registrar

JUL 31 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B P Herzog M.D. Coroner, M. D.

7/31, 1931 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ridgely cemetery — DATE OF BURIAL: aug 2 1931

20 UNDERTAKER: Edward Bryson — ADDRESS 1631 Orleans St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 70921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70921

59

1 PLACE OF DEATH (a) Dispensary Hospital

CITY OF BALTIMORE: (No.) Edmondson Ave. WARD

2 FULL NAME Anna Little (LITTLE)

(a) RESIDENCE NO. 2810 Brinkon WARD 27

(Usual place of abode) (If non-resident give street and number)

Length of residence in city or town where death occurred 2 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of Amos F. Little

6 DATE OF BIRTH (month, day, and year): Jan. 3 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Waynesboro Pa.

PARENTS

10 NAME OF FATHER: William Pumell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Emmittsburg Maryland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Unknown

14 Informant: Lucie S. Little (Address) 2810 Brinkon Ave.

15 Filed Jul 1 1931 Reg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-29-31

17 I HEREBY CERTIFY, That I attended deceased from 7-14-31 to 7-29-31

that I last saw h alive on 7-29-31 at m.

and that death occurred, on the date stated above, at m.

17a CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

Diabetes Mellitus

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 7/14/31

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) M B Hamilton M. D.

19 (Address) 1st Mt. Hope Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cemetery

DATE OF BURIAL: Aug 1 1931

20 UNDERTAKER: Frederick Grieshaber Edmondson Rd.

21 FILED: JUL 31 1931 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

information should be carefully supplied. All the

1-30—M. & T.—100 B—50L

William Scott

E 70922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 70922

REGISTERED NO. _____

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 407 Yale Ave. ST., WARD)

2-FULL NAME William Scott

20-71

(a) RESIDENCE No 407 Yale Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wilhelmina Scott

6 DATE OF BIRTH (month, day, and year) March 24, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer B. & O. R.R.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Lewis Scott

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Rotterdam, Germany

12 MAIDEN NAME OF MOTHER Rebecca McClung

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Liverpool England

14 Informant Wilhelmina Scott

(Address) 407 Yale ave

15 Filed 3 1 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary) ----

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) Guy N. Cromwell, M. D. Coroner

(Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem

DATE OF BURIAL: Aug 1 1931

20 UNDERTAKER: H. M. Routson

ADDRESS: 2238 W Balto

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CLAMPTON JONES, M.

Spec.—9-30—A. & Co.—250 Blks

250033 E. 70923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002 E. 70923

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dallas Carter

(a) RESIDENCE NO. 2032 Boone St. 9-46 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 6-1902

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	5	22	
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Robert Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maggie Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 JUL 31 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29-1931

17 I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to July 29, 1931, that I last saw h[illegible] alive on July 29, 1931, 1 30 P.M. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) about 1 mo. yrs. mos. ds.

CONTRIBUTORY (Secondary) in definite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 7-28 31

Was there an autopsy? yes

What test confirmed diagnosis? operation

(Signed) J A Abercrombie M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Aug 1 1931
UNDERTAKER	ADDRESS
Mrs. R. G. Elliott	1725 Ashland

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

05-0939 B 70924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 B 70924

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. WARD 8-17

2 FULL NAME Louella Logan

(a) RESIDENCE NO. 1620 E. Hoffman St. WARD [redacted]

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 670

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER John Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER Aberta Hunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Friends

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29-31

17

I HEREBY CERTIFY, That I attended deceased from July 26 1931 to July 29 1931

that I last saw her alive on July 29 1931

and that death occurred, on the date stated above, at 1512 m.

The CAUSE OF DEATH* was as follows:

Peritonitis, Etiology unknown

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis with Uremia

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Smears of Peritoneum Blood Chemistry

(Signed) Lillooth Coston M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	July 31 1931
UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1225 Ashland Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70925

48

1 PLACE OF DEATH

REGISTERED No

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 1535 N. Chester St. WARD 8-12

2 FULL NAME ELIZABETH MILLER

(a) RESIDENCE No. 1535 N. Chester St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Miller

6 DATE OF BIRTH (month, day, and year) Feb. 24. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Ernest Howe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Henry Miller (Husband)
(Address) 1535 N. Chester St.

15 Filed [illegible] 19 [illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30. 1931

17

I HEREBY CERTIFY, That I attended deceased from June 7 . 1931 . to July 30 . 1931

that I last saw h[illegible] alive on June 29 . 31

and that death occurred, on the date stated above, at 10.30a m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Carcinoma of Uterus.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia & Metastasis

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No Examination Refused

What test confirmed diagnosis? [illegible]

(Signed) Albert Greenberg M. D.

7/31 1931. (Address) 7070 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery — DATE OF BURIAL: Aug. 3 1931

20 UNDERTAKER: Hean, Sander & Sons, Inc. — BALTIMORE & BROADWAY

INFORMATION should be carefully supplied. AGE in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 70926

82-001

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2805 Fait Ave ST. _____ WARD) 1-1

2 FULL NAME Robert D. Collins

(a) RESIDENCE NO. 2805 Fait Ave ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary J. Collins

6 DATE OF BIRTH (month, day, and year) April 13, 1878

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	53	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Die Setter

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer: American Can Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John R. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Katie Peters

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs. Mary J. Collins 2805 Fait Ave

15 Filed _____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1930 to July 1931

That I last saw h[illegible] alive on July 30 1931

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (Secondary) Per. Anemia

(duration) 9 yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Dod M. D.

_____, 19 (Address) 4616 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

UNDERTAKER: Hoy, Sauter & Sons, Inc.

DATE OF BURIAL: Aug 3 1931

ADDRESS: Baltimore St & Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Information should be carefully supplied. AGE should be given in all cases.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70927 108 E 70927

1 PLACE OF DEATH St Agnes Hospital — REGISTERED NO

CITY OF BALTIMORE: (No ___ St ___ Ward ___) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha G. Knapp

(a) RESIDENCE NO. 201 S. Bentalou ST 20-69 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of ___

6 DATE OF BIRTH (month, day, and year) Dec 19-1928

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	2	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ___

(b) General nature of industry, business, or establishment in which employed (or employer) ___

(c) Name of employer ___

9 BIRTHPLACE (City or town) (State or foreign country) Brets . Md

PARENTS

10 NAME OF FATHER William Knapp

11 BIRTHPLACE OF FATHER (city or town) (State or foreign country) Baltimore. Md.

12 MAIDEN NAME OF MOTHER Bertha Grace Hopper

13 BIRTHPLACE OF MOTHER (city or town) (State or foreign country) Baltimore. Md

14 Informant (Address) Wm S. Knapp 201 S. Bentalou St.

15 Filed ___ 19 ___ Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30/31

17 I HEREBY CERTIFY, That I attended deceased from 7/20, 19 31, to 7/30, 19 31

That I last saw h[illegible] alive on 7/30, 19 31

And that death occurred, on the date stated above, at 10 50 A. M.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) ___

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of 7/30/31

Was there an autopsy? Yes

What test confirmed diagnosis? ___

(Signed) A. J. Thompson M. D.

19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL 19 31

UNDERTAKER: E. B. Wetzel — ADDRESS 300 Eutaw Place

CAUSE OF DEATH must be entered EXACTLY. PHYSICIANS must not use indefinite terms. It may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ECCLESIASTICAL

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70928

CERTIFICATE OF DEATH

9 E 70928

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs 7 mos 29 ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Doris Ripley

(a) Residence: No. 307 So. Bentalou St., Ward. 70-69

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lawrence Ripley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Noff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Anna Ripley

(Address) 307 So. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 7/31/1931

19. UNDERTAKER F. D. Hilpert

(Address) 1500 Eutaw Street

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1931 to July 29, 1931

I last saw h alive on July 29, 1931 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	7/13/31
Other contributory causes of importance: Convulsions	7/29/31 (day)

Name of operation None Date of

What test confirmed diagnosis? Smear, Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Pelz, Menachi M. D.

(Address) Lyndenham Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 REGISTERED NO. 70929

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4116 (St.) Harford (Ward) 20-71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Geo. C. Smith

(a) RESIDENCE NO. 4116 Harford Ave (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): m

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Annie B. Smith

6 DATE OF BIRTH (month, day, and year): Nov 1st 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk Polishing Glass Co

(b) General nature of industry, business, or establishment in which employed (or employer): Window Glass Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford County Md

PARENTS

10 NAME OF FATHER: Chas F. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Germany

12 MAIDEN NAME OF MOTHER: Louisa Schroder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Annie B. Smith 4116 Harford Ave

15 Filed: 8-1-31 — Wilson Immediate Address

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7/30/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to July 30, 1931

that I last saw him alive on July 30, 1931

and that death occurred, on the date stated above, at 1.15 p.m.

The CAUSE OF DEATH* was as follows: Carcinoma Prostate

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary): Metastasis Spine

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) J N Wilson

19 (Address) 848 W 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	7/31/1931

UNDERTAKER: C. B. Wolfinger

ADDRESS: 500 Eutaw Ave

C. HAMPSON JONES, M.D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

70930

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70930

CERTIFICATE OF DEATH.

159

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3524—7th St (Brklyn) ST., WARD 25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Vernon Nelson Petry

(a) RESIDENCE NO. 3524—7th St. ST., WARD 25

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. (if not foreign born)? yrs. mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Infant

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) July 23 1931

7 AGE Years Months Days 7

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED Infant

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) 3524—7th St Brooklyn Baltimore Md

PARENTS

10 NAME OF FATHER George Henry Petry

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Doris N. Smith

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Brooklyn Baltimore Md

14 Informant Doris N. Petry (Address) 3524—7th St. Brooklyn Md

15 Filed JUL 31 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30 1931

17 I HEREBY CERTIFY, That I attended deceased from July 23 1931 to July 30 1931.

that I last saw him alive on July 28th 1931.

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH was as follows:

Immaturity

Petrus Nelsonianum

CONTRIBUTORY (Secondary) Premature Birth (duration) yrs. mos. 7 ds.

Born at 7th St Md (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Same Wk 4 Hrs

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) Robert O. Johnson M. D.

, 19 (Address) 3564 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL Aug 1 1931

20 UNDERTAKER John F Denny

ADDRESS 1154 W Lexington St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 70931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70931

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST., 12-07 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Rosenbloom

(a) RESIDENCE NO. Sinai Hospital ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-29-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10 hours.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Sinai Hospital
(State or country)

PARENTS

10 NAME OF FATHER Leon Rosenbloom

11 BIRTHPLACE OF FATHER (city or town) N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Stein

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant
(Address)

15 Filed JUL 31 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-29-31

17

I HEREBY CERTIFY, That I attended deceased from 12 Noon 7-27, 1931, to 10 A.M. 7-29, 1931.

that I last saw her alive on 7-27, 1931.

and that death occurred, on the date stated above, at 10 10 P.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical observation

(Signed) M. W. Hampson Jones, M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JUL 31 1931 HAMPSON JONES, M.D. BALTIMORE HEALTH

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 70932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH Good Shepherd Hospital — REGISTERED NO

CITY OF BALTIMORE: (No 1512 Eleanor ST WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ella Cox

(a) RESIDENCE NO 543 Kirby Lane ST 20-27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female — 4 COLOR OR RACE Col. — 5 Single, Married, Widowed, or Divorced, (write the word) Wid.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Cooking Family

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment at Kloppers Cemetery (Address)

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30/31

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1931 to July 30, 1931

that I last saw h[illegible] alive on 7-30-31

and that death occurred, on the date stated above, at 6:30P m.

The CAUSE OF DEATH* was as follows:

Chron. Nephritis
and myocarditis 4 mo
Arteriosclerosis 1 yr

CONTRIBUTORY (Secondary) (duration) yrs. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. R. Boykin M. D.

19 (Address) 1512 Eleanor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL [illegible]

20 UNDERTAKER [illegible] ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

JUL 31 1931

Spec.—9 30—A. & Co.—250 Blks

70933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 93-003

70933

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. St. Ward)

2 FULL NAME Robinson Brown

(a) RESIDENCE NO. 213 N. Dallas St. St. Ward 6-9

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Brown

6 DATE OF BIRTH (month, day, and year) Sept. 9. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer out of work

9 BIRTHPLACE (city or town) (State or country) Tenn.

PARENTS

10 NAME OF FATHER Frederick Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Anna Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-28-31

17 I HEREBY CERTIFY, That I attended deceased from 2-20-31, 19 . to 7-28-31, 19

That I last saw him alive on 7-28-31, 19

and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Senile

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Shroer M. D.

. 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL 7 31 1931

20 UNDERTAKER Commissioner Health ADDRESS

7 31 1931 C. HAMPSON JONES, M. D. Registrar

60830

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

70934 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

E 70934

1 PLACE OF DEATH St Agnes. Hospital

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 25-72 St Ann WARD)

2 FULL NAME Mr. Edward Seidlich

(a) RESIDENCE NO Paradise ave, Catonsville and Watkins Ave. ST Anns WARD

(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs Seidlich Formerly Seidlich

6 DATE OF BIRTH (month, day, and year): October 19, 1908

7 AGE — Years: 22. Months: 9 Days: 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fire Dept. 186

(b) General nature of industry, business, or establishment in which employed (or employer): Balto County

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Henry Seidlich

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs Frances Seidlich Paradise Ave. Catonsville

15 [illegible] C. HAMPSON JONES, M. D. Registrar

AUG 1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-29-31

17

I HEREBY CERTIFY, That I attended deceased from 7-28-31, 19 , to 7-29-31, 19

that I last saw him alive on 7-29-31, 19

and that death occurred, on the date stated above, at 10 30 P. M.

The CAUSE OF DEATH* was as follows:

Peritonitis - following perforation

(duration) yrs. mos. 24 hrs

CONTRIBUTORY (Secondary): Typhoid Fever

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? Yes Date of 7-28-31

Was there an autopsy? Yes

What test confirmed diagnosis? Physical & Lab

(Signed) Hyalmar S. Anderson M. D.

7-29-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

DISPOSITION OF BODY: Mill Cathedral Cem

UNDERTAKER: Easton Sons

DATE OF BURIAL: Aug 1 1931

ADDRESS: Edison Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. PHYSICIANS should be very important. See instructions on back of certificate. OCCUPATION

Spec.—3-29-28—L. F. S.—500 Blks.

E 70935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70935

191

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 134 N. Hall ST., WARD) 12-30 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles W. Mills

(a) RESIDENCE NO. 134 N. Hall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 1 mos. 15 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced. (write the word): married

6 If married, widowed, or divorced — HUSBAND of (or WIFE of): Bertha Mills

6 DATE OF BIRTH (month, day, and year): June 15-91

7 AGE — Years: 39 — Months: 1 — Days: 15 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country):

PARENTS

10 NAME OF FATHER: Samuel Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Minnie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Minnie Williams): (Address) 134 N. Hall

15 Date received: JUL 31 1931 — C. HAMPSON JONES, M. D. Registrar — 10875

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30/31.

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to July 30, 1931, that I last saw him alive on July 30, 1931, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Acute Uremia

(duration) yrs. — mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Renal

(Signed) H. Hall, M. D.

(Address) 129 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National — DATE OF BURIAL: Aug 3 1931

UNDERTAKER: Sam'l W. Shane & Son — ADDRESS: 638 N. Gilmor

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 70936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70936

CERTIFICATE OF DEATH.

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. _____ ST., _____ WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Duncan

(a) RESIDENCE NO. Oxford, Md. ST., 12-51 WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [redacted] yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male-	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ora Langley

6 DATE OF BIRTH (month, day, and year) Jan. 30, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer Slp Della Griffin

9 BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

PARENTS

10 NAME OF FATHER Thomas C. Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rosie Dies

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Md.

15 Filed JUL 31 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 27, 19 31, to July 31, 19 31,

that I last saw him alive on July 31, 19 31,

and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, chronic active

unknown
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & lab. findings

(Signed) O L Williams M. D.

7/31, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oxford, Talbot Co DATE OF BURIAL 7/31 1931

20 UNDERTAKER H. H. Cole ADDRESS 1217 Pine St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

70937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST WARD)

2 FULL NAME Charles Moersberger

(a) RESIDENCE NO 132 S. Chapel ST WARD 2-4

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina

6 DATE OF BIRTH (month, day, and year) Nov. 29 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Paul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cathrine Zitzel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Balto. City Hosp.

15 Filed JUL 31 1931 C. RAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30-31

17

I HEREBY CERTIFY, That I attended deceased from 6-18-31, 19 , to 7-30-31, 19

That I last saw h im alive on 7-30-31, 19

and that death occurred, on the date stated above, at 1:35 P m.

The CAUSE OF DEATH*, was as follows:

Myocarditis, Chronic

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jno. G. Arnold M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore	8/3 '31
20 UNDERTAKER Wm Cook	ADDRESS 1217 E Fort Ave

INFORMATION should be stated EXACTLY. PHYSICIANS should see that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250R

Dr. Bauer 3035 O'Donnell St ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

709338 46 709338

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 E. Lombard St., ... Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Millbrook 3-4

(a) Residence: No. 1609 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
(or) WIFE of Christopher Millbrook

6. DATE OF BIRTH (month, day, year) 2 2 1861

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Martin DeWald
14. BIRTHPLACE (city or town) (State or country) France

MOTHER
15. MAIDEN NAME Mary Wruer
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Susie DeWald
(Address) 1609 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Wolfe Cemetery, Ridge Md Date 8/3 1931

19. UNDERTAKER W. M. Cook
(Address) 217 St. Paul St

20. FILED JUL 31 1931 19 C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan - 5 1931, to July 30 1931

I last saw h~~er~~ alive on July 22 1931 death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

Name of operation Colostomy Date of Feb 8-31

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J. Bauer M. D.
(Address)

Information called for on both sides of this certificate is necessary for the registration of vital statistics, and it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

23 E 70939

E 70939

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dora Blair 24-53

(a) RESIDENCE NO. 15 Elmwood Road St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Blair

6 DATE OF BIRTH (month, day, and year) Aug. 8, 1862

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	68	11	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Edward W. Steifel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Jane Holtzman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) Charles J. Kirchner Jr. 17 Elmwood Road

AUG 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from May 31 1931, to July 31, 1931, that I last saw h[illegible] alive on July 31, 1931, and that death occurred, on the date stated above, at 6-a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis with Cavitation

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (secondary) Acute Cholecystitis

Bronchopneumonia (duration) yrs. mos. 36 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 26th 31

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Vernon H. Pentland M. D.

, 19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial 8/1 19 31

20 UNDERTAKER Harry A. Myers & Son

ADDRESS 205 W. Saratoga

WHITE PAPER. WITH ESTABLISHED INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Blks.

E 70940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

E 70940

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1944 W North Ave St.) (Ward) 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME EMMA ATKINSON

(a) RESIDENCE NO. 1944 W North Ave St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of John M. Atkinson

6 DATE OF BIRTH (month, day, and year): Mar. 23-1854

7 AGE: Years 77 Months 8 Days 7 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Fred Schelle

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Ellen Leary

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant (Address) Mary W. Ellen 1944 W. North Ave

15 Filed L 31 1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1931

17 I HEREBY CERTIFY, That I attended deceased from July 28. 1931. to July 30. 1931.

that I last saw h[illegible] alive on July 30 1931.

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

CARCINOMA OF STOMACH

PYLORIC.

CHOLELITHIASIS

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) INTESTINAL OBSTRUCTION

(duration) yrs. mos. 3 ds.

18 Where was disease contracted HOME

if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? CLINICAL

(Signed) Chas F Blanton M. D.

July 31 1931 (Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Robert S. Gittle Date of Burial Aug 2 1931

20 UNDERTAKER: Linden Funk ADDRESS 4100 Eas[illegible]

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

70941 — CERTIFICATE OF DEATH — 181 — E 70941

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4021 Echodale Ave (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edna V. Grisinger 27-41

(a) Residence: No. 4021 Echodale Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Samuel L. Grisinger

6. DATE OF BIRTH (month, day, year): April 30 1891

7. AGE — Years: 40 | Months: 2 | Days: 29 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): July 1931
11. Total time (years) spent in this occupation: 03

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: William E. Holloway
14. BIRTHPLACE (city or town) (State or country): Balto Md
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Samuel L. Grisinger
(Address): 4021 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Aug 1 1931

19. UNDERTAKER: Frost Brooks
(Address): 1003 Eutaw St

20. FILED: Mar 19 1884 Registrar

JUL 31 1931 — H. ANDERSON JONES, M.D. — Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1931 to July 27, 1931 that she was last alive on July 25, 1931 at 6 P.M. and that death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of scalp metastatic	
Endocarditis	

Other contributory causes of importance:

Pneumonia (lobar)

Date of

Was there an autopsy? No

Was death due to external causes (violence) If so, state whether accident, suicide, or homicide? Accident. Date of injury June 17 31

How did injury occur? Fell about June 17 31 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Burned on scalp taking hair dressing.

Nature of injury: Burns of scalp infected

If injury was not accidental, specify

Was disease or injury in any way related to occupation of decedent? No If so, specify

(Signed) Chas Semmes M.D.

(Address) 4706 Harford Road

1-30—M. & T.—100 B—581.

E 70942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

E 70942

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 922 Hanover St. (St.) (WARD) 23-31

2-FULL NAME Albert Krieg.

(a) RESIDENCE NO 922 Hanover St. (St.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs ——— ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of Anna Krieg.

6 DATE OF BIRTH (month, day, and year) March 23, 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	86	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Locksmith.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elizabeth Smith. (daughter)

(Address) 922 Hanover St.

15 Filed 8-1-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

General Coronary sclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

8/1, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery — DATE OF BURIAL: Aug 1st 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

L 31103

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. P. S.—500 Blks.

E 70943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70943

CERTIFICATE OF DEATH

93-003
REGISTERED NO.

1—PLACE OF DEATH Home for Incurables
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 40th St. & Keswick Rd. ST., WARD) 13-52

2—FULL NAME Virginia A. Kerner.

(a) RESIDENCE NO. 1216 John ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 27, 1836

7 AGE: Years 95 | Months ✱ | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: John F. Kerner
11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore
12 MAIDEN NAME OF MOTHER: Susan Kaylor
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Hospital Records
(Address)

15 Filed JUL 31 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 4 1931 to July 31 1931
that I last saw her alive on July 30 1931
and that death occurred, on the date stated above, at 8 25 a. m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis
Chronic myocarditis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary): Auricular fibrillation
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical signs. X-Rays

(Signed) M. D.
July 31 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem.
DATE OF BURIAL: Aug. 3 1931
UNDERTAKER: Leonard H. Sons Co.
ADDRESS: Lombard

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70944

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 C 70944

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Good Shepherd General Hospital — REGISTERED No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No 1512 N. Gilmor St WARD 18.26)

2 FULL NAME Fannie Berry

(a) RESIDENCE No 1061 W Fayette St WARD
(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Watkins

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE — Years: 58 — Months: — — Days: — — If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 031
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS
10 NAME OF FATHER: Anderson ?
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Frances Brown 1155 N Eaton St

15 AUG 1 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-30-31

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 30, 1931
that I last saw her alive on 7-30-1931
and that death occurred, on the date stated above, at 8.30 Am

The CAUSE OF DEATH* was as follows:
Myocarditis Rheumatic
of Syphilitic Origin
Chron. Gastritis 6 mo
(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) (duration) yrs. 5 mo ds.

18 Where was disease contracted if not at place of death? ____
Did an operation precede death? — Date of —
Was there an autopsy? —
What test confirmed diagnosis? Clinical
(Signed) W. R. Boykin M. D.
19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Blackstone, Va — DATE OF BURIAL: 8/1 1931

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 101 Druid Hill

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—0 30—A. & A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70945 — 70945 — 191

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 927 N. Duncan St. Ward) 7-12

2 FULL NAME Joseph Ural

(a) RESIDENCE NO. (Usual place of abode) 927 N Duncan St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 23 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna Ural

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER: Joseph Ural

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Barbara Hanel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Anna Ural 927 N. Duncan.

15 Filed [illegible] 19 [illegible] Registrar

R. D. 14

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31 1931

17 I HEREBY CERTIFY, That I attended deceased from July 20 1931 to July 31 1931

that I last saw h[illegible] alive on July 30 1931

and that death occurred, on the date stated above at 3 A M.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M.D.

(Address) 1000 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 3 1931

20 UNDERTAKER: Frederick Brockbank Son 1916 Eutaw — ADDRESS

AUG 1 - 1931 C. HAMPSON JONES, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 70945

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 70946

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (If NO.) Johns Hopkins Hosp. St. WARD)

2-FULL NAME Blanche Schultz 7-13

(a) RESIDENCE NO. 919 N. Chapel St., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 22-1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Chas Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Margaret Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Margaret Schultz
(Address) 919 N. Chapel St.

15 Filed ..... 192 .....
Wm. C. HAMPSON JONES, M. D.
1931 B. C. H. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? F. B. Lusk, M. D.

(Signed) Coroner

July 30 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakdawn — DATE OF BURIAL: Aug 1 1931

20 UNDERTAKER: Frank Brockson — ADDRESS: 900 Oakdale

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 1

Spec.—9-30—A. & Co.—250 Tbs.

70947

HEALTH DEPARTMENT—CITY OF BALTIMORE

70947

CERTIFICATE OF DEATH

131 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1306 (St.) Hillman (Ward) 9-18

2 FULL NAME Elizabeth C. Reilly (Riley)

(a) RESIDENCE NO. 1306 (St.) Hillman (Ward) 9-18

(Usual place of abode)

Length of residence in city or town where death occurred: yrs. 59 mos. — ds. — How long in U. S., if of foreign birth? — yrs. — mos. — ds.

(If non-resident give City or Town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	59	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Michael Reilly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Finnigan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs. Margaret M. Reilly 1306 Hillman St

15 Filed AUG 1 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 30 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1929 to July 30 1931

that I last saw h[e] alive on July 29 1931

and that death occurred, on the date stated above, at 4:50 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Renal Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Albert E. Levi M. D.

(Address) 5006 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Aug 3 1931

20 UNDERTAKER: Henry Hoeck Sons & Co — ADDRESS: 1301 E Eager St

AUG 1 1931

RPH

AaCo. 5-11 250B

70948

HEALTH DEPARTMENT—CITY OF BALTIMORE

70948

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1048 N Edew St., ... Ward)

Length of residence in city or town where death occurred 16 yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Lucille Vaughn 10-14

(a) Residence: No. 1048 N Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 26 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Vaughn

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Mary Keene

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Married Wife.
(Address) 1048 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md Date Aug 1 1931

19. UNDERTAKER W. J. Locke
(Address) 1302 Jefferson St

20. FILED ... 19...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-29-1931

22. I HEREBY CERTIFY, That I attended deceased from July 10 1931 to July 29 1931
I last saw her alive on July 27 1931 death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	July 8 1931

Other contributory causes of importance:

	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? No.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. W. Allen M.D.

1-29-32 (Address) 507 Cusqueta St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G-1931

Spec.—9-30—A. & Co.—250 Blks.

25402

HEALTH DEPARTMENT—CITY OF BALTIMORE

70949

70949

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Camarata

(a) RESIDENCE No. 1516 N. Chapel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible] - 1929

7 AGE: Years: 2 Months: 1 Days: 9mos. If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Frank Camarata

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Enel Zupla

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Parents

(Address): JOHNS HOPKINS HOSP.

15 8-1-1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31-31

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1931 to July 31, 1931

that I last saw him alive on July 31, 1931

and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:

Diarrhea & enteritis

(duration) yrs. mos. 30 ds.

CONTRIBUTORY (Secondary): Mediastinal tuberculosis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) J. C. Jongton M. D.

8/3, 1931 (Address) J H H

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 1st 1931

20 UNDERTAKER: Frank V. Dipitone — ADDRESS: 2818 E. Baltimore St

INFORMATION should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55-005

70950

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital (STREET) (WARD)

2 FULL NAME John H. Schuette

(a) RESIDENCE NO. 121 N. Stove ST. 6-10 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 8, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Gabriel Schuette

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Virginia Schuette

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington D.C.

14 Interment (Address): Brother 3 Th St.

15 Filed AUG 1 1931, 19 Registrar

C. HAMPSON JONES, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30, 31

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 30, 1931

that I last saw h live on July 30, 1931

and that death occurred, on the date stated above, at 11:30 P. M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Cyst Spinal Cord

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. 2 mos ds.

18 Where was disease contracted if not at place of death? Private

Did an operation precede death? Private

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ellen H. Spangenberg, M.D.

, 19 (Address) St. Joseph Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Aug. 3, 1931

20 UNDERTAKER: John A. Moran

ADDRESS: 3000 E. Balto St.

CAUSE OF DEATH—INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be particularly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

78951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No 1512 Gilmor ST WARD 34) REGISTERED No 78951

2 FULL NAME Daisy Pinkard or Pinkett

(a) RESIDENCE No 515 N. Carlton ST WARD 26

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): divorced

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1890

7 AGE: Years 41 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of Industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jennie Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Rosa Hanson 515 Carlton St

15 AUG 1 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-30-31

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1931 to July 30, 1931

that I last saw her alive on 7—30, 1931

and that death occurred, on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:

Septic Tonsilitis and Syphilitic Myocarditis 4 Weeks (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Eczema 4 mo (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W R Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jarrett Md. DATE OF BURIAL: 8-1-1931

20 UNDERTAKER: Daniel Easton ADDRESS 916 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70952 E 70952

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospitals (Bhc.) REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No ST WARD 1

2 FULL NAME Acquil Massenberg

14-20

(a) RESIDENCE NO. 1402 McCulloh st. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bootblack

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petersburg, Virginia

PARENTS

10 NAME OF FATHER Major Massenberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Susan Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records
(Address)

15 Filed G 1 1931 C. HAMPSON JONES, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29, 1931

17:

I HEREBY CERTIFY. That I attended deceased from Feb. 2, 19 31, to July 29, 19 31

that I last saw him alive on July 29, 19 31

and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Pulmonary Tuberculosis.

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical

(Signed) Lawrence H. Sena M. D.

7-29-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 7-31 1931

20 UNDERTAKER Daniel Easton ADDRESS 916 Park Ave

CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70953 E 70953

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Gilmor ST., WARD) 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Nicholas

(a) RESIDENCE NO. 1110 Gilmor ST., WARD 16

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M | 4 COLOR OR RACE C | 5 Single, Married, Widowed, or Divorced (write the word) Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jas Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Evelyn Savoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mother
(Address) 1110 Gilmor St

15 Filed . 19 WPA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30/31

17 I HEREBY CERTIFY, That I attended deceased from 6/18 . 1931 . to 7/30 . 1931

that I last saw h in alive on 7/30 . 1931

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(Primary)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY
(Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H S Hawkins M. D.

8/1 . 31 (Address) 412 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel	8/1 1931

20 UNDERTAKER Thomas E Kelson ADDRESS 1303 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

70954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

70954

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (St.) (Ward) 15-21

2 FULL NAME Dorsey Molock

(a) RESIDENCE NO. 1433 E. Mount St. (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 20, 1707

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): New Market Md.

PARENTS

10 NAME OF FATHER Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Aldora Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 1931 19 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-29-31

17

I HEREBY CERTIFY, That I attended deceased from 7-20-31, 19, to 7-29-31, 19

that I last saw him alive on 7-29-31, 19

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Bilateral Osteomyelitis of Upper Portion of Both Femurs

(duration) yrs. 4 mos. ? ds.

CONTRIBUTORY (Secondary) ... Broncho-Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther C. Leith M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: 8/1 1931

20 UNDERTAKER: Thomas C Kelson

ADDRESS: 1803 Pressman St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G 1 - 1931

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH West Baltimore General Hospital — REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD

2 FULL NAME Walter Jenkins — 15-65

(a) RESIDENCE NO 4008 Fairfax Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Artist

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): England

PARENTS

10 NAME OF FATHER: Henry Jenkins

11 BIRTHPLACE OF FATHER (City or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Nellie Churchill

13 BIRTHPLACE OF MOTHER (City or town) (State or country): England

14 Informant: N. P. Leach

(Address): 4008 Fairfax Rd.

Filed 1931. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to Aug. 1, 1931

that I last saw h[illegible] alive on July 31, 1931

and that death occurred, on the date stated above, at 1:40 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Sigmoid Rectal Junction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes No Date of July 31, 1931

Was there an autopsy?

What test confirmed diagnosis? Clinical Observ.

(Signed) Hampson Jones M. D.

, 19 (Address) 4008 Fairfax Rd. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Park Wood	Aug 3 1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St. Paul.

INFORMATION should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., WARD)

2-FULL NAME Emil Kirsch

(a) RESIDENCE NO 709 S Eaton ST., 26-37 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? 30 yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Antoni B Kirsch

6 DATE OF BIRTH (month, day, and year) Feb 26 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Continental R & Mfg Co

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mathilda A. Blinsline Daughter

(Address) 709 S Eaton St

15 Filed AUG 1 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

A-opplexy

(duration) yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? 709 S Eaton

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B Steiger M D Coroner, M. D.

8/13/31 (Address) 305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery — DATE OF BURIAL: Aug 2 1931

20 UNDERTAKER: George W. Zirkler — ADDRESS: 1737 E Eager St

(1) be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 70957 V 70957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Mercy Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carmelo D'Antone

(a) RESIDENCE NO. 132 N Pearl St. 4-75 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Concetta Dantoni

6 DATE OF BIRTH (month, day, and year): ? 3/1/1859.

7 AGE — Years: 72 — Months: 5+ — Days: 30 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ? Fruit Dealer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Carmelo D'Antone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Cullotta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Hospital Records

15 Filed 1-1-1931 19 "A" Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-31-31

17 I HEREBY CERTIFY, That I attended deceased from 7-23, 19 31, to 7-31, 19 31

That I last saw him alive on 7-31, 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Appendicitis

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Laparotomy 7-23-31

Was there an autopsy? no

What test confirmed diagnosis? Clinical + operation

(Signed) J Leyko M. D.

, 19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: 8/3/31

20 UNDERTAKER: Emory D. Butler — ADDRESS: 17 33 Hanover St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

G. HARRISON JONES, M.D.

DEC 1 - 1931

Spmt.—9 30—A. & Co.—250 Blks.

E 70958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

REGISTERED NO

1 PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No ST WARD) 8-1

2 FULL NAME Harry T. Stevenson

(a) RESIDENCE NO 1717 N. Register St. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs mos ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Stevenson (Divorced)

6 DATE OF BIRTH (month, day, and year) 5/3/1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Barnesville Ohio

PARENTS

10 NAME OF FATHER Harry Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky.

12 MAIDEN NAME OF MOTHER Mary Barlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Informant (Address) Records of Baltimore City Hospitals

15 Filed 1-1031, 19 — E. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30/31

17

I HEREBY CERTIFY, That I attended deceased from 10/9, 19 30, to 7/30, 19 31

that I last saw him alive on 7/30, 19 31

and that death occurred, on the date stated above, at 5:15 P.M.

The CAUSE OF DEATH* was as follows:

Heart disease, Hypertension, without nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? hospital

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jas. G. Hamrick Jr. M. D.

, 19 (Address) City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Within. Conv. DATE OF BURIAL 8/3/31

20 UNDERTAKER [illegible] ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

✓ E 70959

E 70959 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1912 Linden Ave. ST. WARD) 14-20

2 FULL NAME Margaret V. Fossett

(a) RESIDENCE NO. 1912 Linden Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry C. Fossett

6 DATE OF BIRTH (month, day, and year) May 31, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William Brady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Vickers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Miss Grace Fossett (Address) 1912 Linden Ave.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31-31

17

I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1924 to July 31, 1931.

that I last saw h[illegible] alive on July 30, 1930

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Terminal Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) General Lymphadenitis. Arteriosclerosis (duration) 5 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos. H. Morrison M. D.

, 19 (Address) 1013 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Aug. 3, 1931

20 UNDERTAKER John C. Mitchell & Sons, 1900 Eutaw Pl ADDRESS

John C. Mitchell & Sons

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 1

Spec.—9-30—A. & Co.—250 Blks.

E 70960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70960

CERTIFICATE OF DEATH

108

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Mercy Hospital St. Ward)

2 FULL NAME Anthony A. Wentzer

(a) RESIDENCE NO. 2204 Druid Ave St. 13-59 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Ezra Wentzer Kilroy

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waterman 1/8 0/1

(b) General nature of industry, business, or establishment in which employed (or employer) Street Railway—

(c) Name of employer United Railways & Electric Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Co.—Maryland

PARENTS

10 NAME OF FATHER Anthony Wentzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bernard Wentzer (Hospital Records) (Address) 2811 W. Lafayette Ave.

Aug. 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31-31

17 I HEREBY CERTIFY, That I attended deceased from July 27" 1931 to July 31" 1931

that I last saw h im alive on July 31" 1931

and that death occurred, on the date stated above, at 1.25 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Emphysema

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jos Gordon M. D.

19 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Aug. 3 1931

20 UNDERTAKER Martin Carey & Sons

ADDRESS 182 W. Northam

Information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 70961 — 131 — E 70961

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. Cordova Apts. 1 C. (b) Lake Drive & Brookfield Ave. (c) WARD

2 FULL NAME Clara M. Straus

(a) RESIDENCE NO. Cordova Apts. 1 C. ST. WARD 13-57

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander L. Straus

6 DATE OF BIRTH (month, day, and year) May 1, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) Erie,
(State or country) Pa.

PARENTS

10 NAME OF FATHER Jacob Ostheimer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Baker

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant: Mr. H. Michel (Son in law)
(Address) Temple Garden Apts.

15 Filed , 19 Registrar

AUG 1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to July 31, 1931

that I last saw h[er] alive on July 31, 1931

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

chronic nephritis & myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) I. Frederick Lentz M. D.

July 31-31 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cem. DATE OF BURIAL: Aug. 2, 1931

20 UNDERTAKER: David Sondheim & Son. ADDRESS: 1902 Eutaw Place

DAVID HAMPSON JONES M.D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-11 250R

70962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 70962

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3412 Pinkney Road Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry S. Stern 27-55

(a) Residence: No. 3412 Pinkney Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 27 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Simon Stern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Brown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Alex Stern

(Address) 3412 Pinkney Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place Balto. Hebrew Date Aug. 2, 1931

19. UNDERTAKER Harid Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED ..... 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31st 1931

22. I HEREBY CERTIFY, That I attended deceased from January, 1931 to July 31st, 1931

I last saw h in alive on July 31st, 1931 death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular Disease	Jan 1929

Other contributory causes of importance:

Coronary Thrombosis
Diabetes mellitus

Name of operation None Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Michael A. Abrams M. D.

(Address) 2360 Eutaw Place

Information should be carefully supplied. All items should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-30—A. A Co.—250 Blks

70963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

70963

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1838 Rutland Ave ST. WARD) 8-17

2 FULL NAME Mollie A. Rice

(a) RESIDENCE NO. 1838 Rutland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 12 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Daniel Rice

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Amelia Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Geo. Dorsey
(Address) 1838 Rutland Ave

15 [illegible] 1931 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 31

17
I HEREBY CERTIFY, That I attended deceased from July 12 19 to July 30 19 31
that I last saw h er alive on July 29 19 31
and that death occurred, on the date stated above, at 8 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Diffuse Nephritis
Chronic myocarditis

(duration) yrs. mos. 187 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia & Pleurisy
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Symptoms

(Signed) John P Dodge M. D.

.19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Philip Sterry

DATE OF BURIAL Aug 2 31

20 UNDERTAKER Baltimore

ADDRESS Oliver St.

C. HAMPSON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70964 E 70964

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH Home REGISTERED NO. C

CITY OF BALTIMORE: (No.) 210 N Linwood Av. St.; WARD 6-11

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Lemmon 7 hrs.

(Residence in Baltimore: No. 210 N Linwood Av St.; yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. W

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) —

6-DATE OF BIRTH. 7 (Month) 31 (Day), 1931 (Year)

7-AGE. ... yrs. ... mos. 7 hrs. ds. If LESS than 1 day, 7 hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE. (State or Country). 210 N Linwood Av Baltimore Md

PARENTS.

10-NAME OF FATHER. Richard E Murray

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Anna M Strauss

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) ...

(Address) ...

15- Filed ..., 1931 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. 7 (Month) 31 (Day), 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from 7/31 1931, to 7/31 1931, that I saw h[illegible] alive on 7/31 1931, and that death occurred, on the date stated above, at 2.30 P m.

The CAUSE OF DEATH* was as follows:

About 7 Hrs. Prior
Uterine Spontaneous
Asphyxia - Immature

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Unknown

(Duration) ... yrs. ... mos. ... ds.

(Signed) William Kaus M. D.

7-31, 1931 (Address) 1701 E Mon. St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. AUG 1 - 1931

20-UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. PHYSICIANS should bear in mind that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

6031

Cor.—10-15-29—A Co.—100 Bks.

E 70965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 ✓ E 70965

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 546 W. Mulberry St., Ward)

2-FULL NAME Mamie Griffin

(a) RESIDENCE NO. 546 W. Mulberry St., 17-25 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Griffin

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER James Johnson

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Fannie Hardin

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Ella Johnson
(Address) 523 Bennoo as

15 Filed . 19 . H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Syphilis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feltz M. D.

8/1 . 1931. (Address) 15 E Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Aug 3 31
20 UNDERTAKER	ADDRESS
Samuel Hensley	1132 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item must be answered. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1 1931

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

70966

CERTIFICATE OF DEATH

51

Registered No. 70966

1. PLACE OF DEATH

CITY OF BALTIMORE: (If death occurred in a hospital or institution, give its NAME instead of street and number.) No. South Baltimore Gen Hosp St., Ward 12

Length of residence in city or town where death occurred 45 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Thomas Chatmon

(a) Residence: No. 417 Orchard St., Ward 11-24
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hester Chatmon

6. DATE OF BIRTH (month, day, year) Aug 1865

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	65	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME Lloyd Chatmon
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Harriett Holmes
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hester Chatmon
(Address) 417 Orchard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem 8/2 1931

19. UNDERTAKER James D Heuisler
(Address) 528 N Eutaw St

20. FILED AUG 1 1931 1931 E. S. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-30 1931

22. I HEREBY CERTIFY, That I attended deceased from March 13 1931 to July 30 1931

I last saw him alive on July 30 1931, death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate with Marked Cachexia	3 years
Other contributory causes of importance: Diabetes Mellitus	5 mo
Diabetic Coma	5 mo

Name of operation PROSTATECTOMY Date of 4-22-31

What test confirmed diagnosis? PHYSICAL SIGNS Was there an autopsy? 5-28-31

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Sullivan, M. D.
(Address) So Baltimore Gen Hosp

Information should be carefully supplied. All questions must be answered or stated EXACTLY. Abbreviations should not be used. Exact statement may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HAMPSON JOHNS M. D.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

70967 — 7191 — 70967

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) #709 W. Saratoga St. Ward 4-26

2-FULL NAME Charles G Weber

(a) RESIDENCE NO. Kenwood & McCormick Ave Rosedale, Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 15th 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42	8	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles G Weber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Mary E Soffrin.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mrs. Charles G Weber
(Address) #709 W Saratoga St

15 Filed AUG 1 1931 19 RR44 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sun-Stroke.
Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Willard M. D.

July 31. 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	8 3 1931
20 UNDERTAKER John F Cowan & or gorsuch	ADDRESS

W. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-38—M. & T.—100 B—68L

Harry G. Beam.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70968

CERTIFICATE OF DEATH

82-001 E 70968

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mid Gen Hosp ST., WARD) 4-25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME H. G. Beam.

(a) RESIDENCE NO. 507 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married Widower

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 22 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	3	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Fredericktown Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER George P. Beam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chester Penna

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Robert Gillelan

(Address) Emmittsburg Md

Filed AUG 1 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death as above stated (by means of injuries received in the manner stated above, or by disease or other cause of death to-wit) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) two hours

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hugh [illegible] M. D. Coroner

(Address) Thurmont Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wagnersboro Pa — DATE OF BURIAL: aug 2 1931

20 UNDERTAKER: M. L. Shuff Jr. — ADDRESS: Emmittsburg Md

Should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be p TION is very important. See instructions on back of c

Spec. 9-30-4 A (No. 250 Blks

E 70969

250543
Gyn.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-002

REGISTERED NO

1 PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St. WARD) 5-8

2 FULL NAME Mattie Black

(a) RESIDENCE NO 1308 E. Lexington St. WARD A ii
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: black
5 Single, Married, Widowed, or Divorced, (write the word): married
If married, widowed, or divorced
(or) WIFE of David

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): N Carolina

PARENTS
10 NAME OF FATHER: Edison Jones
11 BIRTHPLACE OF FATHER (city or town) (State or country): S. Carolina
12 MAIDEN NAME OF MOTHER: unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Interment
(Address) JOHNS HOPKINS HOSPITAL Records

15 Filed 1931 19 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-30-31

17
I HEREBY CERTIFY, That I attended deceased from 7-13, 1931, to 7-30, 1931
that I last saw h[illegible] alive on 7-30, 1931
and that death occurred, on the date stated above, at 1[illegible] M.
The CAUSE OF DEATH* was as follows:
Cardiac Failure

(duration) yrs. mos. ? da.
CONTRIBUTORY (Secondary) Pelvic abscess
(duration) yrs. mos. 17 da.

18 Where was disease contracted if not at place of death? Home 7-14-31
Did an operation precede death? Yes Date of 7-30-31
Was there an autopsy? Yes
What test confirmed diagnosis? Yes
(Signed) Stanchard V. Antico M. D.
19 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery
DATE OF BURIAL: aug 3 1931
22 UNDERTAKER: Edward Bryan
ADDRESS 1631 orleans st

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—501.

E 70970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

E 70970

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Provident Hosp ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sylvester Barnes

(a) RESIDENCE NO. 1302 N. Stricker ST., WARD 15-22

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (Write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day and year) Oct 11 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unde

12 MAIDEN NAME OF MOTHER Ethel Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unde

14 Informant Geo Barnes

(Address) 1302 N Stricker

15 Filed , 192 , Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental 2nd & 3rd degree burns of body clothes caught fire fro oil stove.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H Schmidt, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	Aug 3 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pulaski St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Lessie Hill V

250419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No JOHNS HOPKINS HOSPITAL ST WARD 14-20

2 FULL NAME Lessie Hill

(a) RESIDENCE NO 1526 Blunt st (Bunting) ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edw.

6 DATE OF BIRTH (month, day, and year): Feb 28 1893

7 AGE — Years: 38 — Months: 5 — Days: 3 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: N H

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Felix Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Gonzelda

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Interment (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31-1931

17:

I HEREBY CERTIFY, That I attended deceased from July-9 1931 to July 31 1931

that I last saw her alive on July 31 1931

and that death occurred, on the date stated above, at 12.40 A M.

The CAUSE OF DEATH* was as follows:

uremia immediate cause.

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chr. nephritis; Fecal fistula (Post op) Recto-vaginal fistula

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of May 18, 1931

Was there an autopsy? yes

What test confirmed diagnosis? Lab Autopsy Findings - Physical Exam

(Signed) Jas R Brouner JR M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Aug 3 1931

20 UNDERTAKER: Thomas E. Kelson. — ADDRESS: 303 Presstman St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 70972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70972

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1216 N. Stricker WARD) 16-22

2-FULL NAME Priscilla Whiting

(a) RESIDENCE NO. 1216 N. Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Whiting

6 DATE OF BIRTH (month, day, and year) Oct 15 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Wm Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Katie Brooks

(Address) 1216 N. Stricker

15 Filed AUG 2 - 1931 Registered

C. HAMPSON JONES, M. D.

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 — 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Smith M. D.

July 31 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Aug 2 1931

20 UNDERTAKER Thomas E. Kelsom

ADDRESS (130) Preston St

INFORMATION SHOULD BE WRITTEN CLEARLY. WITH INK OR INDELIBLE PENCIL. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No 712 S. Linwood Ave. ST WARD) 1

2 FULL NAME Catherine Winslow

(a) RESIDENCE NO 712 S. Linwood Ave. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Winslow

6 DATE OF BIRTH (month, day, and year) Aug. 20, 1850

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Peter Philips

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Ella Winslow
(Address) 712 S. Linwood Ave.

15 AUG 2 1931 19 R.M.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1931

17 I HEREBY CERTIFY, That I attended deceased from May 14 31 to July 31 19 31

that I last saw her alive on July 30 19 31

and that death occurred, on the date stated above, at 12 06 M.

The CAUSE OF DEATH* was as follows:

Chronic Orbital Cellulitis
Rt side — One Sixth
Apoplexy — 1 yrs — 8 ds.

CONTRIBUTORY (Secondary) (Duration) yrs ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

Signed H. L. Pennard M. D.

8/1 1931 (Address) 3201 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt. Carmel Cem Aug. 3 1931

20 UNDERTAKER — ADDRESS

Wm. G. Black 1421 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 70974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-004

E 70974

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Hanover St. ST., WARD) 23-32

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary C. Bosman.

(a) RESIDENCE NO 1817 Hanover St. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 50 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (write) WIFE of William H. Bosman.

6 DATE OF BIRTH (month, day, and year) May 9, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Braun.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Annie C. Mueller.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant William H. Bosman. (husband.

(Address) 1817 Hanover St.

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.
Acute dilotation of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) _____, M. D. Coroner

8/1, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetary

DATE OF BURIAL 8/4/1931

UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

Registered No. 5596

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Keyworth Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Christian W. Rosenbrock

(a) Residence: No. 2814 Keyworth Ave Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Margaret E Rosenbrock

6. DATE OF BIRTH (month, day, year) May 14th 1860

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
71	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Capt. Christian Rosenbrock

14. BIRTHPLACE (city or town) (State or country) Bregenzerwald Germany

15. MAIDEN NAME Anna Hasse

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Margaret E. Rosenbrock
(Address) 2814 Keyworth Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date Aug 3rd 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 19 31 to July 30 19 31

I last saw h alive on July 30 19 31 death is said to have occurred on the date stated above, at 10 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Nephritis	
Pneumonia	1 Week
Other contributory causes of importance: Arteriosclerosis	2 Yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm Cook M. D.

(Address) 321 Westwood Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 70976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3723 Gough ST., WARD) 26-37

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Amanda Shank

(a) RESIDENCE NO 3723 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Henry Shank

6 DATE OF BIRTH (month, day, and year) Dec 25th 1869

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Geo Dertz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Arthur Shank

(Address) 3723 Gough St

15 Filed 1931, 193 H. M. TAYLOR JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Haemorrhage of Stomach
Gastric Ulcer
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Fletcher Hyg MD, M. D. Coroner

8/1/31 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forest Land Md Cemetery — DATE OF BURIAL: Aug 3rd 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul st

8:15 P.M.

S.C.—WRITE PLAINLY, WITH UNFADING INK—This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 70977 E 70977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1104-N-Fulton Av ST WARD) 22

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Casey Macken

(a) RESIDENCE NO 1104-N-Fulton av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs 6 mos 4 ds. How long in U. S., if of foreign birth 47 yrs 6 mos 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Macken

6 DATE OF BIRTH (month, day, and year) June 27 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Andrew C. Casey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary A Quayle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment (Address) Mr C. W. Macken (husband) 1104 N Fulton Av

15 1931 Co H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 31

17

I HEREBY CERTIFY, That I attended deceased from JUNE 4 1931 to JULY 31 1931

That I last saw her alive on JULY 31 1931

and that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

APOPLEXY - 1 DAY

HYPERTENSION 2 YEARS

CAR. NEPHRITIS INTERSTITIAL

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) WHITE EGURATION

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? HOME

Did an operation precede death? NO Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas O Clautice M. D.

7/31/31 (Address) 3013 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery DATE OF BURIAL Aug 3 1931

20 UNDERTAKER Howard Moser & Sons ADDRESS

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spar.—9-30—A. & Co.—250 Blks

70978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

70978

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 102 N. Belnord Av ST. — WARD) 6-10

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry F. Walters

(a) RESIDENCE NO. 102 N. Belnord Av ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Mary Wolters

6 DATE OF BIRTH (month, day, and year): April 23- 854

7 AGE: Years 77- Months 3 Days 8 9

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Wolters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mary Wolters

(Address): 102 N. Belnord Av

AUG 2 - 1931

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): July 31/31

16 I HEREBY CERTIFY, That I attended deceased from July 10, 19 31, to July 31, 19 31

that I last saw him alive on July 29, 19 31

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of face

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Visual examination

(Signed) [illegible] M. D.

8-1-1931 (Address) 1937 Gough

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Aug 3rd 1931

20 UNDERTAKER

ADDRESS: Mrs E. Miller & Son 2334 Jeffer

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

70979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED NO. 70979

1 PLACE OF DEATH West Balto. Gen. Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) ST. WARD

2 FULL NAME Mrs Anna Poland

(a) RESIDENCE NO. 1513 N. Pulaski ST. 15.21 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Poland

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs. Frank (Address)

15 AUG 2 1931 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Aug. 2, 1931

that I last saw him alive on Aug. 2 1931

and that death occurred, on the date stated above, at 8 12 A. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/31

Was there an autopsy? No

What test confirmed diagnosis? Exploratory

(Signed) Harry Lachman M. D.

, 19 (Address) West Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 8-2- 1931

20 UNDERTAKER Jack Leire, Inc.

ADDRESS 1439 Eutaw

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70930

CERTIFICATE OF DEATH.

191 ✓ E 70930

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1514 Aliceanna St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Szymborski

(a) RESIDENCE NO. 1514 Aliceanna St. 3-E Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24 1863

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	68	1	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant (Address) Dominik Szymborski 1514 Aliceanna St.

AUG 2 1931 19 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.)

thereon and from the evidence obtained by said Inquest, au- Inquiry find that said deceased came to her death (opsy or Inquiry)

on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Heat Exhaustion

(duration) yrs. mos. ds.

(Signed) D Pidergra M.D. M. D.

(Coroner)

8/1, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Date of Burial Aug 3 19 31

20 UNDERTAKER John W Weber & Son ADDRESS Chester

PER—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 70981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70981

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2740 Pelham Ave ST., WARD) 8-45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Cordella

(a) RESIDENCE NO. 2740 Pelham Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Cordella

6 DATE OF BIRTH (month, day, and year) Nov 29 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
44	44	8	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Cordella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Rosie Pear

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria Hungary

14 Informant (Address) Mary Cordella 2740 Pelham Ave

15 Filed . 19 C. HAMILTON JONES, Registrar

AUG 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to July 29, 1931, that I last saw him alive on July 29, 1931, and that death occurred, on the date stated above, at 11.08 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. Sturgis M. D.

(Address) 305 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bath. Lawn Cemetery — DATE OF BURIAL: 1931

20 UNDERTAKER: Wendell Leppert — ADDRESS: 2008 E. Ed...

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

247942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 46

REGISTERED NO. 70982

1 PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE. (No. St. WARD) 7-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elsie Wagner

(a) RESIDENCE NO. Leatherwood Lane St. Wheeling W Va WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dwight

6 DATE OF BIRTH (month, day, and year) March 30 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wheeling W Va

PARENTS

10 NAME OF FATHER Nelson Wagner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sallie Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wheeling W Va

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed AUG 2 - 1931 C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr 27, 1931 to Aug 2, 1931

that I last saw h[illegible] alive on Aug 2, 1931

and that death occurred, on the date stated above, at 3.50 A m.

The CAUSE OF DEATH* was as follows:

Hypernephroma left, c metastasis to liver and spine

(duration) 0 yr. 6 mos. 0 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? To Wheeling W. Va.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Henry M Lowdin M. D.

19 (Address) Johns Hopkins Hospital

*(State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wheeling W Va

UNDERTAKER

DATE OF BURIAL Aug 3 1931

ADDRESS 19 Eoland Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

70983

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2400 E. Preston ST. WARD)

2 FULL NAME Ellen Welsh.

(a) RESIDENCE NO. 2400 E. Preston ST. 8-16 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Welsh

6 DATE OF BIRTH (month, day, and year): Aug. 1858

7 AGE: Years 72 Months 11 Days 30 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: ? Quinn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): John J. Welsh 2400 E. Preston St

15 AUG 2 - 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31- 31

17 I HEREBY CERTIFY, That I attended deceased from May 1, 19 31 to July 31, 19 31

that I last saw h N alive on July 30, 19 31

and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Hypertention Arteriosclerosis

(Uncompensated) Myocarditis

Chronic Parenchymatous Nephritis

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Myocarditis (Uncompensated)

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Study

(Signed) Thos. A. Stevens M. D.

8 1, 19 31 (Address) 2878 Fairfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery DATE OF BURIAL: Aug. 3 19 31

UNDERTAKER: Margaret S. Flynn ADDRESS: 422 Fayette St.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

70984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 93003

1. PLACE OF DEATH Good Shepherd General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 1512 Gilmor St. WARD 11-24

2 FULL NAME Gussie Rodgers

(a) RESIDENCE NO. 120 J. McCulloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 15 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: White

4 COLOR OR RACE: Female

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1881

7 AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS:

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Geo H Holland 1631 Druid Hill Ave

15 Filed ..... 19.. C. HAMPSON JONES, M. D. Registrar

AUG 2 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-31-31

17 I HEREBY CERTIFY, That I attended deceased from June 23. 1931, to 7-31- 1931

That I last saw h[illegible] alive on 7-31- 1931

and that death occurred, on the date stated above, at 10:15 A

The CAUSE OF DEATH* was as follows:

Chron. Myocarditis

(duration) 6 Mo

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) W R Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 8/3/1931

20 UNDERTAKER: Upton Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70985 — E 70983

CERTIFICATE OF DEATH

Registered No. 82-04

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Druid St. Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Richard E. Garland

(a) Residence: No. 1721 Druid St. Ward. 24-33

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of Bertha Derrick

6. DATE OF BIRTH (month, day, year)

7. AGE Years 44 | Months | Days | If LESS than 1 day, hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Richard Garland

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md

17. INFORMANT Bertha Garland

(Address) 1721 Druid St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Aug 3 1931

19. UNDERTAKER Lafayette Funeral Home

(Address) 1300 Eutaw Place

20. FILED AUG 2 1931 C. HAMILTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1931 to July 31, 1931

I last saw him alive on July 31 1931 death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-21-31
Exhaustion	2 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Campbell M. D.

(Address) 1624 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

E 70986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

75 E 70986

REGISTERED NO. 27355

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Amer. Memorial Hospital St. Ward)

2-FULL NAME George Preston Little

(a) RESIDENCE NO. 3406 Belvidere Ave. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 4-1911

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	20	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Meat Cutter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Balto City

PARENTS

10 NAME OF FATHER: Eug. A. Little

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Carroll Co. Md

12 MAIDEN NAME OF MOTHER: Carrie E. Geiges

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Carroll Co Md

14 Informant: Eug. A. Little
(Address): 3406 Belvidere Ave

15 Filed ____ 19__ HAMP. JONES, M. D.
by ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and from information received from Dr. Hiss (inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows: Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) John H. Morrissey M. D.
(Coroner)

3/2 1931 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Church Yard Date of Burial: Aug 3 31

20 UNDERTAKER: A. S. Marshall ADDRESS: 3539 Fait Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E should be stated EXACTLY. PHYSICIANS should state information should be carefully supplied. AGE sh CAUSE OF DEATH in plain terms, so that it may may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificates.

E 70987 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70987.

CERTIFICATE OF DEATH

126

1 PLACE OF DEATH Womans Hospital

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Ward)

2 FULL NAME Alice Blanche Warren O'Byrne

(a) RESIDENCE NO. 1208 Hanover St. St. WARD 23-31

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced (or) WIFE of Thomas J O'Byrne

6 DATE OF BIRTH (month, day, and year) Dec. 4, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	46	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William M. Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Alice Rheinhart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mrs Harry P. Shaffer 334 Hill Chester Ave City

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

UG 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to Aug 1, 1931

that I last saw her alive on Aug 1, 1931

and that death occurred, on the date stated above, at 12 01 A m.

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis

" Cholecystitis

Empyema Gall Bladder

(duration) Several yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home -

Did an operation precede death? Yes Date of July 29, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Marion C. Coleman M. D.

19 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park.

DATE OF BURIAL Aug 3 19 31

20 UNDERTAKER Fred a. Wanamaker

ADDRESS 703 Hanover St

Spec.—0-30—A. & Co.—250 Bks

E 70988

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70988

CERTIFICATE OF DEATH

REGISTERED NO

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No 1512 Gilmor ST WARD)

2. FULL NAME Infant of Dantha Williams

(a) RESIDENCE NO 1512 Gilmor ST WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7-27-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 days	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Balto Md

PARENTS

10 NAME OF FATHER Clarence Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Dantha Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Dantha Williams 1512 Gilmor

15 Filed 8-3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/1/31

17

I HEREBY CERTIFY, That I attended deceased from 7-27-, 1931, to 8-1-, 1931

that I last saw him alive on 8-1-, 1931

and that death occurred, on the date stated above, at 11:45 P.M.

The CAUSE OF DEATH* was as follows:

Physiological Jaundice

due to Pathological Changes in the blood (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Poorly developed and undernourished at Birth (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm R Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star	8/3/1931

21 UNDERTAKER Mr. Geo. H. Holland ADDRESS 1631 Druid Hill Ave

8-3-1931 PCR

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70989

CERTIFICATE OF DEATH.

X 108 E 70939

REGISTERED NO.

1 PLACE OF DEATH Provident Hosp.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1514 Division St D WARD)

2 FULL NAME Wade Johnson

(a) RESIDENCE NO. 617 Eye St. Lynnwood Point Md. | 4-20 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bernice Johnson

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Ellen Norton 110 Calvert St Raleigh N.C.

15 Filed AUG 3 1931 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-1-31

17 I HEREBY CERTIFY, That I attended deceased from 7-29-, 1931, to 8-1-, 1931 that I last saw him alive on 8-1-, 1931 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical & Autopsy.

(Signed) B. Harris M. D.

8-1-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh N.C. DATE OF BURIAL Aug 4 1931

20 UNDERTAKER Samuel M. Gaston ADDRESS 638 N. Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 70990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

REGISTERED NO. 50990

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 839 W. 36th St. WARD) 13-52

2. FULL NAME Georgie Lee Stong.

(a) RESIDENCE NO. 839 W. 36th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Chinese

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 23. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charlie Stong

11 BIRTHPLACE OF FATHER (city or town) (State or country) China.

12 MAIDEN NAME OF MOTHER Anna Wong.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Charlie Stong. 839 W. 36th St.

15 Filed AUG 3 - 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 31 19 31 to Aug 2 19 31

that I last saw him alive on Aug 1st 19 31

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Marasmus

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. C. Norris M. D.

Aug 3 19 31 (Address) 1900 Fair St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Mary's Stamford

DATE OF BURIAL: Aug 3 1931

20 UNDERTAKER: Cresswell & Son.

ADDRESS: 3615 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 70991 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70991

CERTIFICATE OF DEATH

X 114-002

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No.) (St., Ward) 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Aristides Gianakopulos

(a) RESIDENCE NO. 6 Border St., E. Boston, Mass. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 9 mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugenia Damule

6 DATE OF BIRTH (month, day, and year) June 30, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	49	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): Seaman

(c) Name of employer: SS Crampton Anderson

9 BIRTHPLACE (city or town) (State or country): Greece

PARENTS

10 NAME OF FATHER: Antonio Giankapulos

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greece

12 MAIDEN NAME OF MOTHER: Ellan Manate

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Greece

14 Informant: Records, U.S. Marine Hospital, Baltimore, Maryland

15 Filed 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 19 31

17 I HEREBY CERTIFY, That I attended deceased from November 2, 1930, to July 31, 19 31.

that I last saw him alive on July 31, 19 31

and that death occurred, on the date stated above, at 11:10 A m

The CAUSE OF DEATH* was as follows:

Lung Abscess. Jr.

over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Fistula & Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of July 31 '31

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible], M. D.

7/31 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairmount

DATE OF BURIAL: Aug 3, 1931

20 UNDERTAKER: Thurnwald Bros

ADDRESS: 715 [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70992

CERTIFICATE OF DEATH

131

REGISTERED NO.

E 70992

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Balto City Hospitals (WARD) 6-10

2 FULL NAME Philip Weber

(a) RESIDENCE NO. 102 N Glover ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Weber

6 DATE OF BIRTH (month, day, and year) July 25. 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 25 years.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Mrs. Kate Weber (Wife.)

(Address) 102 N. Glover St.

15 Filed AUG 3 1931 G. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31-31

17 I HEREBY CERTIFY, That I attended deceased from 2-17-31, 19 , to 7-31-, 19 31

that I last saw him alive on 7-31, 19 31

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio Vascular Renal Disease - Chronic Myocarditis

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia - Uremia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther E. Leith M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Aug 3 1931

20 UNDERTAKER: Henry Sander & Sons. Inc.

ADDRESS: Baltimore St. & Broadway.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks.

E 70993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 70993

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE (No. Milton & Eastern Aves WARD)

2. FULL NAME Mrs Sophie Beat

(a) RESIDENCE NO. 207 S. Clinton St ST. WARD 26-2

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Oliver J. Beat.

6. DATE OF BIRTH (month, day, and year) Feb. 11-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	5-	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10. NAME OF FATHER Michael Miller

11. BIRTHPLACE OF FATHER (city or town) (State or country) Australia

12. MAIDEN NAME OF MOTHER Pauline —?

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Australia

14. Informant (Address) Oliver J. Beat. 213 S Clinton St.

15. Filed AUG 3 - 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 8-1-31.

17. I HEREBY CERTIFY, That I attended deceased from July 13. 1931, to August 1 1931

that I last saw her alive on August 1. 1931

and that death occurred, on the date stated above, at 5:10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency & Stenosis.

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (secondary) Myocardial failure and pulmonary Edema

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 207 S. Clinton St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & laboratory methods

(Signed) George Lovell M. D.

19. (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's (Hampden)	8-4-31
21. UNDERTAKER	ADDRESS
Horace F. Burgee	3631 Falls Rd

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks

E 70994 HEALTH DEPARTMENT—CITY OF BALTIMORE E 70994

CERTIFICATE OF DEATH. 46

REGISTERED NO.

1. PLACE OF DEATH (If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 3406 Seneca St. (ST.) (13 WARD) 13-57

2. FULL NAME George D. Barnhart

(a) RESIDENCE NO. 3406 Seneca St. ST. 13 WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Maude Barnhart

6. DATE OF BIRTH (month, day, and year): March 24-1867

7. AGE — Years: 64 — Months: 4 — Days: 7 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Baltimore Co.

PARENTS
10. NAME OF FATHER: William N. Barnhart
11. BIRTHPLACE OF FATHER (city or town) (State or country): Maryland
12. MAIDEN NAME OF MOTHER: Elizabeth A. George
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14. Informant (Address): Miss. Mollie Barnhart 3406 Seneca St.

15. [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): July 31-1931

17. I HEREBY CERTIFY, That I attended deceased from 4-26 19 31 to July 31 19 31 that I last saw h[illegible] alive on July 30 19 31 and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver (duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (Secondary): [illegible] (duration) yrs. 1 mos. ds.

18. Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical Symptoms

Signed G. F. Compher M. D.

19 (Address) 6702 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Marys Bampden — DATE OF BURIAL: Aug. 3. 1931.

20. UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Road

AUG 3 1931 C. HAMPTON JONES, M. D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 70995

E 70995

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1 PLACE OF DEATH Hebrew Home for Aged & Infirm

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) No. Belvedere & Greenspring ST. WARD)

2 FULL NAME Goldie Ruben

(a) RESIDENCE NO. Levindale ST. WARD 27-54

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? 10 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Sigmund Feinblatt

(Address) Belvedere & Greenspring

15 FILED AUG 3 1931 C. HAMPSON JONES, D. H. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1 — 1931 to Aug 2 — 1931

that I last saw her alive on Aug 2 1931

and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Herman Seidel M. D.

8/2 1931 (Address) 2401 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Herzw Russdale

DATE OF BURIAL: 8-3- 1931

UNDERTAKER

ADDRESS Jack Levin, Inc. 1439 E Fayette St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Pks

E 70996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002 E 70996

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2202 Baker St. WARD) 15-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca Kotlicks

(a) RESIDENCE NO. 2202 Baker St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry J. Kotlicks

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 56 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Town Gutlub

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Gotlib

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Henry J. Kotlicks

(Address): 2202 Baker St.

15 Filed [illegible] 1931 Registrar

AUG 3 - 1931 HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-2-31

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1931, to Aug 2d, 1931

that I last saw h-m alive on Aug 2d

and that death occurred, on the date stated above, at 11 45 P. M.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) B. Kadin M. D.

19 (Address) 2306 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Levi Sinai — DATE OF BURIAL: 8-3-1931

20 UNDERTAKER: Jack Levin, Inc. — ADDRESS: 1739 E. Balto St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70997

CERTIFICATE OF DEATH

119 E 70997
REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 214 S Regester ST WARD 2-4)

2 FULL NAME Dolores Lavonis

(a) RESIDENCE No. 214 S Regester ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2-1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS
10 NAME OF FATHER Joseph Lavonis
11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa
12 MAIDEN NAME OF MOTHER Catherine Kowalewski
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Joseph Lavonis
(Address) 214 S Regester St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-1-31

17
I HEREBY CERTIFY, That I attended deceased from 7-26 19 31 to 8-1-31
that I last saw him alive on 8-1-31 and that death occurred, on the date stated above, at 10:30 P.M.
The CAUSE OF DEATH* was as follows: Infectious diarrhea
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (Secondary) Acute Cardiac Dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Syracuse
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Typhoid
(Signed) F. Nolan M. D.
(Address) 800 N. Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. DATE OF BURIAL 8-3 19 31
20 UNDERTAKER W. Czazenski ADDRESS 1930 Eastern Av

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70998

CERTIFICATE OF DEATH

92-001

E 70998

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 5500 Narcissus Ave. St., Ward) 27-55

2-FULL NAME Florence L. Forbes

(a) RESIDENCE NO. 5500 Narcissus Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth 30 yrs. mos. ds.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
female	white	widow

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
about 72			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Scotland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) unknown

14 Informant (Address) Mr O. F. Reightler 1602 W. Lexington St.

AUG 3 - 1931 H. LEE JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Disease of Heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Thos. J. Morrissey, M. D.

8/2/1931 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's, Hampden	Aug. 3, 1931
20 UNDERTAKER: E. Leroy Stoffler, Inc.	ADDRESS: 125 E. North Ave.

Spec.—1-13-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 70999 × 46 E 70999

REGISTERED NO.

1-PLACE OF DEATH U.S. Marine Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD) 2-4

2-FULL NAME William Ross

(a) RESIDENCE NO. 608 S. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State) Mess of Chilore

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 2, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	32	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Ord. Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer S.S. "Chilore"

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER John Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant (Address) Records, U.S. Marine Hospital Baltimore, Maryland

15 Filed AUG 3 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 19 31

17 I HEREBY CERTIFY, That I attended deceased from July 7, 19 31, to July 31, 19 31, that I last saw him alive on July 31, 19 31 and that death occurred, on the date stated above, at 10:45 A m

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach, pyloris and Duodenum

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [signature] M. D.

7/31, 19 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's, Hampden — DATE OF BURIAL: Aug. 3, 1931

20 UNDERTAKER: E. Leroy Stoffler, Inc. — ADDRESS: 125 E. North Ave.

AUG 3 1931 HAMPDEN JONES, M. D.

S. H.—WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—D 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71000

CERTIFICATE OF DEATH

119 E 71000

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St Joseph Hospital (Ward)

2 FULL NAME Bernadette McNulty

(a) RESIDENCE NO. 1303 Wilcox St. (Ward) 9-18

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	✓

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Jan 1. 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leo F. McNulty

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Celia M. Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Interment (Address) Leo F. McNulty 1303 Wilcox St.

15 [illegible] 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2 1931

17 I HEREBY CERTIFY, That I attended deceased from July 28 . 1931 . to Aug 2 . 1931

that I last saw her alive on Aug 2 . 1931

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Acute Nutritional disturbance

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Non Specific Dysentery

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. M. Bagenguadner M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Aug 4, 1931

20 UNDERTAKER: Edward W. Conklin — ADDRESS: 924 E Eager St

AUG 3 - 1931

E. HAMPTON JONES, M. D.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 71001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 71001

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) 8-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Lumsden

(a) RESIDENCE NO. 1431 Fuzzane Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Lumsden

6 DATE OF BIRTH (month, day, and year): June 16 1836

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Edward K. Lumsden

(Address) 1431 N. Luzerne ave

15 Filed AUG 3 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-2 1931

17

I HEREBY CERTIFY, That I attended deceased from 7-30 1931 to 8-2 1931

that I last saw h alive on 8-2 1931

and that death occurred, on the date stated above, at 4:45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach (pyloric end)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? (Exp. Japan Surg)

Did an operation precede death? Yes Date of 8-1-31

Was there an autopsy? Yes

What test confirmed diagnosis? Operation

(Signed) C. W. Peaks, M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug. 4 1931

20 UNDERTAKER: George W. Zirkler — ADDRESS: 1737 E. Eager

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T.—100 B—60L

71002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002 E 71002

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Johns Hopkins Hosp. (Ward)

2-FULL NAME Minnie Leach

(a) RESIDENCE No. 6416 Fairdale Ave. (Usual place of abode) ST., WARD 27-42

Length of residence in city or town where death occurred ____ yrs ____ mos ____ ds. How long in U. S., if of foreign birth? ____ yrs ____ mos ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Leach

6 DATE OF BIRTH (month, day, and year): Jan 27-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	6	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm Wilkie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Fred. Druber

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Wm Leach

(Address): 6416 Fairdale

15 Filed _____ 192 CHARLES J. JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 31 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h__ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. ____ mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgery

(Signed) A. Blanck, M. D. Coroner

Jan 31 1931 (Address) Bonnie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: Feb 2 1931

20 UNDERTAKER: Lilly & Feiler inc

ADDRESS: 403 S. Wolfe St

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. A. Co.—250 Blks

B 71003 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71003

CERTIFICATE OF DEATH.

92-001

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St Agnes Hospital ST. WARD) 25-72

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hillary Wade

(a) RESIDENCE No. Galesboro P.O., Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 18 ds. How long in U. S., if alien? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Wade.

6 DATE OF BIRTH (month, day, and year) Oct 14th 1882

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Store Keeper
(b) General nature of Industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Thomas J Wade
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Rebecca Burroughs
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Margaret Wade Galesboro Md

15 Filed AUG 3 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/1/31

17
I HEREBY CERTIFY, That I attended deceased from 7/29, 1931, to 8/1, 1931
that I last saw h/was alive on 8/1, 1931
And that death occurred, on the date stated above, at 10:10 A.M.

The CAUSE OF DEATH* was as follows:
Mitral Stenosis & Insufficiency

(duration) 2 yrs. mos. ds.
CONTRIBUTORY (Secondary) Myocardial failure.
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Galesboro Md.
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Physical Signs.
(Signed) Geo Forbes M.D.
19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: 8-4 1931

UNDERTAKER: Bernard C. Harle ADDRESS: 1000 S Paca St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71004

E 71004

CERTIFICATE OF DEATH

160-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE; (No. 808 W Barre ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Infant of William & Ida Blatt

(a) RESIDENCE NO. 808 W Barre ST., 24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 31 31

7 AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: William Blatt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Ida Rhein

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

11 Informant: Mrs Blatt

(Address): 808 W Barre

15 Filed ... 19 ... Registrar

C. LAMPSON JONES, M. D.

AUG 3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 2 31

17 I HEREBY CERTIFY, That I attended deceased from July 31 . 1931 . to Aug 2 . 1931 . that I last saw h in alive on Aug 2 . 1931 . and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage due to injury at birth: (Natural delivery)

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy.

(Signed) Paul E. Schaffer M. D.

8/3 . 1931 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk Cem

DATE OF BURIAL: 8-3 1931

20 UNDERTAKER: Bernard C Hartz

ADDRESS: 1000 S Pace. D

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 71005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 71005

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N Mount ST., WARD)

2-FULL NAME Mrs Gross

(a) RESIDENCE NO. 1115 N. Mount ST. 16 WARD 22

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Charles Gross

6 DATE OF BIRTH (month, day, and year) ?-?-1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Va

PARENTS

10 NAME OF FATHER Richard Tomlinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jacob Gross

(Address) 1115 N. Mount St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-1-31

17 I HEREBY CERTIFY, That I attended deceased from 4-12 .1931. to 7-25 .1931.

that I last saw h.e alive on 7-25 1931.

and that death occurred, on the date stated above, at 5:40 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary & Glandular tuberculosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General debility

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lab and physical exam.

(Signed) Dewitt Counselman, M. D.

8-1-1931 (Address) 1029 N. Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 8-3-31

20 UNDERTAKER Dewitt Easton

ADDRESS 916 Park

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

1-30—M & T —100 B—50L.

71006

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71006

CERTIFICATE OF DEATH

186-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. WARD

2-FULL NAME Eunick Clarke

(a) RESIDENCE NO 1048 Pennsylvania Ave. ST. 17-24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie

6 DATE OF BIRTH (month, day, and year) ? ? 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer United Fruit Co.

9 BIRTHPLACE (city or town) ----
(State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Jennie Clarke (wife)

(Address) 1048 Pennsylvania Ave.

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 30 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Slipped on wharf, fell into harbor after striking chest on wharf- accidental

(duration) yrs. mos. 3 hrs. ds.

CONTRIBUTORY (Secondary) Traumatic pulmonary hemorrhage (duration) yrs. mos. 3 hrs. ds.

18 Where was disease contracted if not at place of death? Pier # 1 Pratt St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs and symptoms

(Signed) Guy N. Cromwell, M. D.
Coroner

7/31 19 31 (Address) 1203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	8-3 1931
20 UNDERTAKER Lowndes Carter	ADDRESS 916 Bd

C. HAMPTON JONES, M. D.

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Sper—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 E 71007 124

CERTIFICATE OF DEATH

108 E 71007

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: I No. ... ST. ... WARD)

2 FULL NAME Delores Thomas

(a) RESIDENCE No. 1419 Cairo St ST. ... WARD 19-27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years ... Months: 1 ... Days ... If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ...

(b) General nature of industry, business, or establishment in which employed (or employer): ...

(c) Name of employer: ...

9 BIRTHPLACE (city or town) (State or country): Md -

PARENTS

10 NAME OF FATHER: Charles Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Juanita Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Relative

(Address): JOHNS HOPKINS HOSPITAL

AUG 3 - 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 2/31

17 I HEREBY CERTIFY, That I attended deceased from July 31 to 31 to August 2 to 31

that I last saw her alive on August 2 to 31

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) ... yr. ... mos. 5 ds.

CONTRIBUTORY (Secondary): premature ?

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. C. Goodwin M. D.

8/3/31 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 8-3 1931

20 UNDERTAKER: Daniel Taylor

ADDRESS: 916 Penna

INSTRUCTIONS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. Every item of information should be given.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71008

174 E 71008

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Md Penitentiary St. Ward) 10-15

2-FULL NAME Robert Holliday

(a) RESIDENCE NO. 372 Forest St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Charles Holliday

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Pollard

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant (Address) Jerome Holliday

15 Filed —— 19—— Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage due to Stab Wound through Liver Rupture Peritonitis

Immediate (Duration) 2 hrs. 30 min.

CONTRIBUTORY (Secondary) Adolescence Murder (duration) yrs. mos. 1½ hrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James M Hamilton, M. D.

(Address) 700 Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Maulsby	8-3 1931
20 UNDERTAKER	ADDRESS 916
Davis Easton	Balto

W. R.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HAMPSON JONES M.D.

1-30—M & T—100 B—681.

E 71009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71009

CERTIFICATE OF DEATH

115-001

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Balto. General Hospital ST. WARD)

2-FULL NAME Sol Prussack

(a) RESIDENCE No. 1516 Madison Ave., ST. 14-20 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) June 28th. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): Medical
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bayonee, N.J.

PARENTS

10 NAME OF FATHER Louis Prussack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose Snyderman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Louis Prussack

(Address) [illegible]

15 Filed AUG 3 - 1931 12 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8- 2- 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of Stomach

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Colitis & Diabetes

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Baltimore July 28

Did an operation precede death? Yes Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore, New Jersey	8-3-31
20 UNDERTAKER	ADDRESS
Geo. Lewis, Inc.	1419 E. Balto

mation should be carefully supplied. AGE should be
CAUSE OF DEATH in plain terms, so that it may be
TION is very important. See instructions on back of

1-26—M. & T.—100 B—50L.

E 71010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71010

CERTIFICATE OF DEATH

92-001

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) Franklin Square Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Vieva Bassett

(a) RESIDENCE NO. 1804 Ramsey St. St., 19-28 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Bassett

6 DATE OF BIRTH (month, day, and year) April 25, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Walker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. John F. Buffington

(Address) 41 E. Montgomery St.

15 Filed Aug 2 1931 WILLIAMSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) ? yrs. mos. ds.

CONTRIBUTORY ---- (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign

(Signed) Guy H. Cromwell M. D.

8/1, 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: Aug 3 1931

20 UNDERTAKER: Wm. J. Tickner & Son

ADDRESS: 1178 Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—4-30—A. & Co.—250 Blks.

250908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 72-002 E 71011

E 71011

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. Ward) 10-14

2 FULL NAME Wiley Hudson

(a) RESIDENCE NO. 721 Lafayette St. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Unknown

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: Years 48; Months; Days; If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Albert Hudson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Milena Steele

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Records

(Address):

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 31 - 1931

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to July 31, 1931

that I last saw him alive on July 31, 1931

and that death occurred, on the date stated above, at 330 A M.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

Hodgkins Disease

Peritonitis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) John W. Pearson M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem

DATE OF BURIAL: 8-3 1931

20 UNDERTAKER: Byron Knight

ADDRESS: 1218 McElderry

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state information should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 3 1931 HAMPTON HOUSE, M.

Spec.—9-30—A. & Co.—250 Blks.

Infant Bolden.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71012

CERTIFICATE OF DEATH

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 626 W. Lafayette Ave. (WARD) 14-20

2 FULL NAME Premature birth, 6½ mos.

(a) RESIDENCE NO. 626 W. Lafayette Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	—	—	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Bolden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Jennie Benjamin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. C.

14 Interment (Address) 626 W. Lafayette Ave.

15 Filed AUG 3 - 1931 19 (1930) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2/1931

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1930, to Aug-2, 1931, that I last saw h[illegible] alive on Aug 1, 1931, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Prematurebirth, 6½ mos,

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pelletier M. D.

19 (Address) 617 Hamilton Ter.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. UNIVERSITY OF MARYLAND — DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health. — ADDRESS AUG 3 - 1931

C. HAMILTON JONES, M. D.

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state information should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71013

159 E 71013

REGISTERED NO.

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Johns Hopkins Hosp ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Joseph Wiegel

(a) RESIDENCE NO 2669 Pennsylvania ST., 13-59 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1 1931

7 AGE Years Months Days If LESS than 1 day, hours or min. 7 mos

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Wiegel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Bunse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant

(Address) 2669 Pennsylvania Ave

15 Filed Aug 3 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leith, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Cattonsville — DATE OF BURIAL Aug 3 1931

20 UNDERTAKER Randell & Hoppel — ADDRESS 3004 Eastern

NOTE—WHERE PRACTICE, WITH UNUSUAL BRANCHES, EXISTS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71014 66-002 E 71014

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 71014

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Infirmary St., Ward)

2-FULL NAME Mrs. Anna Sen Kup

(a) RESIDENCE NO. 902 North Bradford St. 7-12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Soukup

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 40 | Months — | Days — | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Bohemia

(State or country)

PARENTS

10 NAME OF FATHER: Joseph Holman

11 BIRTHPLACE OF FATHER (city or town): Bohemia

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Bizek

13 BIRTHPLACE OF MOTHER (city or town): Bohemia

(State or country)

14 Informant (Address): Joseph Soukup 902 N. Bradford

15 Filed [illegible] 1931 Registrar

AUG 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 1, 1931

17:

I HEREBY CERTIFY, That I attended deceased from July 1 1931, to August 1, 1931, that I last saw h[illegible] alive on August 1, 1931, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. Two mos. ds.

CONTRIBUTORY (Secondary) Thyroid Toxicosis and Exophthalmic Goiter (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? Yes. Date of August 1, 1931

Was there an autopsy? No. Clinical and laboratory

What test confirmed diagnosis? facts.

(Signed) Richard C. Cumming, M. D.

Aug. 1, 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemy Date of Burial: Augt 1931

20 UNDERTAKER: Franck Brockson ADDRESS: 1906 Eutaw

R.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 71015 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71015

CERTIFICATE OF DEATH. 51

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. WARD) 28-6

2 FULL NAME William A. Moore

(a) RESIDENCE NO. 2301 Tucker Ave St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Moore

6 DATE OF BIRTH (month, day, and year) May 25-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Track foreman~~ Track foreman

(b) General nature of industry, business, or establishment in which employed (or employer) R. Railway & Elec. Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Thomas R. Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Frances ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment (Address) Hospital Records

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31-31

17

I HEREBY CERTIFY, That I attended deceased from 7-20, 1931 to 7-31, 1931

that I last saw him alive on 7-31, 1931

and that death occurred, on the date stated above, at 8 30 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of bladder

(duration) yrs. 1½+ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) J. Leyko M. D.

7/31 1931 (Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenhelp and Bell Rockland Md DATE OF BURIAL May 3 1931

UNDERTAKER Isaac D. Frank & Son ADDRESS 1111 W. Mt. Royal Ave

INSTRUCTIONS—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks

Certificate of Death

250719

E 71016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71016

CERTIFICATE OF DEATH

149-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL St. WARD)

2 FULL NAME Teny Olesczynt

(a) RESIDENCE NO. 701 S East St St. 3-5 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Pete

6 DATE OF BIRTH (month, day, and year): Dec 1898

7 AGE — Years: 32 34 — Months: 8 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Employee 03

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country): Poland

PARENTS

10 NAME OF FATHER: Joseph Z.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Z.

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Poland

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 AUG 3 1931, 19 HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug-1-1931

17

I HEREBY CERTIFY, That I attended deceased from July 18, 1931, to Aug 1, 1931

that I last saw her alive on Aug 1, 1931

and that death occurred, on the date stated above, at 4:10 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary oedema

Luminal Poisoning

Operation - Radical caesarean section

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 19/31

Was there an autopsy? yes

What test confirmed diagnosis? Autopsy

(Signed) Charles H. McLane M.D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: Aug 3 1931

20 UNDERTAKER: Stephen J. Frankowski

ADDRESS: 1007 S. Kenwood Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 7101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 E 71017

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N Central St., Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S., if of foreign birth? yrs mos ds

2. FULL NAME Mary P Reese 5-8

(a) Residence: No. 506 N Central St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas A Reese

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Blake

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bailey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) John L Whitely 506 Central

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Aug 3. 1931

19. UNDERTAKER Wm. H. H. Elliott (Address) 1211 Eutaw Place

20. FILED C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31. 1931

22. I HEREBY CERTIFY, That I attended deceased from July 28. 1931 to July 30. 1931

I last saw her alive on July 30 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	2 days

Other contributory causes of importance:

Cardio Renal Disease Arteriosclerosis	1 month

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. J. Allen, M. D.

(Address) 506 Cathedral St

Information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71018

CERTIFICATE OF DEATH

131

E 71018

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Noble St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Stielper 26-11

(a) Residence: No. 3311 Noble St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced (or) WIFE of Leonard F. Stielper

6. DATE OF BIRTH (month, day, year) Sept 5 1869

7. AGE: Years 62 | Months 10 | Days 25 | If LESS than 1 day, hrs. or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Adam Smith

14. BIRTHPLACE (city or town) (State or country) City, Md.

MOTHER

15. MAIDEN NAME Lizzie Bell

16. BIRTHPLACE (city or town) (State or country) City, Md.

17. INFORMANT Jno. Stielper

(Address) 3311 Noble St

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date Aug 1 1931

19. UNDERTAKER J. J. Logan

(Address) 1300 E. Baltimore St

20. FILED Aug 3 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Aug 1 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30 1931 to Aug 1 1931

that saw h[illegible] alive on Aug 1 1931 death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Paranephritis Nephritis	July 1930
Other contributory causes of importance:	
Mitral Regurgitation	1930
	July

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 3307 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

71019 HEALTH DEPARTMENT—CITY OF BALTIMORE 71019

CERTIFICATE OF DEATH

131 E 71019

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward) 26-37

2 FULL NAME Sarah M. Hutchins

(a) RESIDENCE NO. St. Ward (If non-resident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Servant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country)
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Records of Baltimore City Hospitals

15 Filed 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/30/31

17 I HEREBY CERTIFY, That I attended deceased from 7/20/1898 to 7/30, 31
that I last saw h er alive on 7/30, 31
and that death occurred, on the date stated above, at 4:30 P.M.
The CAUSE OF DEATH* was as follows:

Heart Disease, hypertension, with Nephritis
More than (duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Hypertension and Arteriosclerosis
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinically

(Signed) [illegible] M. D.
19 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

CAUSE OF DEATH must be stated EXACTLY. PHYSICIANS should sign correctly supplied. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 1931

Spec.—9-30—A. A Co.—250 Blks

E 71020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-003 E 71020

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ___ St ___ Ward)

2 FULL NAME Catherine Sorenson

(a) RESIDENCE NO 26-37 ST ___ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adam Sorenson

6 DATE OF BIRTH (month, day, and year) 7/4/1855

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	76		27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER Charles Wenzel
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Catherine Wenzel
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Baltimore City Hospitals

15 Filed AUG 3 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/31/31

17
I HEREBY CERTIFY, That I attended deceased from 2/4/ , 1928 , to 7/31 19 31
that I last saw her alive on 7/31 19 31
and that death occurred, on the date stated above, at 6:25A m.
The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic . .

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, General (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ___
Did an operation precede death? No Date of ___
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) Jas. Glover Jr M. D.
19 (Address) City Hospitals.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL. DATE OF BURIAL AUG 3 - 1931

20 UNDERTAKER Commissioner Health. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause must be stated EXACTLY. PHYSICIANS should be careefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

E 7102 1 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 7102 1

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2 FULL NAME John Schissler

(a) RESIDENCE NO. none St. 26-37 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ?

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Adam Schissler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kate Adolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Balto. City Hosp.

15 AUG 3 1931 16 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-31-31

17 I HEREBY CERTIFY, That I attended deceased from 10-10-28, 19, to 7-31-31, 19

that I last saw him alive on 7-31-31, 19

and that death occurred, on the date stated above, at 5:40 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, General unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jos. Shmeld Jr M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL AUG 3 - 1931, 19

20 UNDERTAKER Dept. of Health ADDRESS

CAUSE OF DEATH in plain terms. AGE should be carefully supplied. so that it may be properly classified. Exact statement of PA-TION is very important. See instructions on back of certificates

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71022

CERTIFICATE OF DEATH

131

E 71022

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. WARD) 21-29

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Michael George Lever

(a) RESIDENCE NO. 809 S. Paca St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Gerner.

6 DATE OF BIRTH (month, day, and year) Dec. 6, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	26	

8 OCCUPATION OF DECEDED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER John Lever

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Wesselman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant (Address) Mrs Sallie Gerner 809 S Paca St.

15 [illegible] C. HAMPSON JONES, M. D. Registrar

G 3 - 1931

MEDICAL CERTIFICATE OF DEATH 8-1-31

16 DATE OF DEATH (month, day, and year) ~~7-28-31~~

17

I HEREBY CERTIFY, That I attended deceased from 7-28 1931 to 8-1 1931

that I last saw h[illegible] alive on 8-1 1931

and that death occurred, on the date stated above, at 4:40 P.M.

The CAUSE OF DEATH* was as follows:

Bilateral Pyelonephritis

Chronic Nephritis

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Luther E. Viale M. D.

. 19 (Address) Balto City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peter's Cem	8/4/1931
20 UNDERTAKER John F. Cowan & Son	ADDRESS 908 Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71028 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71023

56

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 2525 Barclay ST. WARD) 12-50

2 FULL NAME Mildred L. O'Donnell

(a) RESIDENCE NO. 2525 Barclay ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 31 1924

7 AGE: Years 6 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER Francis X O'Donnell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary T. Edmonston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Mr. Francis X O'Donnell 2525 Barclay St.

15 Filed 9-3-1931 by C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/1/1931.

17

I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to August 1, 1931

that I last saw her alive on August 1, 1931

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Subacute Rheumatic Fever

(duration) yrs. 4 1/2 mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 4 1/2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) Chas. H. Feldstein M. D.

19 (Address) 1923 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bay Cathedral Cem

DATE OF BURIAL: 8/4/1931

20 UNDERTAKER: John J. Cowan

ADDRESS: 40 Holliday St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 71024 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 46 E 71024

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2 FULL NAME Lillian May Otto

(a) RESIDENCE NO. 1216 W. Cross St. 21-29 WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Housework

6 DATE OF BIRTH (month, day, and year) Aug. 9 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): W. Va.

PARENTS

10 NAME OF FATHER: John W. A. Courtney

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Flora ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 6-3-1931 Registrar

MEDICAL CERTIFICATE OF DEATH 7-2-31

16 DATE OF DEATH (month, day, and year) ~~7-27-31~~

17

I HEREBY CERTIFY, That I attended deceased from 7-27, 1931, to 8-2, 1931

that I last saw her alive on 8-2, 1931

and that death occurred, on the date stated above, at 2:20 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach. C.
Liver metastases

(duration) yrs. 5 mos. ? ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds. ?

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Richard E. Fiske M. D.

19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Steeplechase Creek W. Va. DATE OF BURIAL: 8-6 1931

20 UNDERTAKER: Bernard C Hank ADDRESS: 1000 S Fulton Av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

G. RAMSON JONES, M. D. Registrar

G 3 - 1931 dfw

1-30--M. S. T.—100 B—501.

E 71025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-E 71025

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) St Joes Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Geo F. Holt

(a) RESIDENCE NO Laurel Groor and ST., WARD 9-17

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 2nd 09 unquy

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys Co Md

PARENTS

10 NAME OF FATHER: Geo W. Hoet.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nancy Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: James F. Holt

(Address) Indian Head Md.

15 [illegible], 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 7-31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an unquy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows: Auto in which he was a rider ran from road and turning

(Duration) yrs. mos. da

CONTRIBUTORY (Secondary) Fract Cerebral

Pulmonar (duration) yrs. mos. da

18 Where was disease contracted if not at place of death? Laurel Groor St M. Co

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clin

(Signed) J. Frank, M. D.

Coroner

1931 (Address) 29 39th St Elden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: morganza md — DATE OF BURIAL: Aug 3 1931

20 UNDERTAKER: Thomas. E. Kelson — ADDRESS: 1703 Presstman St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HAMPSON JONES, M. D.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71026

CERTIFICATE OF DEATH

121

E 71026

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Gen. Hosp. Ward

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Horn

(a) Residence: No. 1430 Light St., Ward. 23-33
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ora E. Horn

6. DATE OF BIRTH (month, day, year) Dec 24, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Europe

13. NAME Harry Rider

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ora J. Horn
(Address) 1430 Light St.

18. BURIAL, CREMATION, OR REMOVAL. Place Taylorville Cem. Date Aug 5 1931

19. UNDERTAKER C. Hampson Jones
(Address) 1 E. Lexington St.

C. HAMPSON JONES, M. D.
Registrar

AUG 3 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Aug 2, 1931.

I last saw h.. alive on Aug 2, 1931 death is said to have occurred on the date stated above, at 3:30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Untreated Appendicitis	7-2-31
Acute diffuse Peritonitis	7-27-31
Other contributory causes of importance: Pneumonia, Lt. lower Lobe	7-29-31

APPROVED BY DIVISION OF VITAL STATISTICS

Name of operation None Date of 7-28-31

What test confirmed diagnosis? Surg. & Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Wm. F. Sullivan, M. D.

(Address) 20 E. Lexington St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Harry Haas 5600 York Rd Tuxe 1368 ✓

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71027 — 52-E-3709

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Greenmount Ave ~~and~~ 25th st
CITY OF BALTIMORE: (No. Southern Home + Hospital Ward)

Length of residence in city or town where death occurred 1 yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Allen E. Carpenter 12-50

(a) Residence: No. Altoona Penna. St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~or WIFE of~~ Louisa Carpenter

6. DATE OF BIRTH (month, day, year) Jan 23rd 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) ___ | 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Penna

MOTHER FATHER

13. NAME Lewis Carpenter
14. BIRTHPLACE (city or town) (State or country) Penna
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Robert R. Akers
(Address) 2 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL. Lorraine Cemetery Date Aug 4th 1931
Place

19. UNDERTAKER Wm Cook
(Address) 1217 ~~E. Fairmount St~~ C. HAMPSON JONES, M.

20. FILED ___ 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2nd 1931

22. I HEREBY CERTIFY, That I attended deceased from June —, 1931, to Aug. 2nd, 1931
I last saw him alive on Aug 1, 1931 death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma Face.	
Right Side Involving Ear.	

Other contributory causes of importance:

Name of operation ___ Date of ___
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___
Where did injury occur? ___
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ___
Manner of injury ___
Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) H. E. Haas, M. D.
(Address) 5600 York Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C-1931

Spec.—9-29—A. & Co.—250 Blks

E 71028 HEALTH DEPARTMENT—CITY OF BALTIMORE 23 E 71028

CERTIFICATE OF DEATH

1 PLACE OF DEATH West Baltimore General Hospital REGISTERED No

CITY OF BALTIMORE (No ST WARD) 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bernard N. Dorsey

(a) RESIDENCE No 2803 Woodbrook Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If ~~single~~, widowed, ~~or divorced~~, WIFE/HUSBAND of the late Helen E. Dorsey

6 DATE OF BIRTH (month, day, and year) Aug 9th 1893

7 AGE: Years 37; Months 11; Days 22; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Amusement Recreation Bowling Alley

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Norbert W. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md.

12 MAIDEN NAME OF MOTHER Alice Nagel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Catonsville Md

14 Informant (Address) Norbert W. Dorsey 2803 Woodbrook Ave

15 [illegible] C. HAMPSON JONES, M. D., Registrar

Per A.E.H.

8 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to August 1, 1931

That I last saw h im alive on August 1, 1931

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Active Bilateral Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ... Appendectomy (duration) yrs. mos. 48 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6/18/31

Was there an autopsy? Yes.

What test confirmed diagnosis? Patys Sputum.

(Signed) Harry Lachman M. D.

(Address) Nat'l Balto. Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 8/4/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7029

CERTIFICATE OF DEATH

E 7029

1. PLACE OF DEATH University Hospital 122-002

Registered No. 7029

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S. if of foreign birth? 30 yrs — mos — ds.

2. FULL NAME Harry Hessman 17-25

(a) Residence: No. 634 N. Lanvale St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 24th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) United States

FATHER 13. NAME Charles Hessman

14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME Josephine Hessman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Surgery Office
(Address) 634 N. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8/4, 1931

19. UNDERTAKER H. M. Cowgill
(Address) 1710 N. Fulton Ave.

20. FILED 8-3-31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/1, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to August 1, 1931

I last saw him alive on August 1, 1931 death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Disease	7-22-31

Other contributory causes of importance:

Perforation Duodenal Ulcer

Name of operation Exploratory Date of 7-31-31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George H. Yeager M. D.

8/3/31 (Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71030

CERTIFICATE OF DEATH

X 186-001

L 71030

Registered No. _____
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital St., H Ward)

Length of residence in city or town where death occurred 37 yrs 8 mos 10 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Ann E. Schmidt 4-30

(a) Residence: No. Marden Chase Rd St., Ward. Parkville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (City or town) (State or country) Baltimore Md.
13. NAME John H. Schmidt
14. BIRTHPLACE (City or town) (State or country) Baltimore Md.
15. MAIDEN NAME Nancy J. Keenan
16. BIRTHPLACE (City or town) (State or country) Parkville Md.

17. INFORMANT Mrs Wm F Tankard
(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Date 8/5/31

19. UNDERTAKER C. HAMPSON JONES, M. D.
(Address) 1324 Eutaw Place

Aug 3 1931 By _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/2 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/2 1931 to 8/2 1931

I last saw him alive on 8/2 1931 death is said to have occurred on the date stated above, at 7:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compression fracture	
B Epidural hemorrhage	
C — cerebral cort.	
Accidental Death	

Other contributory causes of importance:
Record of Inquest

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 8/2 1931
Where did injury occur? Near Ellicott City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell off moving car
Nature of injury Fractured vertebra

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

8/3/31 (Signed) George H. Yeager M. D.
(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71031

CERTIFICATE OF DEATH

48 E 71031

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 609 Reservoir (St.) (Ward) 13-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Josephine Kuper

(a) RESIDENCE NO. 609 Reservoir (St.) (Ward)

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Francis J. Kuper

11 BIRTHPLACE OF FATHER (city or town) (State or country): Holland

12 MAIDEN NAME OF MOTHER: Dorothea M. Krug

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hessen Cassel, Germany

14 Informant: Miss Elizabeth Kuper

(Address) 609 Reservoir Street

15 [illegible] 3 - 1931 [illegible] R. RAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3-1931

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to Aug 3, 1931, that I last saw h[illegible] alive on Aug. 2, 1931, and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Uraemia - Carcinoma body of Uterus.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Toxemia - Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam. of tissue.

(Signed) Conrad Schmitz M. D.

8/3, 1931 (Address) 701 N. Howard Ave.

*Note the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 8/5 1931

20 UNDERTAKER: Henry U. Meade & Son — ADDRESS: 505 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form No. C H 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71032 — 46 — E 71032

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3527 Falls Road St., _____ Ward)
Length of residence in city or town where death occurred yrs 35 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Roger E Murphy
(a) Residence: No. 3527 Falls Rd St., 13-52 Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
If married, widowed or divorced
HUSBAND of (or WIFE of): Mattie M Murphy
6. DATE OF BIRTH (month day year): Jan. 17 - 1864
7. AGE: Years 67, Months 6, Days 15. If LESS than 1 day hrs. or min.
8. OCCUPATION: a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
b. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (State or country): Carroll Co Md
13. NAME of father: Jonas Murphy
14. BIRTHPLACE of father (city or town and State or country): Balto Co
15. MAIDEN NAME of mother: Catalin Cool
16. BIRTHPLACE of mother (city or town and State or country): Carroll Co Md
17. INFORMANT: Name: Mrs M Murphy
Address: 3527 Falls Road
18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Date Aug 4 31
19. UNDERTAKER: A. Marshall
Address: 3530 Falls Road

AUG 4 - 1931 C. HARRISON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year): Aug 2 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1930 to Aug 2 1931
I last saw h[illegible] alive on Aug 2 1931 death is said to have occurred on the date stated above, at 3:40 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Rectum — Date of onset Aug. '30
Other contributory causes of importance: Myocardiac insufficiency July '31
Pneumonia
Name of operation: Resection Rectum Date: last month
What test confirmed diagnosis: Operation Was autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J J Wilson M. D.
(Address) 848 W 36th St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 2508

E 71033

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 71033

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 East Pratt St., Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME Simon Silverman

(a) Residence: No. 1511 East Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frieda Silverman

6. DATE OF BIRTH (month, day, year) June 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	67	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor (Ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies Clothes

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 5-

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Esther Marks

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Estate Silverman (per Washington D.C.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Interred Date 8-4-31

Place

19. UNDERTAKER Rice Bros

(Address) 1322 E. Baltimore St

FILED 19

Registrar

UG 4 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1931, to August 3, 1931

I last saw h alive on Aug 1, 1931 death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arteriosclerosis	1920
Chronic Myocarditis	1928
Edema and congestion of the Lungs	Aug 3, 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Hamman M D

(Address) 117 So Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form—0-20—A. & Co.—250 Blks

71034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71034

1 PLACE OF DEATH West Baltimore General Hospital 137 REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No ST WARD 1

2 FULL NAME Samuel Cooper

(a) RESIDENCE NO 2206 Mondawmin Ave ST WARD 13-59

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city of town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Cooper

6 DATE OF BIRTH (month, day, and year) March 23-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Louis Cooper 2206 Mondawmin Ave

15 Filed AUG 4 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to August 3, 1931

That I last saw h/m alive on August 3, 1931

and that death occurred, on the date stated above, at 9 11 A. m.

The CAUSE OF DEATH* was as follows:

Acute Respiratory Failure

(duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (Secondary) Benign Hypertrophy of Prostate (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Lechner M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, REMOVAL OR CREMATION: Fairview Cemetery Assn

DATE OF BURIAL: 8-4-31

20 UNDERTAKER: Jacob Lewis, Inc.

ADDRESS: 1439 E. Fait

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A Co.—250 Blks

E 71035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71035

CERTIFICATE OF DEATH

87-002

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward) 10-14

2 FULL NAME James Mullen

(a) RESIDENCE NO. 1030 Hillman St. ... WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER James Mullen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Annie McCarty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ... 19 ... C. HAMILTON JONES, M. D. Registrar

G4 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3-31

17

I HEREBY CERTIFY, That I attended deceased from 5-6-31, 19 ..., to 8-3-31, 19 ...

that I last saw h im alive on 8-3-31, 19 ...

and that death occurred, on the date stated above, at 5:00 A m.

The CAUSE OF DEATH* was as follows:

Littles Disease

unknown (duration) yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... Bronchopneumonia

(duration) yrs. ... mos. 5 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of ...

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) Fletcher Woodbridge M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Aug 6, 19 31

20 UNDERTAKER: Edward Conklin — ADDRESS: 924 E ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spar.—9-30—A. & Co.—250 Blks

V E 71036

71036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2 FULL NAME Anthony Fialkowski

(a) RESIDENCE NO. 4106 Curtis Ave. ST. 25-77 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Apparent age ? 55-60				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): 015

(c) Name of employer: out of work

9 BIRTHPLACE (city or town) (State or country): ? Poland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address): Records of Balto. City Hosp.

15 Filed AUG 4 - 1931 Reg'd. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3-31

17 I HEREBY CERTIFY, That I attended deceased from 7-25-31, 19, to 8-3-31, 19

that I last saw him alive on 8-3-31, 19

and that death occurred, on the date stated above, at 2:55 A.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

more than (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

. 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A.C. DATE OF BURIAL: Aug 5 1931

20 UNDERTAKER: [illegible] ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71037

CERTIFICATE OF DEATH

X 13 | E 71037

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) South Baltimore Gen Hosp St. Ward

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Virginia Talley 25.75

(a) Residence: No. 4011 - 4th St Brooklyn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin L. Talley

6. DATE OF BIRTH (month, day, year) Jan 19 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13 A

FATHER

12. BIRTHPLACE (city or town) (State or country) Hampton Va

13. NAME David Archer, Jr

MOTHER

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Archer

16. BIRTHPLACE (city or town) (State or country) Hampton Va

17. INFORMANT (Address) Virginia Talley 4011 4th Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Aug 3 1931

19. UNDERTAKER John F Denny (Address) 215 Light St.

20. FILED AUG 4 - 1931 19 Registrar

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 29 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29 1931 to Aug 2 1931

I last saw h[illegible] alive on Aug 2 1931 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure	Aug 1st 31
Chronic Cardio-vascular renal disease with	5 years
Other contributory causes of importance: Acute Gastritis	3 weeks
July 22nd to July 29th 1931	
Colecystectomy	

Name of operation Typical Type Date of 7-27-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas W Johnson, M. D.

(Address) 356 4th Avenue Md.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71038

CERTIFICATE OF DEATH

23

REGISTERED NO. E 71038

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1130 W. Lafayette Ave ST. (WARD) 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Addison Brooks

(a) RESIDENCE NO. 1130 W. Lafayette Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Single.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
29				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) 140

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Addison Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susie White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Susie Brooks

(Address) 1130 W. Lafayette Ave

15 Filed Aug 4 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 1-31

17 I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to Aug 1, 1931, that I last saw him alive on Aug 1, 1931 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH was as follows:

Acute Pulmonary Tuberculosis

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

8/2, 1931 (Signed) B. N. Rateliff M. D. (Address) 1325 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug 4 1931
20 UNDERTAKER Mrs. R. G. Elliott	ADDRESS 1725 Ashland

Important. See instructions on back of certificates. Exact statement of OCCUPATION is very

1-20—M. & T.—100 B—50L.

E 71039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 71039

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Achille Marie

(a) RESIDENCE NO 5709 Bland ave ST., 27-55 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Mary E Marie

6 DATE OF BIRTH (month, day, and year) July 27 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	80		4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Louis R Marie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Francis Achille

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Laura M Shepherd

(Address) 5709 Bland ave

15 Filed AUG 4 1931, 19?? Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 5709 Bland ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B Steinzultz M. D. Coroner

8/4, 1931 (Address) 1303 N Patterson Pl Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem DATE OF BURIAL Aug 5 1931

20 UNDERTAKER Josiah Effler ADDRESS 600 W North

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

Effelage

E 71040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 71040

1—PLACE OF DEATH Md General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) 12-51 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Jonate Effelage

(a) RESIDENCE NO. 2702 N Chas St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 23 1856

7 AGE: Years 75 | Months 07 | Days 10 11 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James M. Effelage

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Jane Hyde

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Hospital Record (Address)

15 Filed 4-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to August 5, 1931, that I last saw her alive on August 5, 1931, and that death occurred, on the date stated above, at 12:20 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) 5 yrs. (?) mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure.

(duration) yrs. mos. 7 ds. ?

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert V. Chenault M. D.

(Address) Md. General Hospital

8/3, 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Aug 6 1931

20 UNDERTAKER: Henry H Jenkins & Co

ADDRESS: Eutaw & Mt Holly Sts

Important. See instructions on back of certificates.

Spec.—3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71041

CERTIFICATE OF DEATH

82-001 E 71041

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Mosher ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Jones

(a) RESIDENCE NO. 1716 Mosher ST. 16-22 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Daniel Jones

6 DATE OF BIRTH (month, day, and year): Nov. 12, 1886

7 AGE: Years 44; Months 8; Days 19; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Linko Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mary Hainey

(Address) 1716 Mosher St

15 Filed G 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-1-31

17 I HEREBY CERTIFY, That I attended deceased from 7-30-1931 to 8-1-1931

that I last saw h[illegible] alive on 8-1-1931

and that death occurred, on the date stated above, at 11.45 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (Cerebral hemorrhage)

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical sign & symptoms

(Signed) John E. F. Lanpher, M. D.

, 19 (Address) 724 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion

20 UNDERTAKER: Thomas E Kelson

DATE OF BURIAL: 8/4/31 19

ADDRESS: 1303 Pennsylvania Ave

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

71042

CERTIFICATE OF DEATH

139-001

E 71012

REGISTERED NO

1 PLACE OF DEATH Woman's Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) St. Ward)

2 FULL NAME Miriam Mettee McDaniel

15-61

(a) RESIDENCE No 3416 Carlyle Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
~~WIFE~~ of
(or) WIFE of George Herbert McDaniel

6 DATE OF BIRTH (month, day, and year) Oct. 5, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Wilton H. Mettee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Frances Lawson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. M. Hamad Mettee, Jr
(Address) Catonsville, Md

15 Filed 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to Aug 3, 1931

That I last saw her alive on Aug. 3, 1931

and that death occurred, on the date stated above, at 2 P M.

The CAUSE OF DEATH* was as follows:

Ovarian Cyst & twisted Pedicle (left) ovar ?

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary) Pulmonary Infarction

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 21, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Marion P. Johnson M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem. DATE OF BURIAL: Aug 5, 1931

20 UNDERTAKER: John O. Mitchell & Son ADDRESS: 14th Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 71043

REGISTERED NO. E 71043

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 3202 White Ave., Raspeburg, Md. (ST.) 27th (WARD) 27-43

2-FULL NAME Dolores Bruns

(a) RESIDENCE NO. 3202 White Ave., Raspeburg, Md (ST.) 27th (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 3, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 12 hrs or 50 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Albert Theodore Bruns

11 BIRTHPLACE OF FATHER (City or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Helen Frances Quinn

13 BIRTHPLACE OF MOTHER (City or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Albert Bruns
(Address) 3202 White Ave., Raspeburg, Md.

15 Filed AUG 4 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3, 12:10 A.M. to Aug. 3, 1 P.M.

that I last saw her alive on Aug. 3, 1931,

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Williams M. D.

8/3, 1931 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Aug. 4 1931

20 UNDERTAKER Leonard J. Ruck

ADDRESS 6405 Sefton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Should be stated EXACTLY. PHYSICIANS should state

Spec.—9-30—A. & Co.—250 Blks.

Ourrs

E 71044 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71044

CERTIFICATE OF DEATH 23

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2026 Brunt St Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alberta Johnson Ourrs

(a) RESIDENCE NO 2026 Brunt St WARD 11-20
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence Ourrs

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Columbus Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Winnie Ann Wales

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Fernanda Cockrel 2026 Brunt St

15 Filed AUG 4 1931 19 31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2/31

17

I HEREBY CERTIFY, That I attended deceased from Dec 15 1930 to Aug 2 1931

that I last saw h[illegible] alive on Aug 1 1931

and that death occurred, on the date stated above, at 11 A M

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 8 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum Test

(Signed) C. Williard Frey M. D.

8-7 1931 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Aug 4 1931

20 UNDERTAKER: Archibald G. Gaskins — ADDRESS: 1540 McCulloh St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-35—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71045

E 71045

CERTIFICATE OF DEATH

157-003

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 923 Mc Henry St. WARD 1

2 FULL NAME Michael Nolan.

(a) RESIDENCE NO. (Usual place of abode) 923 Mc Henry St. WARD 21-29

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

If non-resident give city or town and state

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1 1931.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael J Nolan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Margaret O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mr. Michael J Nolan 923 Mc Henry St

15 Filed AUG 4 - 1931 19 C. HAMPDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/3/1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 3. 1931.

that I last saw him alive on Aug 3. 1931, at 11 30 P. m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Defective Heart (Blue Baby)

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary) Undeveloped.

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Thos Horton, M. D.

8/4 1931 (Address) 858 N Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem DATE OF BURIAL 8/4/1931

ADDRESS

20 UNDERTAKER Wm J Cowan & Son

ADDRESS

CAUSE OF DEATH is very important. See instructions on back of certificate. TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 71046

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71046

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 945 Park ave St., Ward)

2-FULL NAME Harold Watkins

(a) RESIDENCE NO. 945 Park ave St., 11-24 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27 '93

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	37	7	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Common 040
(c) Name of employer

9 BIRTHPLACE (city or town) Virginia
(State or country)

PARENTS

10 NAME OF FATHER Harold Watkins

11 BIRTHPLACE OF FATHER (city or town) Virginia
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Debie Watkins
(Address) 938 Park Ave

15 Filed AUG 4 - 1931 19 C. HAMPSON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) unknown yrs. mos. da.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? James M Kemler
(Signed) Jos. Chas. M. D.
8/5. 1931 (Address) 701 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Mt. Auburn

DATE OF BURIAL
8/4/ 1931

20 UNDERTAKER
Mrs. Geo. E. Holland
ADDRESS 1638 Druid Hill Ave

tion should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

J Arthur Smith

1-30—M. & T.—100 B—501.

E 71047.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 191 E 71017

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 Park ave ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME J Arthur Smith

(a) RESIDENCE NO. Westminster md ST., 11-24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	Mulatto	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E Smith

6 DATE OF BIRTH (month, day, and year) Nov 29 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chemical
(b) General nature of industry, business, or establishment in which employed (or employer): Self. 686
(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James A Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto md.

12 MAIDEN NAME OF MOTHER: Mary E Jamison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Harris

(Address) 310 Park Ave

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Negative

(Signed) H. Hillary Smith, M. D. Coroner

(Address) 1144 Hillyard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington, D. C.	Aug. 4, 1931

20 UNDERTAKER: Bernard Steinbach ADDRESS 704 Washington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

Spec.—9-20—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71048

CERTIFICATE OF DEATH 11-001

REGISTERED NO. E 71048

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL ST. WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Somerville

(a) RESIDENCE NO. 1605 N. Franklin ST. WARD 19-27

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 22, 1929

7 AGE: Years 2; Months 2; Days 14

If LESS than 1 day, hrs. or mdn.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Jos Somerville

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Laura Holly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2/31

17

I HEREBY CERTIFY, That I attended deceased from August 1, 1931, to August 2, 1931

that I last saw he alive on August 2, 1931

and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Lead poisoning

(Over)

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood smear.

(Signed) Alan E. Kittner M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Charlotte Hall Md — DATE OF BURIAL: Aug 6. 1931

20 UNDERTAKER: Joseph A Lively — ADDRESS: 409 N Monroe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Bks.

E 71049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71049

CERTIFICATE OF DEATH. 161-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 W. Montgomery ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy White

(a) RESIDENCE NO. 19 W. Montgomery ST. 22-31 WARD

(Usual place of abode)

(Length of residence in city) or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Isiah White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Franklin Virginia

12 MAIDEN NAME OF MOTHER Odell White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Berkley Virginia

14 Informant (Address) Husband

15 Filed AUG 4 - 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1931, to Aug. 4th, 1931, that I last saw him alive on Aug. 4th, 1931, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH* was as follows:

Hemorhagic disease of Newborn

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James H. Woodward M. D.

8/4 1931 (Address) Mercy Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Aug 5 1931
20 UNDERTAKER	ADDRESS
F. A. Krause Son	723 Hanover St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks Mary Joseph Jenkins ✓

E 71050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71050

CERTIFICATE OF DEATH.

82-001.

REGISTERED NO.

1-PLACE OF DEATH Jenkins Memorial Hospt

CITY OF BALTIMORE: (No.) Isaac Calvert Avenue ST., WARD 11-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Joseph Jenkins

(a) RESIDENCE NO. Albany Apartments Centre St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James H. Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Hamm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa

14 Informant Jenkins Memorial Hospt (Address) Isaac Calvert Avenue

Filed AUG 4 1931 . 19 H. Q. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1. 1931. to August 14. 1931.

that I last saw he alive on August 13, 1931.

and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobular

(duration) 1 yrs. 0 mos 4 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. ½ mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical Findings

(Signed) Geo. E. Gwaltney, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvert Cem

DATE OF BURIAL 8-5 1931

20 UNDERTAKER Henry W. Jenkins & Son

ADDRESS Baltimore

G 4 - 1931

H. Q. H.

THION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 lbs.

E 7105 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 7105

CERTIFICATE OF DEATH 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #2118 Wilkens St. WARD) 20-69

2 FULL NAME Paul Ostovits

(a) RESIDENCE NO. #2118 Wilkens St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) the late Mary Ostovits

6 DATE OF BIRTH (month, day, and year) June 6th 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tobac.

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER John Ostovits

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Uckotnik

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Louise Ostovits 2118 Wilkens St.

15 Filed 4-1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/3/1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 11 1930 to 8/3 1931

That I last saw h— alive on 8/2 1931

and that death occurred, on the date stated above, at 4 A M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis & Myocarditis

(duration) 1 yrs. 6 mos. 23 ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? →

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

Signed) James P. Baumgartner M.D.

8/4 1931 (Address) 721 Medical Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Peters Cemetery

DATE OF BURIAL 8/5 1931

20 UNDERTAKER John J. Conway & Son

ADDRESS 901 W. Baltimore St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

93-003E 71052

REGISTERED NO. E 71052

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 E. 20th. Street ST., WARD) 9-18

2-FULL NAME James J. Gallagher Sr.

(a) RESIDENCE NO. 1120 E. 20th Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 6 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Gallagher

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Dairyman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James J. Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) County Cork Ireland

12 MAIDEN NAME OF MOTHER Mary A. Mills

13 BIRTHPLACE OF MOTHER (city or town) (State or country) U.S.A.

14 Informant (Address) John J. Gallagher 1120 E. 20th. Street

15 Filed 4-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930, to Aug 4, 1931.

that I last saw him alive on Aug 4, 1931.

and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

& Dilatation of heart

(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Arteriosclerosis 2 yrs. 1 mos. X ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Otto H Duke M. D.

Aug 7 1931 (Address) 9286 Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Catherdal Cemetery	Aug. 7 1931
20 UNDERTAKER Harry Annacker & Son	ADDRESS 4204 Ridgewood Ave.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E B.R.S.—400 Bks.

E 71053

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71053

CERTIFICATE OF DEATH.

23

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1426 N. Fulton Ave. St.) (Ward) 21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel David Worley.

(a) Residence No. 1426 N. Fulton Ave. St., 15 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of ~~this~~ ~~wife~~ of: Mary E. Worley.

6-DATE OF BIRTH (month, day and year): July 2, 1865

7-AGE: 66 yrs. 1 mos. — ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Littlestown Pa.

PARENTS

10-NAME OF FATHER: David Worley

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Kansas City, Kansas

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): York, Pa.

14-Informant: Mary E. Worley.

(Address) 1426 N. Fulton Ave.

15-Filed ....., 1931. C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug. 2, 1931.

I HEREBY CERTIFY, That I attended deceased from July 20 1928 to Aug. 2, 1931 that I last saw him alive on Aug. 2, 1931, and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) — (Duration) — yrs. — mos. — ds.

18-Where was disease contracted if not at place of death? Unknown

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn. M. D.

Aug. 3. 31. (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: 8-5-1931.

20-UNDERTAKER: Horace F. Burgee — ADDRESS: 3631 Falls Rd.

Aug. 4 1931

in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 71054

CERTIFICATE OF DEATH

46

D 71054

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 3600 Keystone Ave. (Ward) 13-57

2 FULL NAME Sarah Ann Burgee.

(a) RESIDENCE NO. 3600 Keystone Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

6a If married, widowed, or divorced (or) WIFE of George A. Burgee.

6 DATE OF BIRTH (month, day, and year) May. 17-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas H. Hesong.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.

12 MAIDEN NAME OF MOTHER Margaret Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles Burgee

(Address) 3600 Keystone Ave

15 [illegible] 4 1931 19..

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3-31

17

I HEREBY CERTIFY, That I attended deceased from July 10th 1931 to Aug 3rd 1931

that I last saw h[illegible] alive on Aug 3rd 1931

and that death occurred, on the date stated above, at 8-30 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Chronic pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & physical signs

(Signed) W. O. Fellows M. D.

Aug. 4, 1931 (Address) 3614 Fells Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	8-6-31
20 UNDERTAKER Horace F. Burgee	3631 Fells Rd

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 71055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003 E 71055

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3419 E. Pratt ST., WARD) 26-2

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herbert Bennett

(a) RESIDENCE NO 3419 E Pratt ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3 1931

7 AGE: Years | Months | Days | If LESS than 1 day, 6 hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER J. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B F Herzog M D, M. D.

Coroner

8/4, 193 (Address) 1305 N Bolton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL: AUG 4 1931

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D.

8-4-1931 C037 11 617

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71056 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 79-001 E 71056

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3314 Fleet St Ward) 26 2

2 FULL NAME Frederick Hanson

(a) RESIDENCE NO 3314 Fleet St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or WIFE of): Helen V. Hanson

7 DATE OF BIRTH (month, day, and year): Jan 19 96

8 AGE: Years 35 Months 6 Days 13 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer): Ft. Mc Henry Dock & Yard Co. abt 4 yrs 9 mos
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

11 NAME OF FATHER: Henry Hanson

12 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

13 MAIDEN NAME OF MOTHER: Mary E.

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

15 Informant (Address): Helen V. Hanson 3314 Fleet St

16 Filed AUG 4 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year): Aug 2/31

17 I HEREBY CERTIFY, That I attended deceased from July — 1928 to Aug 2 1931

That I last saw h— alive on Aug 2 1931 and that death occurred, on the date stated above, at 10 40 P.M.

The CAUSE OF DEATH* was as follows:

Hypertrophic Pachymeningitis
ending in Coma (duration 3 or 4 yrs. mos. ds.)

CONTRIBUTORY (secondary) Possibly Traumatic (history of a fall several years prior to onset) (duration mos. ds.)

* Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) V. V. Wright M. D.

Aug 4 1931 (Address) 1014 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: Aug 5 1931

20 UNDERTAKER: Philip Hornig — ADDRESS 2016 Aliceanna

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71057

REGISTERED NO. 211 E 71057

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Md Gen Hosp. (St.) (Ward)

2-FULL NAME John Brown (Low Hendley (according to information)

(a) RESIDENCE NO. Norfolk Va (Ward) 11-24

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Dont Know

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dont Know
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penn

PARENTS

10 NAME OF FATHER J. L. Hendley

11 BIRTHPLACE OF FATHER (City or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Dona Earles

12 BIRTHPLACE OF MOTHER (City or town) (State or country) Penn

14 Informant (Address) J. L. Hendley Bulls-Gap Tenn.

15 Filed 4 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above; held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Motorcycle he was riding collided with an automobile at intersection.

(duration) yrs. mos. ds. Fract Skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Madison & Dauphin

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. Francis Elder M. D.

4. 1931 (Address) 29 31st & Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bulls Gap Tenn.

DATE OF BURIAL Aug. 6 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 N Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.

C. CHAMPION JONES, M. D.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71058

82-004 ✓ E 71058

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 - 1 Pulland Ave ST. WARD) 17

2—FULL NAME Nicholas Gehring

(a) RESIDENCE NO. 1835 Pulaski Hwy ST. WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. (Hartlove)

6 DATE OF BIRTH (month, day, and year) 5/4/1856

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: City Elect Dept.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Andrew Gehring

11 BIRTHPLACE OF FATHER (city or town) (State or country) German.

12 MAIDEN NAME OF MOTHER Anna Greenwald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. Gehring (Address) 1835 Pulaski Hwy

15 Filed 4-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1931, to Aug 2, 1931, that I last saw h— alive on Aug 1, 1931 and that death occurred, on the date stated above, at 12:05 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene L. Pessagno M. D.

8. 3. 1931 (Address) 514 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 8/5/31

20 UNDERTAKER J. J. Kelly ADDRESS 1733 Hanover St

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71059

CERTIFICATE OF DEATH

207 E 71059

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH St Joseph Work.

CITY OF BALTIMORE (No.) ST., WARD)

2-FULL NAME John Smith

(a) RESIDENCE NO. Monkton Md. 9-17

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella May Smith

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Penn R.R.

9 BIRTHPLACE (city or town) (State or country) Hanover Va.

PARENTS

10 NAME OF FATHER Jas E Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Ellen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Ella May Smith

(Address) Monkton Md

15 Filed 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 3rd 1931

I HEREBY CERTIFY That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h death on the day and year above stated, and that the CAUSE OF DEATH was as follows:

Accident* Fractured Skull.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 3 da.

Struck by Engine.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Penn St. Tunnel

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Smith, M. D. Coroner

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Hillcrest Md

DATE OF BURIAL 8 5 1931

20 UNDERTAKER Byron Knight

ADDRESS 128 McCulloh St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71060

CERTIFICATE OF DEATH

82-06

E 71060

1 PLACE OF DEATH West Balto General Hospital

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) ST / WARD 1

2 FULL NAME Jno. Hohenberger 15-21

(a) RESIDENCE NO. 1832 Hollbrook Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) ~~Wife~~ Lorena Braun

6 DATE OF BIRTH (month, day, and year) Sept 7 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Walter Blume

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Henry Hohenberger
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address) Loudon Park Cem

15 Filed Aug 31 1931 HAMILTON JONES, M. D. Registrar
By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31

17
I HEREBY CERTIFY, That I attended deceased from Aug 1 19 31 to Aug 31 19 31
that I last saw h alive on Aug 3 19 31
and that death occurred, on the date stated above, at 5:30 P M
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Harry Feldman M. D.
19 (Address) 1 W. Mt. Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem — DATE OF BURIAL Aug 19 31

20 UNDERTAKER Harry W. Ellen — ADDRESS 1908 W. Pratt

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 71061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. E 71061

1 PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward) 17-24

2 FULL NAME Joseph Maynard

(a) RESIDENCE No. 538 Greenwillow St. ____ Ward ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2 2 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): A.A. Co. Md.

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Florence ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 AUG 3rd 1931 H. ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2-31

17

I HEREBY CERTIFY, That I attended deceased from 8-1-31, 19__, to 8-2-31, 19__

that I last saw him alive on 8-2-31, 19__

and that death occurred, on the date stated above, at 5:45 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis, Streptococcic.
Secondary to Sinus infection
2 (duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Sam'l Hemsley Jr M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 (PLACE OF BURIAL, CREMATION OR REMOVAL) Mt. Auburn Cem. DATE OF BURIAL Aug 5 19 31

UNDERTAKER Samuel Hemsley & Co. ADDRESS 578

TION is very important. See instructions on back of certificates.

AdCo. 5-11 2500

E 71062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-001 E 71062

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Lovett 15 58

(a) Residence: No. 2806 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Lovett

6. DATE OF BIRTH (month, day, year) July 20 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Isaac Lovett
14. BIRTHPLACE (city or town) (State or country) Latvia

MOTHER

15. MAIDEN NAME Annie —
16. BIRTHPLACE (city or town) (State or country) Latvia

17. INFORMANT Isaac Lovett
(Address) 2806 Norfolk Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Sinai Cem. Date 8-5- 1931

19. UNDERTAKER Jos. Levin Inc.
(Address) 431 E. Lexington St.

AUG 5 - 1931 H. WARFIELD JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15 1931, to Aug 4 1931

I last saw him alive on Aug 4 1931 death is said to have occurred on the date stated above, at 9.20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Death Lymphatic Leukemia	July 21 1931
Myocardial Failure	1 week

Other contributory causes of importance: Bronchopneumonia — 3 days ago

Name of operation None Date of

What test confirmed diagnosis? Clinical, by X-ray, by Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Attending Physician, M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

E 71063 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71063

CERTIFICATE OF DEATH

46

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2702 Springhill Ave., ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Max Dubin

15-58

(a) RESIDENCE NO. 2702 Springhill Ave., ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ella Dubin

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Jacob Dubin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ella Dubin (Wife)
(Address) 2702 Springhill Ave.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4th, 1931

17
I HEREBY CERTIFY, That I attended deceased from March, 1931 to Aug. 4, 1931
that I last saw h[illegible] alive on Aug. 4, 1931
and that death occurred, on the date stated above, at 2.15 P. M.
The CAUSE OF DEATH* was as follows:

Carcinomata head of pancreas ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? clinical & Lab

(Signed) Isidor J. Fox M. D.
Aug 1931 (Address) 2304 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 8-5-1931

20 UNDERTAKER Lee Levin, Inc. 1439 E Balto St

ADDRESS

TION is very important. See instructions on back of certificate.

1-36—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71064 — 92-001 — E 71064

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 E Balto ST., _____ WARD) 2-4

2-FULL NAME Isaac B Isaacson

(a) RESIDENCE NO 2033 E. Balto Pl ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Isaacson

6 DATE OF BIRTH (month, day, and year) — 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
68	68			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Rabbi
(b) General nature of industry, business, or establishment in which employed (or employer): 018
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Simon Isaacson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Lah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Simon Isaacson

(Address) 2033 E Balto St

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) H. G. Mezger M.D., M. D. Coroner

8/4, 1931 (Address) 130 N Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levi Hospital — DATE OF BURIAL 8-5-1931

20 UNDERTAKER Pace Funeral Inc — ADDRESS 1319 E Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

251039 E 71065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71065

CERTIFICATE OF DEATH

121

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. WARD)

2 FULL NAME Frank Powell

(a) RESIDENCE NO. 1328 Gilmore St. 15-22 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment Records (Address) JOHNS HOPKINS HOSPITAL

15 FILED AUG 5 1931 H. F. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3-1931

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1931, to Aug 3, 1931

That I last saw him alive on Aug 3, 1931

and that death occurred, on the date stated above, at 510 A m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction due to Volvulus

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Appendicitis acute Adhesive with peritonitis (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 29/31.

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Harold Hirschstein M. D.

Aug 3 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Calvert Co. Md. Adam's chapel.

DATE OF BURIAL Aug 5 1931

20 UNDERTAKER Thomas G. Kelson

ADDRESS 1303 Pennsylvania Ave

AUG 3 1931

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 71066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 71066

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., WARD)

2-FULL NAME Mary Katencamp

(a) RESIDENCE NO. 2522 W Fairmount Ave ST., WARD 20-69

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. 56 mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Francis H.

6 DATE OF BIRTH (month, day, and year) Mch 14. 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	4	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Tom - Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sarah Idle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Carrie E. Shields daughter

(Address) 2522 N. Fairmount

15 Filed AUG 5 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ___

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. O. Kenyon M.D. Coroner, M. D.

Aug 3 1931 (Address) 2052 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 8/6 1931

20 UNDERTAKER Harry H. Smith

ADDRESS 1401 E Monument Ave

Spec.—9-30—A. & Co.—250 Blks

E 71067 HEALTH DEPARTMENT—CITY OF BALTIMORE 71067

CERTIFICATE OF DEATH

59

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Jennie E. Steiner

(a) RESIDENCE NO. 825 S. Gilmor Street St. WARD 19-28

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Late Chas. A. Steiner

6 DATE OF BIRTH (month, day, and year) Mch. 27, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Patrick Dowling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Mary A. Terry 120 Cold Spring Lane

15 Filed AUG 5 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3-31

17 I HEREBY CERTIFY, That I attended deceased from 8-1- , 1931 , to 8-3 , 1931

That I last saw her alive on 8-3 , 1931

and that death occurred, on the date stated above, at 11:30 P m

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Diabetes Mellitus

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Nephritis Coma (Uremia)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically & Lab.

(Signed) Andres E. Calas M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 8/7 1931

20 UNDERTAKER Harry N. Mitzel 411 Edmondson Ave.

ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

71068

HEALTH DEPARTMENT—CITY OF BALTIMORE

71068

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2827 Presstman St. St. WARD) 16-68

2 FULL NAME Frank D. Fenneman

(a) RESIDENCE No. 2827 Presstman St. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sally K. Brown Fenneman

6 DATE OF BIRTH (month, day, and year) June 30, 1860.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	43	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Groceryman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frederick Fenneman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Susan Crow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Frank D. Fenneman 2827 Presstman St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3rd 1931

17

I HEREBY CERTIFY, That I attended deceased from August 19 27 to Aug 3rd 1931

That I last saw h in alive on Aug 3rd 1931

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis. Myocardial degeneration with Cardiac hypertrophy. Chronic nephritis (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Michel M. D.

Aug 5 1931 (Address) 7921 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	8/5/31 19

20 UNDERTAKER Harry A. Mettee ADDRESS 4101 Edmondson Ave.

AUG 5 1931

TION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 71069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71069

CERTIFICATE OF DEATH

122-002
REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. Hosp. WARD) 15-60 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Philip Stein

(a) RESIDENCE No. 2113 Eutaw St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mary C. Stein

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, MD Maryland

PARENTS

10 NAME OF FATHER Geo. Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed AUG 3 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to Aug 7, 1931, that I last saw h[illegible] alive on Aug 4, 1931, and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:
Intestinal Obstruction
(volvulus)

2 w

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-16-31

Was there an autopsy? No

What test confirmed diagnosis? Palpation & clinical

(Signed) Chas F. Chenault, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Pk DATE OF BURIAL Aug 8 1931

20 UNDERTAKER M. Jos. Cryton ADDRESS N. Gilmor

Important. See instructions on back of certificate

1-30—M. & T.—100 B—50L

John G Auffarth

1170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71070

94-002

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Johns Hopkins Hosp ST.) (WARD)

2-FULL NAME John G. Auffarth

(a) RESIDENCE NO. 2106 Maryland ST., 6-10 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. dy. How long in U. S., if of foreign birth? yrs. mos. dy.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie

6 DATE OF BIRTH (month, day, and year): Jan 28 1892

7 AGE: Years 39 Months 6 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Auffarth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Theresa Schiefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Marie Auffarth

(Address): 2106 Maryland

Filed AUG 5 - 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 31st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Eyesight

(Signed) H. Leland Hartman, M. D. Coroner

(Address) 1303 Bonner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Aug 5 1931

20 UNDERTAKER: Lilly & Zeiler Inc. — ADDRESS: 1103 N. Mayfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71071

CERTIFICATE OF DEATH

93-001 E 71071

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 W. Luzerne St. 7 Ward)

Length of residence in city or town where death occurred 70 yrs 2 mos 5 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Margaret E. Soeldner

(a) Residence: No. 536 W. Luzerne St., 7 Ward. 7-10
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Jacob K. Soeldner

6. DATE OF BIRTH (month, day, year) May 29 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Louis Linke
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary Hessler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Linke
(Address) 536 W. Luzerne St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cemetery Date Aug. 6 1931

19. UNDERTAKER Lilly-Zeller Inc.
(Address) 403 E. Baltimore St.

Filed Aug 6 1931

_____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3rd 1931

22. I HEREBY CERTIFY, That I attended deceased from July 31 1931 to Aug 3 1931
I last saw h[illegible] alive on Aug 3 1931 death is said to have occurred on the date stated above, at 6:10 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-31-31
Other contributory causes of importance: Acute Myocarditis	8-2-3

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Geo. Fuller M. D.

(Address) 1937 Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 71072

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 71072

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 W. Pratt St., 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Shanahan (Shannon)

(a) Residence: No. 1315 W. Pratt St. St., 19 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Mary A. Shanahan (Shannon)

6. DATE OF BIRTH (month, day, year) Sept. 2nd 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Helper at B.O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Michael Shanahan (Shannon)

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Griffin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary A. Shanahan (Shannon)
(Address) 1315 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date 8/7/ 1931

19. UNDERTAKER Lilly & Zeiler
(Address) 1128 E. Monument St.

AUG 5 1931.

Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to Aug 4th, 1931

I last saw him alive on July 28, 1931 death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia.	

Other contributory causes of importance:

Cerebral apoplexy

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) S. O'Donnell Jr. M. D.

(Address) 375 Eutaw

Spec.—9-30—A. & Co.—250 Blks

251 19 E 71073

HEALTH DEPARTMENT—CITY OF BALTIMORE E 71073

CERTIFICATE OF DEATH

24

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 7 (Ward)

2 FULL NAME James Donnelly

(a) RESIDENCE NO. 504 S. Curley (St.) 1 (Ward) 1-2

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs 6 mos da. How long in U. S., if of foreign birth? yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 16 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	23	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James A. Donnelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Catharine Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records

DEC 8 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 3-1931

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Aug- 3, 1931

That I last saw h~~im~~ alive on Aug 3, 1931

and that death occurred, on the date stated above, at 6 05P m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

(duration) yrs mos 18 ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Lumbar Puncture.

(Signed) Ann G. Luttner M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery — DATE OF BURIAL Aug 6th 1931

20 UNDERTAKER Lilly + Geiler Inc. — ADDRESS 703 S. Wolfe St

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 71074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 E 71074

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of William St. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Gant.(C)

(a) RESIDENCE NO 132 N. Hughes St. ST., 22-31 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs ------ ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorsed

5a If married, widowed or divorced HUSBAND of Rose Gant (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Amos Gant.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Caroline Driver.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md.

14 Informant Emma Lawrence.(C) niece.

(Address) 815 Leadenhall St.

15 Filed ---- 19--

Remarks

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidental Drowning.
while in bathing.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Einhardt, M. D. Coroner

8/5, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Aug 5, 1931

20 UNDERTAKER W. J. Burns Son.

ADDRESS 1210 Mont

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

GPO 1931 O-W "SAVOY ROSE"

Spec.—9-30—A. & Co.—250 Blks

(Lewell Holden) ✓

E 710 HEALTH DEPARTMENT—CITY OF BALTIMORE. E-1075

CERTIFICATE OF DEATH 95-002

1-PLACE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 726 Mulberry St Ward)

2-FULL NAME Lewell Holden 11-26

(a) RESIDENCE NO 726 Mulberry St Ward

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Holden

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE Years 62 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment (Address) Baltimore Cemetery 726 Mulberry St

15 C. HAMPSON JONES, M. D. Registrar

AUG 5 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/2/31

17

I HEREBY CERTIFY, That I attended deceased from 7/31/31 to 8/2/31

that I last saw him alive on 8/1/31

and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:

Uremia Nephritis

(duration) yrs. 1 mos. 1 ds.

CONTRIBUTORY (secondary) Organic Heart Dis.

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. C. Leas Clay M. D.

19 (Address) 726 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Aug 5 1931

20 UNDERTAKER Miss Katie R. Williams

ADDRESS 322 Schroeder St

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 71076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71076

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3627 Fourth St. Brooklyn. ST., WARD) 25-75

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret S. Anderson.

(a) RESIDENCE NO 3627 Fourth St. Brooklyn. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Edward S. Anderson.

6 DATE OF BIRTH (month, day, and year) Dec. 16, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: William H. Klein.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Elizabeth Otto.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Edward S. Anderson. (husband)

(Address) 3627 Fourth St. Brooklyn.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 2, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Kinard, M. D. Coroner

8/5. 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Aug 6 1931

20 UNDERTAKER: John F Denny — ADDRESS: 715 Light St

AUG 5 1931 E. HUDSON JONES, M. D.

1-30—M & T—100 B—50L

E 71077

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71077

CERTIFICATE OF DEATH

122-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital. (St.) (WARD)

2-FULL NAME Fannie E. Smith.

(a) RESIDENCE NO 1446 Patapsco St. ST., 23-33 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Frank Smith.

6 DATE OF BIRTH (month, day, and year) June 24, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md.

PARENTS

10 NAME OF FATHER Jessie Hall.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Delander.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Bertha Schuman. (sister)

(Address) 1425 S. Chaeles St.

Aug 15 1931

Aug [illegible] 1931 C. HAMPSON JONES, M. D. *Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 3, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia.
Gangreen of the intestines and
acute peritonitis.

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) 1446 Patapsco St. yrs mos ds.

18 Where was disease contracted if not at place of death? Aug. 2, 1931

Did an operation precede death? No. Date of

Was there an autopsy? Yes at Hospital.

What test confirmed diagnosis? Autopsy & inquiry.

(Signed) [signature] Coroner, M. D.

8/5, 1931 (Address) 617 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Aug 6 1931

20 UNDERTAKER John F. Denny — ADDRESS 705 Light St

If CAUSE OF DEATH is not properly classified, EXACT statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-23-28—L. F. E.—500 Blks.

E 71078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002E 71078

REGISTERED NO.

1—PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 41st & Kenwick Rds. WARD) 7+3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth E. Cathcart

(a) RESIDENCE NO. 735 N. Broadway WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 17 - 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William Cathcart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rec'd from Incurables (Address) 40 E. 41st Baltimore

15 Filed AUG 5 - 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4-31

17 I HEREBY CERTIFY That I attended deceased from July 6, 1931, to Aug 4, 1931.

That I last saw her alive on Aug 3, 1931

and that death occurred, on the date stated above, at 8 40 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis Agitans

(duration) yrs. 15 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W. W. B. Mayo, M. D.

Aug 4, 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Aug 6, 1931

20 UNDERTAKER ADDRESS

Ernest Myers Co. 105 W. Fayette

Spec.—9-30—A. & Co.—250 Blks.

E 71079 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71079

CERTIFICATE OF DEATH

131 REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) St Joseph Hospital (WARD) (Jarrow)

2 FULL NAME Mrs Madie Radzwonik

(a) RESIDENCE NO. 4207 Belnord ave ST. WARD 6-10

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lawrence J Radzwonik

6 DATE OF BIRTH (month, day, and year): June 1 1902

7 AGE: Years 29; Months 1; Days 4; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 31

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Jarocki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Emma Lipp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Jos Radzwonik 4014 Belnord ave

AUG 5 - 1931 15 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5/31

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Aug 6, 1931

that I last saw her alive on Aug 5, 1931

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Chronic Interstitual Nephritis with Uremia (duration) I yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) L. M. Baumgardner M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Aug 5 1931

UNDERTAKER: Grant Bradson

ADDRESS: 1906 Allendale

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks

E 71080 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 122-001 E 71080

1 PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ..... St ..... Ward)

2 FULL NAME Tony Papa

(a) RESIDENCE NO 1085 W. Fayette St. 17.26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Estella Papa

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS
10 NAME OF FATHER Tom Papa
11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy
12 MAIDEN NAME OF MOTHER Concetta Danise
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Antony Papa
(Address) 1085 W. Fayette St

Filed AUG 5 - 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from 7/27/, 1931, to Aug. 5, 1931, that I last saw h/ alive on Aug. 5, 1931, and that death occurred, on the date stated above, at 3 10 A. M.

The CAUSE OF DEATH* was as follows:
Paralytic Ileus

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Incarcerated Hernia
(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 27, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry Carlson M. D.

, 19 (Address) West Baltimore Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Cathedral	Aug 7 '31

20 UNDERTAKER J. M. Cook — ADDRESS 1317 Park Ave

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

71081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

30 E 71081

1—PLACE OF DEATH Maryland Gen. Hospital. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles H. Emmel

(a) RESIDENCE NO. 2923 Berwick Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 45 mos. 3 ds. 23 How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

(a) If married, widowed, or divorced WIFE of (or) HUSBAND of Mc Louise Emmel

6 DATE OF BIRTH (month, day, and year) April 12, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	45	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of indostry, business, or establishment in which employed (or employer) Realestate.

(c) Name of employer Mr. Henry Kolb.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Emmel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth Prindle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore.

14 Informant Hospital Records.

(Address)

15 Filed AUG 5 - 1931, 19 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 5, 1931, that I last saw h[illegible] alive on Aug. 5, 1931, and that death occurred, on the date stated above, at 2:25 A.m. The CAUSE OF DEATH* was as follows:

Tuberculosis of kidney (R.)

Miliary Tuberculosis ?

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home.

Did an operation precede death? No Date of 7-27-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chemnitz, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Forkwood

DATE OF BURIAL Aug 8 1931

20 UNDERTAKER M Cook

ADDRESS 1217 Eutaw

1-30—M. & T.—100 B—56L

E 71082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184 E 71082

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Mem Hosp ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarrie Meredith Magarity

(a) RESIDENCE NO 748 McCabe Ave ST., WARD 27-48

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Magarity

6 DATE OF BIRTH (month, day, and year) Aug 20th 1903 mos X -

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Gas & Electric Co

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Milton T. Magarity

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Catherine Humphries

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co., Md

14 Informant: Mrs Catherine Magarity

(Address) 512 E. 21st St

15 Filed AUG 5 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot Wound
through chest
Accidential

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos J Morrissey Coroner, M. D.

Aug 4. 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Aug 6th 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

TION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

71083 E 71083

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1306 S. Carey St

CITY OF BALTIMORE: (No. 1306 S. Carey St., Ward)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U.S. If of foreign birth yrs mos ds

2. FULL NAME Margaret E. Westcoat 21-29

(a) Residence: No. 1306 S. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lester Westcoat

6. DATE OF BIRTH (month, day, year) Sept 1, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

FATHER

13. NAME George Stauger

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Agatha Andzulutis

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT (Address) Agatha Dzonigalis 1306 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date Aug 6 1931.

19. UNDERTAKER (Address) Rev. Jno. H. Tuke & Son 501 W. Lafayette St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to August 3, 1931

I last saw h alive on August 3, 1931, death is said to have occurred on the date stated above, at 8 00 P m

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 1927

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Isaac, M. D.

8/3/31 (Address) 345 S. Holmes Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71034

CERTIFICATE OF DEATH 82-001 E 71034

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ... St ... WARD) 6-10

2 FULL NAME John Wermuth

(a) RESIDENCE NO 16 N. Bradford St ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? 35 yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Marie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Interment (Address) Records of Balto. City Hosp.

15 Filed ... 19 ... Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-3-31

17

I HEREBY CERTIFY, That I attended deceased from 5-19-31, 19 ... to 8-3-31, 19 ...

that I last saw him alive on 8-3-31, 19 ...

and that death occurred, on the date stated above, at 4:20 A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum, et

(duration) yrs. 2 mos. 25 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. E. Arnold Jr. M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Aug 6 19 31

20 UNDERTAKER John Allred

ADDRESS 2006 Bloom

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—60L.

E 71085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 71085

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE, NO. 3432 Kenyon ST., WARD 26-40

2-FULL NAME Jos. A. Pennell

(a) RESIDENCE NO. 3432 Kenyon ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E —

6 DATE OF BIRTH (month, day, and year): Jan 5 1851

7 AGE: Years 80; Months 6; Days 28; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town) (State or country)

14 Informant: Mary E Pennell
(Address) 3432 Kenyon

15 Filed ..., 192... C. HAMILTON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 30th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Arteriosclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ..., M. D. Coroner

..., 19... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Aug 6 1931

UNDERTAKER: Robt Wood

ADDRESS: 200 Gilmor

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Pds

B 71086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 49 E 71086

1 PLACE OF DEATH Union Memorial Hospital — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3 Charlotte St. WARD) 12-49

2 FULL NAME Mrs Unloska Vaiden

(a) RESIDENCE NO. 3918 Cloverhill Rd. Balto. Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced (or) WIFE of Mr. Vaiden

6 DATE OF BIRTH (month, day, and year) Dec. 8, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	58 yrs.	7 mos	23 d	

8 OCCUPATION OF DECEASED Housewife.

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk, Va.

PARENTS

10 NAME OF FATHER Mr. William Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston, Mass.

12 MAIDEN NAME OF MOTHER Anne Rhea

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Hospital Records

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 4, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to August 4, 1931

that I last saw h[illegible] alive on August 4, 1931

and that death occurred, on the date stated above, at 11 40 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovaries with Metastasis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) Samuel McCracken M.D.

Aug 4 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Richmond Va Aug 6 1931

20 UNDERTAKER — ADDRESS

John O. Mitchell & Son 1400 Eastland Place

TION is very important. See instructions on back of certificate.

C 3 1931 C HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 71037

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71037

CERTIFICATE OF DEATH

X 122-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (WARD) 12-49

2 FULL NAME Mr. Harold E. Smith

(a) RESIDENCE NO. Belair, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/26/93

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	37	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER F. H. Smith.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant J. L. Pennington (Address) 2706 Alameda Rd.

15 5-1931 G. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/5/31

17 I HEREBY CERTIFY, That I attended deceased from 8/2, 19 31, to 8/5, 19 31

that I last saw him alive on 8/5, 19 31

and that death occurred, on the date stated above, at 11:10 A. m.

The CAUSE OF DEATH* was as follows:

Traumatic diaphragmatic hernia. (Duke)

(duration) 0 yrs. mos. ds.

CONTRIBUTORY (Secondary) Post-operative shock

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/3/31

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Francis W. Gluck M.D.

(Address) 11 S. St. Paul St.

19 _____

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bakers Cemetery Aberdeen Md. DATE OF BURIAL: Aug 8 1931

20 UNDERTAKER: Howard K. McCommon ADDRESS: Abingdon

TION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71088

CERTIFICATE OF DEATH

107-681

E 71088

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Scheibing

(a) Residence: No. Johnny Cake Rd & Gregory Lane (Baltimore County)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen

6. DATE OF BIRTH (month, day, year) July 24, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.I.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George E. Scheibing

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna R. Talley

16. BIRTHPLACE (city or town) (State or country) York, Pa

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Aug. 6, 1931

19. UNDERTAKER Margaret E. Thorne

(Address) 1211 Light St.

20. FILED AUG 6 1931 C. HAMPSON JONES, M. D. Registrar

By M. P. H.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-29, 1931 to 8-5, 1931

I last saw him alive on 8-5, 1931 death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	
Other contributory causes of importance: Bronchopneumonia	

Name of operation Cholecystectomy Date of 7-31-31

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. Leyko M. D.

(Address) Mercy Hospital

1-30—M. & T.—100 B—50L.

E 71089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71039

CERTIFICATE OF DEATH 95-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME John Murdock

5-8

(a) RESIDENCE NO. 100 E. Frobt St (Leverige House) ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Envoyage from Australia ?

PARENTS

10 NAME OF FATHER Joseph Murdock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Australia

12 MAIDEN NAME OF MOTHER Kate

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Australia

14 Informant Frank Murdock (bro)

(Address) 840 E. Pratt St

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 26/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Cardio-vascular Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Fell at Eastern & Stile

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

7/28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL AUG 19

20 UNDERTAKER

ADDRESS

IMPORTANT: See instructions on back of certificate.

Spec.—0 30—A. A Co.—250 Blks.

E 71090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 71090

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2 FULL NAME Robert Cure

(a) RESIDENCE NO. 2007 Cold Spring Lane ST. 27-57 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George Cure

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Hattie Lauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment (Address) Hospital Records

Filed Aug 5 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1931, to Aug. 2, 1931

that I last saw him alive on Aug. 2, 1931

and that death occurred, on the date stated above, at 12.45 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Psoas abscess left side

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence L. Sena, M. D.

8-2 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL AUG 5 - 1931

20 UNDERTAKER

ADDRESS

(See Instructions on back of certificate. IT IS very important.)

Spec.—9-30—A. & Co.—250 Blks.

E 71091 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

137 E 71091

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) (St.) (Ward)

2 FULL NAME Michael Haggerty

(a) RESIDENCE NO. 224 N. Register St. 6-9 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. (If foreign birth) 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 5-1931, 19 C. HAMPSON JONES, M. D. Registrar

COST

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-2-31

17

I HEREBY CERTIFY, That I attended deceased from 9-24, 1923, to 8-2, 1931

that I last saw him alive on 8-2, 1931

and that death occurred, on the date stated above, at 9:45 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
Prostate Gland - Cystitis
Bilateral Pyelonephritis

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lucius E. Little M. D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 6 19

20 UNDERTAKER — ADDRESS

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 71092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71092

CERTIFICATE OF DEATH.

161-004

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

2-FULL NAME Baby Girl Wood

(a) RESIDENCE NO. 1006 Madison Ave ST., 11-24 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 hour How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	B.	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 31, 31.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) =

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) University Hospital Baltimore

PARENTS

10 NAME OF FATHER Robert Wood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlestown W. Va.

12 MAIDEN NAME OF MOTHER Sarah Gillis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address)

15 Filed Aug 5 . 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1-1931

17 I HEREBY CERTIFY, That I attended deceased from July 31, 19 31, to Aug. 1, 19 31,

that I last saw her alive on Aug. 1, 19 31,

and that death occurred, on the date stated above, at 12.30A m.

The CAUSE OF DEATH* was as follows:

Asphyxia - Uterine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Contracted pelvis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

8/3, 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL AUG 5 - 1931 19

ADDRESS

20 UNDERTAKER

UNIVERSITY OF MARYLAND

C. HAMPSON JONES, M. D.

Commissioner of Health

6020

Spec—1-30—M.A.T.—250 lbs

R 71093

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH.

160-002 71093

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST., WARD)

2-FULL NAME Baby Boy Baker

(a) RESIDENCE NO. Sparks, Md. ST., 4-30 WARD

((Usual place of abode)) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 1, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ---

(b) General nature of industry, business, or establishment in which employed (or employer) ---

(c) Name of employer ---

9 BIRTHPLACE (city or town) (State or country) Univ. Hospital Baltimore

PARENTS

10 NAME OF FATHER Frank Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oregon Md.

12 MAIDEN NAME OF MOTHER Emma Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Garland Md

14 Informant (Address)

Filed AUG 5 1931, 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931, to Aug 1, 1931, that I last saw him alive on Aug 1, 1931, and that death occurred, on the date stated above, at 9.15 a m.

The CAUSE OF DEATH* was as follows: Prematurity (32 wks.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Placenta Praevia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of ---

Was there an autopsy? ---

What test confirmed diagnosis? Clinical

(Signed) Louis H. Rodgers M. D.

8/3, 1931 (Address) Md. Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL AUG 5 19 1931

ADDRESS

20 UNDERTAKER

ADDRESS

UNIVERSITY OF MARYLAND
Department of Vital Statistics

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71094

CERTIFICATE OF DEATH

82-001 E 71094

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Paul Kapp 8/16

(a) Residence: No. 2328 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Kapp

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Paul Kapp
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Wills
(Address) 306 Maydell Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Aug 7/31

19. UNDERTAKER F. B. Rupkat
(Address) 1322 Eutaw Place

20. FILED 8 1931 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1931 to Aug. 4, 1931
I last saw him alive on Aug 4 1931 death is said to have occurred on the date stated above, at 6:15 pm

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset 7/29/31

Other contributory causes of importance:
Bronchopneumonia — 8/2/31

Name of operation None Date of
What test confirmed diagnosis Signs & symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Hornbaker M. D.
(Address) University Hospital

AdCo. 5-31-2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

71095

CERTIFICATE OF DEATH

82-002 E 71095

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs Mary Hearld

(a) Residence: No. 5140 W. Lombard St., Ward. 17-25
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin Hearld

6. DATE OF BIRTH (month, day, year) Apr 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	70	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Penn. Penna
13. NAME John D. Von
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Anna Katz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adolph E. Hearld (Address) 5140 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL Date 8/6/31

19. UNDERTAKER J. Wm. Carter (Address) 1906 W. Lanvale St.

20. FILED ..... 19.. Registrar.

Gordon Bedford Otto
C. HAMPSON JONES, M. D.
RBH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 3 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Aug 3 1931

I last saw h alive on Aug 3 1931 death is said to have occurred on the date stated above, at 5:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of Cerebral Vessel	

Other contributory causes of importance:

Arteriosclerosis & myocarditis	July 13th 5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. H. Burns Jr. M. D.

(Address) Mercy Hospital

BACK OF CERTIFICATE.—OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71096

93-003 E 71096

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 859 Ramsay ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emil L. Griffith

(a) RESIDENCE NO. 869 Ramsay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Rosa A. Griffith

6 DATE OF BIRTH (month, day, and year): June 5 1864

7 AGE: Years 67; Months 1; Days 29; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Gen. Work

(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: C. H. Griffith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary A. Rutherford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Rosa A. Griffith

(Address): 859 Ramsay

15 Filed: AUG - 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 1 31

17 I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to Aug. 1, 1931, that I last saw him alive on Aug. 1, 1931, and that death occurred, on the date stated above, at 8:45 P. m.

The CAUSE OF DEATH* was as follows:

Right Heart Hypertrophy, and Old Heart condition. Contributing Cause.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Senility & Senility (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) E. Smith, M. D.

(Address) 1605 N. Monroe

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. Aug 4 31

DATE OF BURIAL 19

20 UNDERTAKER: John C. Yingling

ADDRESS 755 E. Oliver

Imperial. See instructions for use of typewriter.

AaCo. 1-11 2M8

HEALTH DEPARTMENT CITY OF BALTIMORE

B 71097.

CERTIFICATE OF DEATH

Registered No. 46 L 71097

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4501 Wentworth Rd St. Forest Park Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm F. T. Schwaab

(a) Residence: No. 4501 Wentworth Rd Ward. 28-64

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Matilda Schwaab

6. DATE OF BIRTH (month, day, year) May 11th 1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
64	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Christian Schwaab

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Matilda Schwaab

(Address) 4501 Wentworth Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 6 1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

AUG 1931 19 Registrar

OCCUPATION

MOTHER FATHER

(OCCUPATION is very important. See instructions on back of certificate.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible] to [illegible] 19[illegible]

I last saw h[illegible] alive on [illegible] 19[illegible] death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Carcinoma of Colon	1929
b.	
c.	
d.	

Other contributory causes of importance:

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

1-30—M. & T.—100 B—58L

E 71098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

LaFrance

210-101

E 71098

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME George H. Schueler

(a) RESIDENCE NO. 1229 N. Caroline ST. 8-13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Katherine L. Schueler

6 DATE OF BIRTH (month, day, and year): Oct 5, 1901

7 AGE: Years 29 Months 9 Days 29 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Conductor 086
(b) General nature of industry, business, or establishment in which employed (or employed): B. & A. R.R.
(c) Name of employer

PARENTS

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

10 NAME OF FATHER: William Schueler

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Lillie Lynch

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

14 Informant: Katherine Schueler (Address) 1229 N. Caroline St.

15 Filed ... 192 C. THOMPSON JONES, M. D. Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

CAUSE OF DEATH was as follows:
Cut on wrist which he was said to have received with a razor

(Duration) yrs mos ds

CONTRIBUTORY (Secondary): Fract Skull

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? Fallen x Jumped

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clue

(Signed) H. D. Jones M. D.

8 5, 1931 (Address) 39 39th & Elder Ave (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 8/8/31

20 UNDERTAKER: Fallon & Cook — ADDRESS: 1211 Park Ave

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—561.

Coroner Frazier 2939 W. Eldorado St Baltimore 1234 ✓

E 71099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175 E 71099

REGISTERED NO.

1-PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Lombard (Street) ST. (Ward) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Hattie Maye Goff

1a RESIDENCE NO. 21 W. Preston ST. 11-24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2nd 1908 (inquest)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	7	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waitress
(b) General nature of industry, business, or establishment in which employed (or employer): Restaurant
(c) Name of employer: Salad Bowl Restaurant

9 BIRTHPLACE (city or town) (State or country): Ohio

PARENTS

10 NAME OF FATHER: Harvey Goff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Ella Sharp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

14 Informant: Mrs Ella Goff

(Address): 12 W. 24th St

15 Filed: FEB 5 1931, 192 By: C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably thrown from auto in which she was riding

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? Nash Blvd Bet Park & Madison

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clin & Path

(Signed) H. Frazier Coroner M. D.

Aug 5 1931 (Address) 2939 W. Eldorado

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Athens Ohio

DATE OF BURIAL: 8/6 1931

20 UNDERTAKER: [illegible]

ADDRESS: 217 E. 2nd

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71100 ✓ E 71100

CERTIFICATE OF DEATH

168

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., WARD) 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Benjamin Goldberg

(a) RESIDENCE NO 1517 Ramsay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hattie

6 DATE OF BIRTH (month, day, and year) Aug. 3rd. 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	0	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer) --
(c) Name of employer --

9 BIRTHPLACE (city or town) (State or country) Shovel Russia

PARENTS

10 NAME OF FATHER Jacob Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Yetta Yenkalowitch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Joseph Kogan

(Address) 2901 Ulmer Ave.

15 Filed ..... 19.. C. HAYDEN JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5th. 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Gangrene-cutting of left wrist and throat with knife-attempted suicide.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) -- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In garage at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & physical

(Signed) Guy H. Cromwell M. D. Coroner

8/5. 19 31 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Herring Run

DATE OF BURIAL 5-6- 19 31

20 UNDERTAKER Lodge & Sons, Inc.

ADDRESS 1329 E. Balto

TION is very important! See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 7110l

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

E 7110l

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (Ward) Johns Hopkins Hosp (Ward)

2-FULL NAME Hope Hamilton Parham

(a) RESIDENCE NO. 22 E Register ST., 2-4 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 20 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Christmas Parham

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Elvira Parker

13 BIRTHPLACE OF MOTHER (city or town) Virginia

(State or country)

14 Informant Mrs. Christmas Parham

(Address) 22 E. Register

15 Filed AUG 6 1931 193 HAMPSON JONES M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to the death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) two days

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hamilton Parham M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL 8/13 1931

20 UNDERTAKER Mrs Chas J Bailey

ADDRESS 1220 Jeff

TION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71102

CERTIFICATE OF DEATH.

107-001E 71102

REGISTERED NO. 19-274

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1703 W Lexington St WARD

2-FULL NAME Mary Colbert

(a) RESIDENCE. No 1703 W Lexington St WARD

(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Colbert

6 DATE OF BIRTH (month, day, and year): January 1874

7 AGE: Years 57 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Wm Hammond

11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Sophia Brown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Anthony Colbert 1703 W Lexington St

15 Filed 19 Registrar C. HAMPSON JONES, M.D.

AUG 5 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5 1931

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to Aug 4, 1931. That I last saw h alive on Aug 4, 1931 and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

I (a) Broncho pneumonia

(Primary) (duration) yrs. 1 mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Charles T. Woodall M. D.

19 (Address) 1711 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters

DATE OF BURIAL: Aug 8 19 31

UNDERTAKER: Thomas Talbert

ADDRESS: 710 N Carrollton Ave

TION is very important. See instructions on back of certificate.

AACo. 5-31 2100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71103

CERTIFICATE OF DEATH

17 E 71103

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

11-24

2. FULL NAME Ivan Johnson

(a) Residence: No. 703 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy Johnson

6. DATE OF BIRTH (month, day, year) Dec. 14 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41?	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Augusta Ga.

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) ? Georgia

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) ? Ga.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Natural Date 8/6/31 19

19. UNDERTAKER Isaac L. Brown Son (Address) 10 & W. Montgomery St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-4-31 19

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1931 to Aug. 4, 1931

I last saw him alive on Aug. 4, 1931 death is said to have occurred on the date stated above, at 10 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Lethargica	3 wks.
Bronchopneumonia	2 days

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hal Hungerford M. D.

(Address) Balto. City Hospitals

OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

Zell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71104

CERTIFICATE OF DEATH.

45

E 71104

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., WARD)

2-FULL NAME Christopher Fale

(a) RESIDENCE NO. Preston & Valley ST., 10-14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PARENTS

10 NAME OF FATHER Christopher Fale

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Helen McGlynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Little Sisters of the Poor Preston & Bond Sts

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from 1/10, 1931, to 8/5, 1931, that I last saw h alive on 8/5, 1931, and that death occurred, on the date stated above, at 12, m.

The CAUSE OF DEATH* was as follows:

Hardening of Coronaries

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Benjamin Loss M. D.

8/6, 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Aug 7 1931

20 UNDERTAKER Peter Wiedefeld

ADDRESS 714 Green

IMPORTANT—Read instructions on back of certificate.

C. HAMPSON JONES, M.D.

Spec.—9-36—A. & Co.—250 Blks

Pryblek

HEALTH DEPARTMENT—CITY OF BALTIMORE

71105

CERTIFICATE OF DEATH

160-0028 71105

1 PLACE OF DEATH West Baltimore General Hospital

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No ST WARD 1

2 FULL NAME Baby - Boy Pryblek 16-67

(a) RESIDENCE NO 736 Lisbon ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3rd 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Pryblecke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Helena Retter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant (Address) Alvin Pryblecke 736 Lisbon St

15 Filed , 19 HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 3 (9:00 PM), 1931, to Aug. 5 (9 A.M.), 1931

that I last saw him alive on Aug 5, 1931

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage — following low cervical section and forceps delivery

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Henry Lehman M. D.

, 19 (Address) West Balto. General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Cemetery	Aug 6th 19 31

20 UNDERTAKER	ADDRESS
F. D. Hilpert	1155 W. Baltimore St

ATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

71106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 E 71106

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 503 Sanford Place ST. WARD) 14-57

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Bettie Nichols.

(a) RESIDENCE NO. 503 Sanford Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmale | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas.

6 DATE OF BIRTH (month, day, and year) Feb 6 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Byron Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Grace Lee.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Adelaide Lee (Address) 503 Sanford Place

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Heat Prostration

(duration) yrs. Sudden

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. A. Falk, M. D. Coroner

Aug 3rd 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Aug 6 1931

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pratt St

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—60L

E 71107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 ✓ E 71107

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanover St. Bridge off Chesapeake WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Paul Glick.

25-75

(a) RESIDENCE NO 3720 Hanover St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) April 1, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Glick.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia.

12 MAIDEN NAME OF MOTHER Rebecca Resnick.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia.

14 Informant William Glick. (father)
(Address) 3720 Hanover St.

15 Filed Aug 6 1931 192 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 5, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Occidental Drowning.
while in bathing.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) H. A. Reinhardt, M. D. Coroner

8/6, 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Washington 20 DATE OF BURIAL 8/6 1931

UNDERTAKER Jack Lewis Inc ADDRESS 1525 E Baltimore

TION is very important. See instructions on back of certificates.

AdCo. 5-11 250P

E 71108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71108

CERTIFICATE OF DEATH

178-002

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., ... Ward) 8

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James McClellan Holden 4-30

(a) Residence: No. ..... St., ... Ward. Rising Sun, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Clara Rowland Holden

6. DATE OF BIRTH (month, day, year) Jan 12 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance
10. Date deceased last worked at this occupation (month and year) June 1931
11. Total time (years) spent in this occupation 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Cecil Co, Md

MOTHER FATHER

13. NAME James Holden
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Anna Miller
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Clara Rowland
(Address) Rising Sun, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Union Cem Date Aug 8, 1931

19. UNDERTAKER E. Tyson
(Address) Rising Sun, Md

20. FILED Aug 8 1931 HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on reverse side of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29th, 1931, to Aug. 6, 1931
(I last saw him alive on Aug. 6 1931) death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis	1929
Arteriosclerosis	
Acute heart failure following spinal anesthesia for operation.	Aug 6, 1931

Other contributory causes of importance:

Name of operation Skin incision only. Date of Aug 6, 1931

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wylie M. Fair, M. D.
(Address) University Hospital

1-30—M. & T.—100 B—50L

E 71109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71109

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1826 Harlem ST., WARD) 16-27

2-FULL NAME Clinton F Walsh

(a) RESIDENCE NO. 1826 Harlem ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen B.

6 DATE OF BIRTH (month, day, and year): Dec 23 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Jos Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ellen B. Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Ellen Walsh

(Address): 1826 Harlem

15 Filed Aug 5 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 7 1931

UNDERTAKER: Lorian Rose

ADDRESS: 2220 Eutaw St.

TION is very important. See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71110 — 94-001 — E 71110

1-PLACE OF DEATH Pronounced dead at

City of Baltimore: (No. Mercy Hosp St., Ward) 11-24

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Byrd

(a) RESIDENCE NO. 306 W Hoffman St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Byrd

6 DATE OF BIRTH (month, day and year) unknown 1890

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Essex Co
(State or country) Virginia

PARENTS

10 NAME OF FATHER Butler Byrd

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Emily Covington

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant (Address) Margaret Byrd 306 W Hoffman

15 Filed ____, 19__ [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Carcinoma Rectum

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James McFenton M. D.

8-4-1931 (Address) 703 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Aug 7 1931

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 800 McCulloh

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1000 Blks.

E 71111 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71111

CERTIFICATE OF DEATH. 75

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Vincent Lamp

(a) RESIDENCE NO. 901 S. Paca ST. 21-29 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (Write the word): married

5a If married, widowed, or divorced (or) WIFE of: Paul F. Lamp

6 DATE OF BIRTH (month, day, and year): 6/15/1899

7 AGE: Years 32 Months 1 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Baltimore Md Michael Healy

9 BIRTHPLACE (City or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country): Dalton Md

12 MAIDEN NAME OF MOTHER: Catherine ?

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

14 Informant (Address): Paul F. Lamp 901 S. Paca St.

15 Filed 19 No. Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4 1931

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1931, to Aug 4, 1931, that I last saw her alive on Aug 4, 1931, and that death occurred, on the date stated above, at 3:05 A m.

The CAUSE OF DEATH* was as follows:

Alcoholic cerebral oedema

Alcoholic neuritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) M. Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 8/7/31, 19

20 UNDERTAKER: George J. Pulliam Sons — ADDRESS: 1735 Eutaw St

TION is very important. See instructions on back of certificates.

Rpac—9-30—A. A. Co.—250 Blks

Ortman

HEALTH DEPARTMENT—CITY OF BALTIMORE

71112 — 71112

CERTIFICATE OF DEATH

95.002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hosp. (St.) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William G. Ortman

(a) RESIDENCE NO. 2015 Druidland (St.) 16-68 (Ward)
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary L. Shunkeman.

6 DATE OF BIRTH (month, day, and year) 7/26/1866

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	—	8	X

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoe fitter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS
10 NAME OF FATHER: Wm. H. Ortman
11 BIRTHPLACE OF FATHER (city or town) (State or country): German
12 MAIDEN NAME OF MOTHER: Wilhelmina Brodbeck
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Charles Ortman (Address): 2015 Druidland St.

15 Filed 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/4/31

17
I HEREBY CERTIFY, That I attended deceased from 8/3, 19 31, to 8/4, 19 31
that I last saw h[illegible]alive on 8/4, 19 31
and that death occurred, on the date stated above, at 6:30 P.M.
The CAUSE OF DEATH was as follows:
Heart failure

over

(Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary): Hypostatic pneumonia
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No Date of 8/1/31
Was there an autopsy? Yes
What test confirmed diagnosis?
(Signed) G. J. Thompson M. D.
19 (Address) St Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	8/7/31
20 UNDERTAKER: Geo. J. Ruckert	ADDRESS: 1735 Mary

IMPORTANT—See instructions on back of certificate.

Cor.—10-19-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71113

CERTIFICATE OF DEATH

× 108 E 71113

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Johns Hopkins Hosp. St., Ward)

2-FULL NAME Barbara Rice

(a) RESIDENCE NO. Sandy Hill Pa St., 7-9 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.

4 Color or Race: White.

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day, and year): June 2- 193

7 AGE — Years: — Months: 6 — Days: 24 — If LESS than 1 day hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town): Harrisburg Pa.
(State or country)

PARENTS

10 NAME of Father: Justus Rice Pa.

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER: Mulvey

13 BIRTHPLACE OF MOTHER (city or town): Pa
(State or country)

14 Informant (Address): Justus Rice Sandy Hill Pa

15 Filed 19 C. HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and hour): Aug 6th 192 9

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

3
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Clark M. D.

Aug 6 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Union

DATE OF BURIAL: Aug 10 19 31

20 UNDERTAKER: Jon E Miller

ADDRESS: 25 E Mosher

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T—100 B—60L.

E 71114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71114

CERTIFICATE OF DEATH

181

REGISTERED NO

1-PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Fayette & Calhoun STS WARD) 12-19

2-FULL NAME Mary Crosland Thomas

(a) RESIDENCE NO 1809 Barclay ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Thomas

6 DATE OF BIRTH (month, day, and year) Jan. ? 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): At home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER William Crosland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Polly Sharks

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm. C. Thomas

(Address) Windsor Court Apts. Bl

Filed 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Burns of right buttock- accidental (duration) yrs. 2 mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Geo. H. Cromwell, M. D. Coroner

8/6 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bennettsville S. C.

DATE OF BURIAL: Aug 7 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 211 N Paca St

TION is very important. See instructions on back of certificates.

Spec—8-30—A. A. Co—250 Blks

Wallace R. Boughman

E 71115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/21 E 71115

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Mary's Hospital

CITY OF BALTIMORE (a) Chestnut & Lloyd Sts (WARD)

2. FULL NAME Wallace Rose Boughman

(a) RESIDENCE NO. 1104 Homestead WARD 9-46

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 10th 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Edgar R Boughman

11 BIRTHPLACE OF FATHER (city or town) (state or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Gertrude M Tyssell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Edgar R Boughman 1104 Homestead st

15 Filed Aug 9 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 4 31

17 I HEREBY CERTIFY, That I attended deceased from 8-1-31, 19 ... to 8-4-31, 19 ...

that I last saw h... alive on 8-4-31, 19 ... and that death occurred, on the date stated above, at 8.37 p.m.

18a CAUSE OF DEATH* was as follows: Gangrenous Ruptured Appendicitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8/1/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) N B Kinder M. D.

19 (Address) St Mary's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Aug 8th 1931
20a UNDERTAKER George Schilling & Sons	ADDRESS 1126 E Monument st

G S 1931

E. C. JONES, M. D.

ATTENTION is very important. See instructions on back of certificate.

Spec. 1-10-21 - MAT - 1500 Blks.

E 71116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71116

CERTIFICATE OF DEATH.

K82-001

REGISTERED NO. 26-428

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4407 Bayonne Ave., Raspeburg (St.) 26th (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Sieling

(a) RESIDENCE NO. 4407 Bayonne Ave., Raspeburg, Md. (St.) 26th (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Charles A. Sieling

6 DATE OF BIRTH (month, day, and year): June 6, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore County, Maryland

PARENTS

10 NAME OF FATHER: Asbury Chenoweth

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Jane Sanderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant (Address): Mrs. Harry J. Sieling, 4407 Bayonne Ave., Raspeburg, Md

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1931 to Aug. 4, 1931.

that I last saw her alive on Aug. 4, 1931,

and that death occurred, on the date stated above, at 3:30A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) A. L. Williamson M. D.

8/5 19 31 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: 8-8 1931

20 UNDERTAKER: Albert L Stiltz

ADDRESS: 1606 N Chester St

TION is very important. See instructions on back of certificates.

G 5 1931 [illegible]

E 71117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51

E 71117

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4101 Massachusetts ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles P. Bosch

20-71

(a) Residence No. 4101 Massachusetts ave st. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 2 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced. HUSBAND of (or) WIFE of: Annie E. Bosch

6-DATE OF BIRTH (month, day and year): May 11 1866

7-AGE: 65 yrs. 2 mos. 24 23 ds. If LESS than 1 day ....hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Tailor 80

(b) General nature of industry, business, or establishment in which employed (or employer): merchant

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS

10-NAME OF FATHER: Charles H. Bosch

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Annie E. Bosch (Address): 4101 massachusetts ave

15- Filed: C. HAMPSON JONES, M. D. Registrar. By: R. Pitt

E - 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): aug 4 1931

17- I HEREBY CERTIFY, That I attended deceased from May 16 1930 to aug 4 1931

that I last saw him alive on aug 4 1931

and that death occurred, on the date stated above, at 3-20 a m

The CAUSE OF DEATH* was as follows:

carcinoma of prostate

(Duration) 1 yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): cardiac decompensation

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Cl & Phy Exam

(Signed) F J Kuppe M D

, 19 (Address) 3321 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park cemetery aug 7 1931

20-UNDERTAKER: Chas. S. Black ADDRESS 742 S. Fourth ave

Instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

71118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71118

CERTIFICATE OF DEATH.

46

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3819 Garrison Blvd. WARD) 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Catherine Fava

(a) RESIDENCE NO. 3819 Garrison Blvd. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Salvatore Fava

6 DATE OF BIRTH (month, day, and year) July 14, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Guiseppi Panettiere

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Broncotta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Vincent Panettiere

(Address) 3819 Garrison blvd

15 Filed C. HAMPSON JONES, M. D. Registrar

By A. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5/31

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to Aug 5, 1931,

that I last saw her alive on Aug 5, 1931

and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Intestines

(duration) 1 yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Dropsy

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) A. O'Rourke M. D.

8/6, 1931 (Address) 3901 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Aug 8th 1931

20 UNDERTAKER Frank V. Lipetow

ADDRESS 2815 E Baltimore st

Spec.—9-30—A. & Co.—250 Blks.

E 71119

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71119

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp (St.) (Ward)

2 FULL NAME Nora I Hackheimer

(a) RESIDENCE NO. Revere Apts (St.) 13-59 (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND (or) WIFE of Herbert F. Hackheimer

6 DATE OF BIRTH (month, day, and year) Aug. 2, 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Clothier
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Abraham Hackheimer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Regina Oppenheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. A. Hackheimer Revere Apts.

15 Filed 8 6 1931 Registrar C. HAMPSON JONES, M. D. H. O. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from 7/27/31, 19..., to 7/6, 19 31, that I last saw h/m alive on 7/6, 19 31, and that death occurred, on the date stated above, at 1:05 A.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema (3 days)
Pontotic Hypertrophy (4 yrs.)
Pyelonephritis (4 yrs.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? (Dr. morton Levin)

(Signed) George H Pendell M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balt. Hebr. Cem.

DATE OF BURIAL 8/7/1931

20 UNDERTAKER Hamburger & Son

Address 1902 Eutaw Place

Spec.—1-15-29—MAT—500 Blks.

E 71120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71120

CERTIFICATE OF DEATH. 139-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1118 Riggs ave (St.) (Ward) 16-23

2-FULL NAME Beulah Tilghman

(a) RESIDENCE NO. 1118 Riggs ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. T.

6 DATE OF BIRTH (month, day, and year): ? 1890 ?

7 AGE: Years (41?) Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER [redacted]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Rebecca McCoy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Viola Landon 603 N. Carey St

15 Filed 6 1931 C. HAMPSON JONES, M. D. Registrar

16 Buried at Bal. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4 1931

17 I HEREBY CERTIFY, That I attended deceased from May 18 1931 to May 4 1931, that I last saw h alive on May 3 1931, and that death occurred, on the date stated above, at 2 PM?

The CAUSE OF DEATH* was as follows:

Myocarditis (Secondary to Tuberculosis)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Nephritis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical

(Signed) Wm. T. Grigsby, M. D.

5/4, 1931 (Address) 1209 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 5/7/1931

20 UNDERTAKER: Mrs. Lee H. Holland

ADDRESS: 1631 Druid Hill Ave

IMPORTANT—This certificate must be filled out in accordance with the instructions on the reverse side.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7121 ✓ 173 E 7121

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE—(No.) Md Gen Hosp (ST.) _____ (WARD) _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Draukolt

(a) RESIDENCE—NO. Walbrook Apts (ST.) 12-20 (WARD) _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora Kines Draukolt

6 DATE OF BIRTH (month, day, and year) Nov 24 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Flour
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Henry Draukolt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Janie Ravn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Eleanora Draukolt

(Address) 711 E Lanvale St

15 Filed _____, 192_____ C. HAMPSON JONES, M. D. Registrar

Per R. G. 17.

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Asphyxiation due to bullet wound of face involving vessels of Neck and base of tongue (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? In Md 1803 Maryland Ave

Did an operation precede death? No Date of _____

Was there an autopsy? Yes Autopsy

What test confirmed diagnosis? _____

(Signed) Thos. Flynn, M. D. Coroner

(Address) Aug 5 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery

DATE OF BURIAL 8/7/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

Spec.—9-26—A. & Co.—250 Blks.

E 71122 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7 E 71122

1 PLACE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union memorial Hospital ST. WARD)

2 FULL NAME Betty Lee Thomas

(a) RESIDENCE NO. 2830 Bernard ST. 12-51 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: child

6 DATE OF BIRTH (month, day, and year): June 26 1928

7 AGE — Years: 3 — Months: 1 — Days: 9 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore md

PARENTS

10 NAME OF FATHER: Edward Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Mary Sturchiens

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address): Mary Thomas 2830 Bernard St

15 Filed 6-6 1931 — G. HAMPSON JONES, M.D. Registrar — By ... U.S.F.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 5 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 1931 to Aug 5 1931

That I last saw her alive on Aug 5 1931

and that death occurred, on the date stated above, at 6:50 P. M.

The CAUSE OF DEATH* was as follows:

Measles

(see other side)

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary): Encephalitis

(duration) — yrs. 3 mos. 23 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of April 13

Was there an autopsy? yes clinical findings

What test confirmed diagnosis? autopsy

(Signed) Jesse S. Feiser M. D.

(Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 8-7 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1210 Eutaw

Cor.—12-9-25—A Co.—200 Blks.

E 71123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

165-E 71123

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Celestyn Brulinski

(a) RESIDENCE NO. 1510 Aliceanna St. St. 3-4 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Marcela Brulinski

6 DATE OF BIRTH (month, day, and year): June 17 1887

7 AGE — Years: 44 Months: 1 Days: 18 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Poland

PARENTS

10 NAME OF FATHER: Walter Brulinski

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Poland

14 Informant (Address): Marcela Brulinski 1510 Aliceanna St.

Filed: AUG 6 1931 Per: C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or autopsy of inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide, by Hanging Strangulation

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) yrs. mos. ds.

(Signed) B. J. Herzog M. D.

(Address) 1305 N. Patterson Park Ave

8/6, 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Date of Burial: Aug 8 1931

Patapsco Memory Gardens

20 UNDERTAKER: John M. Bullock ADDRESS

Property classified. Exact statement of OCCUPATION is necessary. Cause of DEATH in plain terms, so that it may be properly certificate. See instructions on back of certificate. All questions must be answered. Omissions very important.

Spec.—9-30—A. & Co.—250 Blks

E 71124 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 71124

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1231 St. WARD) 24

2 FULL NAME John Krause (John Powichrowski)

(a) RESIDENCE NO. 1231 S. Ann st. Betw. Lombard & Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Attendant 56

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer Crownsville Hospital

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed ___ 19___ Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931, to August 5, 1931

that I last saw him alive on August 5, 1931

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence F. Sena M. D.

8-6 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. Eagle | DATE OF BURIAL 19 31

20 UNDERTAKER John M. Weber | ADDRESS 701 Chester

Spec.—2-19-28—L. F. S.—500 Blks.

E 71125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 71125

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 N. Caroline ST. WARD 13) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lowndes McKean Freeland

(a) RESIDENCE NO. 1203 N. Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. Unknown How long in U. S., if foreign birth? — yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Freeland

6 DATE OF BIRTH (month, day, and year) July 17, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) National Enamel & Stamping Co. 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown Maryland.

PARENTS

10 NAME OF FATHER James Freeland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mary J. Freeland

(Address) 1203 N. Caroline St

Filed Aug 7 1931 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25 1931, to Aug 5, 1931, that I last saw him alive on Aug 5, 1931 and that death occurred, on the date stated above, at 5:15 P.m.

The CAUSE OF DEATH* was as follows:

Chronic myo carditi
and endocarditis
Chronic nephritis

(duration) Unknown yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical evidence

(Signed) Geo. W. Sylvester, M. D.

19 (Address) 2907 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forestview Park	Aug 7 '31
20 UNDERTAKER, William Cook.	ADDRESS 1217 St Paul

Spec.—2-23-29—L. F. S.—500 Blks.

E 71126

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71126

CERTIFICATE OF DEATH

159

REGISTERED NO.

1—PLACE OF DEATH Maryland Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2—FULL NAME Baby Girl Conway

(a) RESIDENCE NO. 1413 S. Carey St. ST., 21-29 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/5/31

7 AGE: Years — | Months — | Days — | If LESS than 1 day, hrs. 26 or min. 55

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William John Conway

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Evelyn Williams

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Baltimore Md.

14 Informant Hospital Records (Address)

15 Filed — 19 — By — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 5 . 1931 . to Aug 6 . 1931 .

that I last saw her alive on Aug 6 . 1931

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Prematurely (7½ mo)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Robert J. Chenault, M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: 8/7/1931

20 UNDERTAKER: John J. Howard & Son

ADDRESS: 90 Holliday St.

C. HAMPSON JONES, M. D.

E 71127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71127

CERTIFICATE OF DEATH.

46

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 809 N. Mount St ST., (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Davington P. Hammond. 15-21

(a) RESIDENCE NO. 809 N. Mount St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced HUSBAND) of (or) WIFE of Louise J. Hammond

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Frederick Co. Md

PARENTS

10 NAME OF FATHER Wm. Hammond

11 BIRTHPLACE OF FATHER (City or town) (State or country) Frederick Co Md.

12 MAIDEN NAME OF MOTHER Maria Hayward

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Frederick Co Md.

14 Informant Louise J. Hammond

(Address) 809 N. Mount St.

15 Filed AUG 7 1931 H. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4- 1931

17 I HEREBY CERTIFY, That I attended deceased from 7-24, 1931, to 8-4- 1931.

that I last saw him alive on 8-4- 1931

and that death occurred, on the date stated above, at 4.25 P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma

Carcinoma of Stomach

Personal knowledge during last

History (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. C. Ryan M. D.

, 19 (Address) 806 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: 8-5- 31

20 UNDERTAKER: Samuel F. Hensley ADDRESS: 978 N Bdwy

TION is very important See instructions on back of certificate.

E 71128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71128

131

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Division ST. WARD) 17-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henrietta Jolly

(a) RESIDENCE NO. 1118 Division ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: ch

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 65 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Md

PARENTS

10 NAME OF FATHER: James Symms

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Jackson

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Jackson

14 Informant: Lizzie Jolly

(Address): 59 S. Carlton

15 Filed 8 7 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-4-31

17 I HEREBY CERTIFY, That I attended deceased from 7-31- 19 31 to 8-4- 19 31

that I last saw her alive on 8-4- 19 31

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Cortis-Uterus-Renal Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. S. Bishop, M. D.

8/6, 19 31 (Address) 4357 Carlton Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem

DATE OF BURIAL: 8 7 19 31

20 UNDERTAKER: Samuel Hamsley

ADDRESS 1738 Bridge

AdCo. 5-31-2MP

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71129 ✓ 71129

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 236 N Patterson Park Ave Ward)

Length of residence in city or town where death occurred 76 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Edgar A Peirson 6-10

(a) Residence: No. 236 N Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Magdalena Peirson

6. DATE OF BIRTH (month, day, year) Oct 11 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	76	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Geo W. Peirson
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Martha Turner
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Magdalena Peirson
(Address) 236 N Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery 7/8/1931

19. UNDERTAKER Lahn & Kirsch
(Address) 200 Belleau Ave

FILED AUG 7 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1931

I HEREBY CERTIFY, That I attended deceased from August 5 1931, to Aug 6 1931

I last saw him alive on Aug 6 1931, death is said to have occurred on the date stated above, at 9:5 a m.

The principal cause of death and related causes of importance were as follows:

Arterial Hypertension. Date of onset
Cerebral Arteriosclerosis. June 1930

Other contributory causes of importance:

Cystopexy May 5, 1931

Name of operation No Date of

What test confirmed diagnosis? By autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert F Abernethy M. D.

(Address) 2025 E North Ave

OCCUPATION is very important. Be specific.

Spec—9-30—A. & Co.—250 Blks

E 71130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71130

1 PLACE OF DEATH Good Shepherd Hospital 93-003 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-59 ST. WARD)

2 FULL NAME Nannie Maxwell

(a) RESIDENCE NO. 2523 Salem Av. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 6-7-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): unk

12 MAIDEN NAME OF MOTHER: unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unk

14 Informant (Address): Frances Redmond 2523 Salem Av.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/4/31

17

I HEREBY CERTIFY, That I attended deceased from 7/23, 1931, to 8/4/31, 1931

that I last saw h[illegible] alive on 8/4, 1931

and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

2 m 1 d

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, sclerosis

Emphysema (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson M. D.

ID (Address) 632 Baker

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Aug. 7 1931

20 UNDERTAKER: Mrs J. G. Locks ADDRESS: 1302 Jefferson

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 71131

CERTIFICATE OF DEATH.

X 8 / E 71131

1-PLACE OF DEATH U.S.Marine Hospital, Baltimore, Md.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD) 14-20

2-FULL NAME Earl J. Amedee

(a) RESIDENCE NO. 706 Mosher St. Balto.Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Amedee

6 DATE OF BIRTH (month, day, and year) March 8, 1899.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	4 1	12	

8 OCCUPATION OF DECEASED 821

(a) Trade, profession or particular kind of work Ship's Cook, 2nd class.

(b) General nature of industry, business, or establishment in which employed (or employer) Coast Guard

(c) Name of employer United States Coast Guard

9 BIRTHPLACE (City or town) New Orleans

(State or country) Louisana

PARENTS

10 NAME OF FATHER George Amedee

11 BIRTHPLACE OF FATHER (city or town) (State or country) La.

12 MAIDEN NAME OF MOTHER Adele Pierre

13 BIRTHPLACE OF MOTHER (city or town) (State or country) La.

14 Informant (Address) Records of U. S/ Marine Hospital

Filed 7-1931. 16 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6 1931

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1931, to August 6, 1931

that I last saw him alive on August 6, 1931

and that death occurred, on the date stated above, at 3.05 A. m

The CAUSE OF DEATH* was as follows:

Myelitis of spinal cord, dorsal region

Osteoma of spinal canal, 8th dorsal vertebra

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Shock, post operative

(duration) yrs. mos. 1. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of Aug.5,1931.

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination & operation

(Signed) Tim Townsend, M. D.

19 (Address) U.S.Marine Hospital, Balto.Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D. C. DATE OF BURIAL Aug. 7, 1931

20 UNDERTAKER E. Leroy Stiffler, Inc. ADDRESS 125 E. North Ave.

Spec—1-30—M. & T.—250 Blks

E 71132 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71132

CERTIFICATE OF DEATH. × 82-001

REGISTERED NO. 25 79

1-PLACE OF DEATH Sinai Memorial Hospt. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1000 Eaton Ave. ST., WARD

2-FULL NAME Anna Finschimann Gne Otterville

(a) RESIDENCE NO. Melvin & Edmondson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced (HUSBAND of / or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christena Metzelman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Sinai Memorial Hospt Eaton & Edmondson Ave

Filed AUG 7 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 5, 1931, that I last saw her alive on August 5, 1931, and that death occurred, on the date stated above, at 6:45 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia 15 da.

(duration)

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

Right (duration) 3 yrs. mos. da.

18 Where was disease contracted, if not at place of death? Melvin Ave. Catonsville

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings

(Signed) George Novato M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Aug 8 1931

UNDERTAKER Jas. J. Derr ADDRESS 156 N. Eutaw

Spec.—3-23-28—L. F. S.—500 Blks.

71133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-003 E 71133

1—PLACE OF DEATH Maryland General Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD) 11-24 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Lillie Swartz Hagerstown Md.

(a) RESIDENCE NO. 726 Eden Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 26, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	29	10	20	11

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolteacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown Md.

PARENTS

10 NAME OF FATHER H. C. Swartz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Francis Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Chart. Hospital Records.
(Address)

15 Filed AUG 7 - 1931 C. HAMPTON MOORE, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 7, 1931, that I last saw h[illegible] alive on Aug 7, 1931 and that death occurred, on the date stated above, at 7:30 A m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis of Rt. Kidney.
(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy + Chronic Cardiitis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-4-31

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory Findings

(Signed) Robert F. Chenowith, M. D.

(Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hagerstown, Md	Aug 9, 1931

20 UNDERTAKER Fred W. Evans ADDRESS Hagerstown Md.

1-30—M. & T.—100 B—50L

E 71134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 E 71134

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Kniesel

(a) RESIDENCE NO 347 Yale Ave ST., 20-71 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 28 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73	73	9	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cooper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Kniesel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Baumer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Christina Schrick

(Address) 347 Yale Ave

15 Filed Aug 7 1931 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. J. Negro M.D. M. D. Coroner

8. 1931 (Address) 1305 Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL Aug 7th 1931

20 UNDERTAKER E Schloman & Son ADDRESS 1039 Hanover st

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

25064 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 L. 1135

REGISTERED NO

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST. WARD)

2 FULL NAME Richard Thompson

(a) RESIDENCE NO 1225 Druid Hill Ave ST. 17-24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: black

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilhelmina

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE: Years 76 Months Days If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Valet

(b) General nature of industry, business, or establishment in which employed (or employer): 0 70

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Wm Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Annie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address) JOHNS HOPKINS HOSPITAL

15 [illegible] 7-1931 19 Registrar

G. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 4-1931

17

I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to Aug 4, 1931

that I last saw him alive on Aug 4, 1931

and that death occurred, on the date stated above, at 6 [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Benign prostatic hypertrophy (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) H. Smith M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Aug 5, 1931

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 Eastland Av

Spec.—9-30—A. & Co.—250 Blks

E 71136 ✓ E 71136

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1 PLACE OF DEATH At Mercy Hospital

CITY OF BALTIMORE: (No. Lafayette Ave. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sophie Hutchins

(a) RESIDENCE NO. 21 Innis Street WARD 9-17

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pantry Maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant (Address) St. Joseph's Hospt.

15 Filed 19 Registrar

O. HAMILTON JONES, M. D.

7-8 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6-31

17 I HEREBY CERTIFY, That I attended deceased from 7-1-31 19 to 8-6-31 19

That I last saw h[illegible] alive on 8-6-31 19

and that death occurred, on the date stated above, at 1[illegible] m.

The CAUSE OF DEATH* was as follows: Coronary Thrombosis

- Hydremia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What [illegible] confirmed diagnosis? Clinical

(Signed) R. B. Henderson M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Aug 8 1931
UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1[illegible] Eastern Ave

INFORMATION IS very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—200 Blks.

E 71137 E 71137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1601 Mc Culloh St. (Ward) 14-20

2 FULL NAME Clarence Griffin

(a) RESIDENCE NO. 1601 Mc Culloh St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Edna Griffin

6 DATE OF BIRTH (month, day, and year): [illegible] 1893

7 AGE: Years 38; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Interment (Address): Edna Griffin 1601 Mc Gallaugh

15 Filed Aug 5 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug-4-31

17 I HEREBY CERTIFY, That I attended the deceased from Aug-2-31 to Aug-4th 31

(that I last saw him alive on Aug-4-31)

and that death occurred, on the date stated above, at 11.15 a m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction. (duration) 4 ds.

CONTRIBUTORY (Secondary): Exhaustion (duration) 4 ds.

18 Where was disease contracted? If not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A B Hughes, M.D.

Aug 5 1931 (Address) 1413 S. Hall Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion

DATE OF BURIAL: Aug 8 1931

19a UNDERTAKER: Mrs. H. A. Elliott

ADDRESS: 1715 Ashland Ave

IMPORTANT See instructions on back of certificate.

1-30—M. & T.—100 B—501.

Garvin P/S Dentz.

71138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 71138

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Ernestine Apts ST. WARD)

2-FULL NAME Frank P. L. Dentz

(a) RESIDENCE NO. 240 N. Broadway ST. WARD 16-9

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dentz

6 DATE OF BIRTH (month, day, and year) 1862-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Henry Zasuritz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minken Fritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Frank Dentz (Address) 240 N. Broadway

15 Filed Aug 6 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Bruck M. D.

(Address) 1 W. Mt. Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Wash. Md. DATE OF BURIAL 8-7- 1931

20 UNDERTAKER Pace Lewis, Inc. ADDRESS 1729 Eut.

THION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

B 71139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 71139

1 PLACE OF DEATH

CITY OF BALTIMORE (No 4500 Hampnett ave WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Eckhart

27-44

(a) RESIDENCE No 4500 Hampnett ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Eckhart

6 DATE OF BIRTH (month, day, and year) Sept 16 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md.

PARENTS

10 NAME OF FATHER Joseph Leistner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Mrs. Dora Powell

(Address) 4500 Hampnett ave

15 Filed OCT 1931 H. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 6, 1931, that I last saw h alive on Aug 6 1931, and that death occurred, on the date stated above, at 10 50 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Malignant (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Brown G Wright M. D.

, 19 (Address) 5106 Oxford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cemetery

DATE OF BURIAL Aug 8 1931

20 UNDERTAKER George W. Zirkler

ADDRESS 173 E Eager st

71140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED NO. 71140

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 1111 Ridgley ST. Charles & Luthardt WARD 21-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles F Luthardt

(a) RESIDENCE NO. 1111 Ridgley st ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A Luthardt

6. DATE OF BIRTH (month, day, and year) Mar 1st 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) City

PARENTS

10. NAME OF FATHER Ernst Luthardt

11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12. MAIDEN NAME OF MOTHER Minnich

13. BIRTHPLACE OF MOTHER (city or town) (State or country) "

14. Informant Elizabeth A Luthardt (Address) 1111 Ridgley st

15. Filed ____ 19 HAYDEN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 5, 1937

17. I HEREBY CERTIFY, That I attended deceased from May ~~~, 19 37, to Aug 5, 19 37

that I last saw h~~im~~ alive on Aug 5, 19 37

and that death occurred, on the date stated above, at 6 ~~00~~ m

The CAUSE OF DEATH* was as follows: Intestinal Obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of Rectum

(duration) 1 yr mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? none necessary

(Signed) Starr Hicates, M. D.

19 (Address) 5231 Reed St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Aug - 7 1937

20. UNDERTAKER H J Nicholls and Son — ADDRESS Baltimore

TION IS VERY important. See instructions on back of cer

Rjwc—1-30—M. A T.—250 Hbs

E 71141 E 71141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 82-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1949 W Mulberry ST., WARD) 20-27 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Lemly

(a) RESIDENCE NO. 1949 W Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Henry Lemly

6 DATE OF BIRTH (month, day, and year) March 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	5	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Courts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Kraft

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Mary Lemly 1949 W Mulberry

15 Filed 7-1931 C HAMPSON JONES M D Registrar

Sex

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/4/31

17 I HEREBY CERTIFY, That I attended deceased from 7/25/1931, to 8/4/1931, that I last saw h alive on 8/4/1931, and that death occurred, on the date stated above, at 7.15 P m.

The CAUSE OF DEATH* was as follows:

Hypertension

(duration) yrs mos ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy

(duration) yrs. mos 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? name

(Signed) Bernard Tarry, M. D.

8/6/1931 (Address) 410 W. Lombard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL Aug 7 1931

20 UNDERTAKER F Vernon Kechner — ADDRESS 532 Collins

Spec.—12-9-25—A Co.—100 Blks

E 71142

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH. 158 E 71142

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home and Infirmary St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Boss Conn Beverunger 1 6-9

(a) RESIDENCE NO. Church Home and Infirmary St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Mrs. Boss yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): New Born

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): August 5, 1931

7 AGE: Years — Months — Days — IF LESS than 1 day hrs. or 20 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country)

PARENTS

10 NAME OF FATHER Frank Beverunger

11 BIRTHPLACE OF FATHER (city or town): Baltimore

(State or country)

12 MAIDEN NAME OF MOTHER Rosalee White

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Interment (Address): Friedrich Beverunger 3232 Silverton Ave Catholic

Filed AUG 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): August 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from August 15, 19 31, to August 5, 19 31,

that I last saw h[illegible] alive on August 5, 19 31,

and that death occurred, on the date stated above, at 11:05 P m.

The CAUSE OF DEATH* was as follows:

1 Pulmonary Edema

(duration) 20 MINUTES ds.

CONTRIBUTORY (Secondary) Toxemia of Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Condition of Tissues (Micro

(Signed) Richard C[illegible] M. D.

Aug 6. 1931 (Address) The Church Home and Infir[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery Chgo Date of Burial Aug 7 1931

20 UNDERTAKER: E J Kelly ADDRESS 338 Glenmore

AUG 7 1931 HAMILTON JONES M. D. Registrar

To obtain this certificate, fill out all items, so that it may be complete and accurate. See instructions on back of certificate. Items 1 to 20 must be filled in plain terms, so that it may be properly interpreted. Read carefully the REGULATIONS governing the registration of DEATHS. Every item is important.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71143 E 71143

CERTIFICATE OF DEATH 131

1 PLACE OF DEATH Baltimore City Hospitals REGISTERED NO

CITY OF BALTIMORE: (No ST 26 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Fraske

(a) RESIDENCE NO 207 S. Wolfe ST 2 2-4 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Fraske

6 DATE OF BIRTH (month, day, and year) June 22, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

040

9 BIRTHPLACE (City or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Esene Seacamp

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-5-31

17

I HEREBY CERTIFY, That I attended deceased from 7-15 , 19 31 , to 8-5 , 19 31

that I last saw h alive on 8-5 , 19 31

and that death occurred, on the date stated above, at 7:10 p. m.

The CAUSE OF DEATH* was as follows:

Benign Hypertrophy of Prostate Gland
Urethral Obstruction - Chronic
Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther C. Fiske M.D.

, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Aug 8 1931

20 UNDERTAKER Lilly & Gilen Inc

ADDRESS 403 S. Wolfe St

OCT 1931

FOR A VERY IMPORTANT. See Instructions on Back of Certificate

Xper.—9-30—A. & Co.—250 Blks.

12 71144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-001E 71144

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital St 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Tribull

(a) RESIDENCE NO. 1814 E. Pratt St 2-4 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman P Tribull

6 DATE OF BIRTH (month, day, and year) May 3rd 1892

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Prasch

11 BIRTHPLACE OF FATHER (city or town) Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER Caroline Keller

13 BIRTHPLACE OF MOTHER (city or town) Balto Md

(State or country)

14 Informant Herman P Tribull

(Address) 1814 E Pratt St.

15 Filed AUG 7 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 5, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 3 1931 to Aug. 5 1931

that I last saw h.. alive on Aug. 5 1931

and that death occurred, on the date stated above, at 7:20 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Bronchio-pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchio-pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Special Examination

(Signed) M. L. Levin M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Aug 8th 1931
20 UNDERTAKER Lilly & Geiler Inc.	ADDRESS 403 N Wolfe St

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—502.

E 71145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 71145

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Incinerating Plant Phila Road ST., WARD)

2. FULL NAME William Shaw

(a) RESIDENCE NO 1404 S Highland Ave ST., 26-1 WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 7 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
45	45	8	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Shaw.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Grass.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wealby Groff Keller

(Address) 1404 S Highland Ave

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) J. D. Nevitt M.D. Coroner, M. D.

Aug 7, 1931 (Address) 1355 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

DATE OF BURIAL Aug 7 1931

20 UNDERTAKER Lilly & Geiler Inc.

ADDRESS 403 S. Wolfe St

TION is very important. See instructions on back of certificate.

AUG 7 1931

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 71146 — 129 E 71146

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospi. ST., WARD)

2-FULL NAME Elenore Kalk

(a) RESIDENCE No. 1608 W. Monford St. ST., WARD 8-16

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmle

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): July 26-1926

7 AGE: Years 5 | Months — | Days 11 | If LESS than 1 day, hrs. or min. /

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Erich Kalk.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Schlussler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. Kalk

(Address): 1608 W. Monford

15 Filed _____, 1931 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Acute Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Unknown.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? Yes Date of Aug 6-1931

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leon Kelly, M. D. Coroner

(Address) Coroner

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 8 1931

20 UNDERTAKER: Mrs E. Fullerton — ADDRESS: 2334 Fulton Ave

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L.

E 71147.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

E 71147.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1016 N. Dunbar ST., WARD)

2-FULL NAME Bernadine Brooks

(a) RESIDENCE NO. 1016 N. Dunbar ST., WARD 8-17

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fml

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Sing't

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 14 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	—	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joshua Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): U.S.A.

12 MAIDEN NAME OF MOTHER: Carrie Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Carrie Brooks

(Address): 1016 N. Dunbar

15 Filed AUG 7 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Gastro Enteritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park DATE OF BURIAL: July 8 1931

20 UNDERTAKER: Chas. N. Hudson ADDRESS: 1016 N. Dunbar

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 31's

25090 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71148 CERTIFICATE OF DEATH 31-001 E 71148

REGISTERED NO

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St WARD)

2 FULL NAME David Perry

(a) RESIDENCE NO 728 Ayre alley St 10-14 WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Black	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brickmaker

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Daniel

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Lula Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Records

15 Filed 1931, 19 Registrar

Z 60.50 AVA

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 2-1931

17

I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Aug 2, 1931

that I last saw h live on Aug 2, 1931

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Pyaemia Pneumia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Hedwig Kaeuy M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL.

DATE OF BURIAL AUG 7 - 1931

20 UNDERTAKER

ADDRESS

Spec.—9-30—A. & Co.—250 Blks

53-10-69

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53 E 71149

~~E~~ 71149

REGISTERED NO

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No ____ St ____ Ward)

2 FULL NAME Mattie Allen

(a) RESIDENCE NO 314 Camel St St. 11-24 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

6a If married, widowed, or divorced (or) WIFE of Robert—

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Car.

PARENTS

10 NAME OF FATHER John Pyman

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Lola Cofer

13 BIRTHPLACE OF MOTHER (city or town) (state or country) N. Car.

14 Informant (Address) Rando—

Filed 7-[illegible]-1931 19 6051

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 31-31

17

I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to July 31, 1931

that I last saw her alive on July 31, 1931

and that death occurred, on the date stated above, at 1 15. m.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) yrs. ____ mos. 21 ds.

CONTRIBUTORY (Secondary) Carcinoma of Rt. F. tube

(duration) yrs. ____ mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-31-31

Was there an autopsy? Yes

What test confirmed diagnosis? Pathological Exam Operation

(Signed) Blanchard C. Antes M. D.

8-1-31 (Address) The Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL AUG 7 - 1931

20 UNDERTAKER

ADDRESS

Rper.—9 20—A & Co.—250 Blks

E 71150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-60 E 71150

1 PLACE OF DEATH Good Shepherd General Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 1512 Gilmor ST. WARD 1

2 FULL NAME James Richardson 7-13

(a) RESIDENCE NO. 1536 E. Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 ~~Single, Married, Widowed, or Divorced (write the word)~~: Wid

6a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: [illegible]

6 DATE OF BIRTH (month, day, and year): 1862

7 AGE: Years 69 yr | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: White Washer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer: [illegible]

9 BIRTHPLACE (city or town) (State or country): Frederick Co Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

14 Informant (Address): Friend 1220 E Madison

Filed [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/5/31

17 I HEREBY CERTIFY, That I attended deceased from May 20 1931 to Aug 5 1931

that I last saw him alive on Aug 5 1931

and that death occurred, on the date stated above, at 4:00 PM

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver with Pleural Thickening probably due to Alcoholism (duration) yrs. 8 mo ds.

CONTRIBUTORY (secondary) Arterio Sclerosis (Senile) (duration) few yrs ds.

18 Where was disease contracted if not at place of death? Balto Md

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. R. Boyking M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: AUG 7 - 1931 19

ADDRESS

19 UNDERTAKER: [illegible]

ADDRESS

[illegible] 1931 C. HAMPSON JONES, M. D.

[illegible] MOR

Spec.—2-28-29—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71151 — 191 E 71151

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md State Penitentiary (95 + Forest 15 + WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Richardson

(a) RESIDENCE NO. 954 Forest ST., WARD 11-15

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Valet's Helper

(b) General nature of industry, business, or establishment in which employed (or employer): 186

(c) Name of employer: Md State Penitentiary

9 BIRTHPLACE (city or town) (State or country): Chesfield S. Carolina

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Jane Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Carolina

14 Informant

(Address)

15 Filed 8 7 1931 — C. HAMPSON JONES, M. D. Registrar

By — [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/4/31

17 I HEREBY CERTIFY, That I attended deceased from 7/31 1931 to 8/4 1931

that I last saw h m alive on 8/4 1931

and that death occurred, on the date stated above, at 2:45 P. m.

The CAUSE OF DEATH* was as follows:

Heat Prostation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ?

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? Yes

What test confirmed diagnosis? History & Clinical Evs.

(Signed) C. F. Karsner, M. D.

1931 (Address) 119 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
JOHNS HOPKINS HOSPITAL	AUG 7 1931 19
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

E 71152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 71152

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1736 Ashland Ave WARD) 7-13

2 FULL NAME Walter Brenson

(a) RESIDENCE NO. 1736 Ashland ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Col	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Brenson

6b Unknown

7 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer. Colored

(b) General nature of industry, business, or establishment in which employed (or employer) same

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown.

12 MAIDEN NAME OF MOTHER unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Annie Brenson 1736 Ashland ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

16 By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6-31

17 I HEREBY CERTIFY, That I attended deceased from 8-1- , 19 31 , to 8-6- , 19 31

That I last saw h— alive on 8-5- , 19 31

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 8 ds.

CONTRIBUTORY (Secondary) —

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

8-7- 1931 (Signed) Jno. H. Cargile M. D. (Address) 611-11 Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Florence. S. Carg 7 1931 DATE OF BURIAL

20 UNDERTAKER Mrs R A Elliott ADDRESS 1735 Ashland

AaCo. CH 1929

71153

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 71153

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Raynor Ave St., Ward)

Length of residence in city or town where death occurred 77 yrs 3 mos 22 ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME John L Rhodes

(a) Residence: No. 3007 Raynor St., Ward. 16-67

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence L Rhodes

6. DATE OF BIRTH (month, day, year) Oct 17 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John L Rhodes

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Margaret Clary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Florence M Rhodes

(Address) 3007 Raynor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Glen Hill Date Aug 8 1931

19. UNDERTAKER John F Deaney

(Address) 1115 Light St

20. FILED Aug 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22 1931, to August 6 1931

I last saw him alive on Aug 6 1931 death is said to have occurred on the date stated above, at 3:5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertonitis & Senile Obstruction Hernia	

Other contributory causes of importance:

Bronchitis Chronic Myocarditis	one yr

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert F Roberts M. D.

(Address) 6409 Belair Rd.

1-30—M. A. T.—100 B—501.

E 71154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71154

* 107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Fockle

(a) RESIDENCE NO. Dundalk Md ST., WARD 26-37

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. 4 dys. How long in U. S., if of foreign birth? 21 yrs. 2 mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) —— 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Laborer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Balto. City Hospitals Records

(Address)

15 Filed AUG 1 - 1931, 19—. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Dr. Morgan D. M. D. Coroner

Aug. 19 31 (Address) 305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem. DATE OF BURIAL Aug. 8 1931

20 UNDERTAKER Jno Trebuanckas ADDRESS 1235 Pac St

TION is very important! See instructions on back of certificate.

E 71155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71155

CERTIFICATE OF DEATH

161-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3908 Philadelphia Ave (WARD) 26-39

2. FULL NAME Herman J Rotman

(a) RESIDENCE NO. 3908 Philadelphia ST. WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. If single, Married, Widowed, or Divorced, (write the word): Baby

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Aug 3 1931

7. AGE: Years | Months | Days: 5 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED: —

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Herman J Robman

11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12. MAIDEN NAME OF MOTHER: Ethel Hammerman

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14. Informant (Address): Herman J. Rotman 3908 Philadelphia Ave

Filed: 7-1931

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (month, day, and year): Aug 7 1931

16. I HEREBY CERTIFY, That I attended deceased from 8/5 31, to 8/7 31, that I last saw him alive on 8/5 31, and that death occurred, on the date stated above, at 6.30a m.

The CAUSE OF DEATH* was as follows:

Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Address) 8/8/31

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery

DATE OF BURIAL: Aug 8 1931

20. UNDERTAKER: Geo E Miller & Son

ADDRESS: 2334 Jeffrey St

(See instructions on back of this sheet)

Xpur.—9-30—A. & Co.—250 Blks.

E 71156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 71156

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals ST. WARD) 26-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Rompios

(a) RESIDENCE NO. 4402 White Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1891 (?)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40 (?)	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wash. D.C.

PARENTS

10 NAME OF FATHER Albert Rompios

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wash. D.C.

14 Informant Balto City Hospital (Address)

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6-31

17 I HEREBY CERTIFY, That I attended deceased from 8-20, 19 29, to 8-6, 19 31

that I last saw h[illegible] alive on 8-6, 19 31

and that death occurred, on the date stated above, at 5.05 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
Empyema Rt (Pleura)

(duration) 2 yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) (Acquired) Acute Heart Failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 7-17-31

Was there an autopsy? yes Clinical Autopsy

What test confirmed diagnosis?

(Signed) Luther E. Tittle M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet & Cem Washington DATE OF BURIAL Aug 10 1931

ADDRESS

20 UNDERTAKER Mrs E. Miller & Son 2334 Jefferson St

HAMPSON JONES, M. D.

7 1931

Reg'd

RR

Spec.—9-30—A. & Co.—250 Blks

E 71157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 117-681

E. 71157

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Joseph's Hosp. ST. WARD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Irwin Winkler

(a) RESIDENCE No. Hampton Road Middle River Md. WARD 9-17

(Usual place of abode)

(If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 30 1904

7 AGE: Years 27 Months 0 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Curdt Co. & Gato. Co.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Winkler Gath.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Harriet E. Sterling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hartford Co. Maryland

14 Informant: Harriet E. Winkler

(Address): Middle River Md.

Filed Aug. 7 1931 C. HAMPSON JONES, M. D. Registrar

By: A.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931 to Aug. 7, 1931

that I last saw him alive on Aug. 7, 1931

and that death occurred, on the date stated above, at 10.00 A. m.

The CAUSE OF DEATH* was as follows:

Perforated gastric Ulcer

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (secondary) Paralytic ileus and toxemia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 1, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Hamilton Bristow M. D.

19 (Address) 7 E. Orange St. Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Orew Cemetery	Aug. 10 1931
UNDERTAKER: Frederick Sasscer Sons	ADDRESS: 741 Belair Rd.

1-30—M. & T.—100 B—50L

E 71158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71158

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hospital WARD)

2-FULL NAME Robt Arbin

(a) RESIDENCE NO. 1101 Kirk St. ST., 17-24 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

6 DATE OF BIRTH (month, day, and year): Aug 3-1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	-	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Coal & Wood
(b) General nature of industry, business, or establishment in which employed (or employer): 643
(c) Name of employer: Carroll Co.

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: Richard Arbin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Bonnie Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Richard Arbin

(Address): 1114 Lorraine

Filed Aug 5 1931 C. HAMPSON JONES, M. D. Registrar

P. C. S. T.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) & Autopsy find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Hampson Jones, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem.

DATE OF BURIAL: Aug 8 1931

20 UNDERTAKER: John F. Owens

ADDRESS: 538 Dolphin St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 71159

REGISTERED NO.

1 PLACE OF DEATH Provident Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 14 Division St B WARD)

2 FULL NAME Mable Naylor

(a) RESIDENCE NO. 1126 Division St. (Usual place of abode) ST. 17-24 WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 10

(c) Name of employer: 0

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records (Address) Provident Hosp

15 Filed 7 1931 by C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-4-31

17 I HEREBY CERTIFY, That I attended deceased from 8-1-, 1931, to 8-7-, 1931

that I last saw h[illegible] alive on 8-7-, 1931

and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-vascular-renal disease, (duration) Unknown

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. [illegible] Donald

8-7-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
MT Auburn	Aug 8 1931
20 UNDERTAKER: Samuel W. Hood & Son	ADDRESS: 847 Edmondson

TION IS very important. See INSTRUCTIONS on BACK OF CERTIFICATE.

Spec.—6-30—A. A Co.—250 Blks

71160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 54-002E 71160

REGISTERED No.

1 PLACE OF DEATH Womans Hospital WARD

CITY OF BALTIMORE (No.

2 FULL NAME Margaret Wilson

(a) RESIDENCE No. 1636 E. 30th St. WARD 9-36

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Felix Wilson

6 DATE OF BIRTH (month, day, and year): Nov. 17, 1883

7 AGE: Years 47 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Louis Unger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Catherine Burleigh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Felix Wilson 1636 E. 30th St

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to Aug 7, 1931, that I last saw her alive on Aug. 7, 1931, and that death occurred, on the date stated above, at 1 41 P.M.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary): myomata uteri.

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 27, 1931

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Rudolph G. Schork M. D.

7/7, 1932 (Address) Womans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery

DATE OF BURIAL: 8/10/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

IT IS VERY important. See instructions on BACK

Spec.—1-1931—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E-71161

186-001 Number 7

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2512 N. Charles ST., (WARD) 12-51

2.-FULL NAME Jean Lindsay Anderson

(a) RESIDENCE NO. 2512 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal.

4 COLOR OR RACE: Wht.

5 Single, Married, Widowed, or Divorced, (write the word): Singl.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Nov. 7 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Daniel L. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lonaconing Pa.

12 MAIDEN NAME OF MOTHER: Dorothy Thelma Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. C.

14 Informant: Dorothy W. Anderson (Address) 2512 N. Charles St.

15 Filed: AUG 7 1931 19 (Address) — Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 7 1931 to Aug 7 1931

that I last saw h[illegible] alive on Aug 7 1931

and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Consist by fall down steps on July 7. 1931 contributed to by Coronary Thrombosis (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Botsford Keech. M. D.

Aug 7, 1931 (Address) 2502 Eutaw Pl 5 A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 8/8/1931

20 UNDERTAKER: Wm Cook (ADDRESS) 1207 St Paul St

SEE INSTRUCTION is very important See instructions on back of certificates.

AUG 7 1931

Spec.—2-23-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71162

CERTIFICATE OF DEATH

59 E 71162

REGISTERED NO.

1—PLACE OF DEATH Md Gen. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., WARD)

2—FULL NAME Catherine Carter

(a) RESIDENCE NO. 1622 Montpelier ST. 9-46 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): August 20 1917

7 AGE — Years: 13 — Months: 11 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Alexandria Va

PARENTS

10 NAME OF FATHER: Chas H Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Allentown Md

12 MAIDEN NAME OF MOTHER: Sara Schafe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Alexandria Va

14 Informant: Hospital Records

(Address)

15 Filed 7-1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6/31

17 I HEREBY CERTIFY, That I attended deceased from 7-12, 1931, to 8-6-31, 19, that I last saw h[illegible] alive on 8/6/31, 19, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.

(duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary) acidosis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Robert T. Clermont M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Alexandria Va

DATE OF BURIAL: 8/8/1931

20 UNDERTAKER: W S Cook 1217

ADDRESS: St Paul St

AdCo. 5-31-2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

71163

CERTIFICATE OF DEATH

131 E 71163

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 Carrolline St., ...Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Collins 10-13

(a) Residence: No. 924 Carrolline St., ...Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Collins

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER
13. NAME Johnson Collins
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Unk
16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Charles Collins
(Address) 124 N Carrolline St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbury Mem Date 8-9 1931

19. UNDERTAKER Chas. H. Skinner
(Address) Pikesville Md

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to Aug 6, 1931
I last saw her alive on Aug 6, 1931, death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	1 day
Other contributory causes of importance: Chronic Myocarditis Pulmonary Tuberculosis	6 weeks

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No or yes, specify .....

(Signed) Geo. L. Allen M. D.
(Address) 501 Cathedral St

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71164 ✓ X 22 E 71164

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Roger Williams.

(a) RESIDENCE NO Lusby, Calvert Co. Md. ST. 24-33 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 1, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

8 6

9 BIRTHPLACE (City or town) (State or country) Calvert Co. Md.

PARENTS

10 NAME OF FATHER Julius T. Williams.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Celia D. Williams.

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Calvert Co. Md.

14 Informant Julius T. Williams. (father)

(Address) Lusby, Calvert Co. Md.

15 Filed 8 7 1931 16 C. HAMPSON JONES, M. D. Registrar

BY

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tetanus.

Due to nail punctured wound of left foot. Occidental Death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lusby, Md. July 30, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Reinhardt, Coroner, M. D.

8/7, 19 31 Address 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middleham Chapel

20 UNDERTAKER Calvert Md John F Denny

DATE OF BURIAL Aug 7 1931

ADDRESS 715 Light St

TION is very important See instructions on back of certificate.

Print—9-19—A. A Co.—250 Blks

E 71165 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71165

CERTIFICATE OF DEATH 122-002

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 128 S Culver ST WARD)

2 FULL NAME Annie J Hughes 20-70

(a) RESIDENCE NO 128 S Culver ST WARD
(Usual place of abode) (If not resident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Hughes

6 DATE OF BIRTH (month, day, and year) Jan 1 1856

7 AGE Years 75 Months 7 Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Peter Cummings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Annie Mahoney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Margaret Barrett 128 S Culver

Filed 8 1931 19 Registrar C. HAMPSON JONES, M. D.

2 Par

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 3 1931 to Aug 7 1931

that I last saw h e alive on Aug 6 1931

and that death occurred, on the date stated above, at 9 25 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M Bernard Reed M. D.

8/7 1931 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem DATE OF BURIAL 8/10 1931

20 UNDERTAKER Geo A Farley Sulton & Tagarta ADDRESS

Form 1-30—M.A.T.—250 Blks

E 71166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71166

CERTIFICATE OF DEATH.

122-002

REGISTERED NO.

1-PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Fulton & Caton Ave ST., WARD 20-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mr Simon Bergmann

(a) RESIDENCE NO. 343 South Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word) Widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4 1853

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Mrs John Bergmann

(Address) 343 S Bentalou

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5

I HEREBY CERTIFY, That I attended deceased from Aug 2 .19 31. to Aug 5 .19 31.

that I last saw h/m alive on Aug 5 .19 31

and that death occurred, on the date stated above, at 11 00 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 2, 1931

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) George Gonatas, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 8/8 1931

20 UNDERTAKER Geo E Stanley

ADDRESS Lafayette

AUG 7 1931 C. ELMERSON JONES, M. D.

AUG 8 1931 Registrar

E 71167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1194 E 71167

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 Clayton St WARD 34

2-FULL NAME Charles R. Sebra

(a) RESIDENCE NO. 1609 Clayton St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 9 1931

7 AGE — Years: — Months: 6 — Days: 29 — If LESS than 1 day, hrs or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Jewellyn Sebra

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Carrie Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Carrie Sebra 1609 Clayton St

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 7, 1931

that I last saw him alive on Aug 7, 1931

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Uraemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Eclampsia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. R. Campbell M. D.

19 (Address) 1674 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 8/8 1931

20 UNDERTAKER: Margaret F Flynn

ADDRESS: 1422 Eutaw St

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

71168 × 15 V E 71168

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sydenham Hospital 9-45 Ward

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mitchell Offield Lowry

(a) Residence: No. Fallston, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1921

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	10	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Fallston, Harford Co. Md.

13. NAME Willard Adolph Lowry

14. BIRTHPLACE (city or town) (State or country) Joppa, Harford Co. Md.

15. MAIDEN NAME Eliza Seaker

16. BIRTHPLACE (city or town) (State or country) Joppa, Harfordco. Md.

17. INFORMANT Herman Seaker
(Address) Fallston, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Cemetery Date Aug 9 1931

19. UNDERTAKER Howard K. McLaren
(Address) Aberdeen Md

20. FILED Aug 10 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1931 to Aug 7 1931

I last saw him alive on Aug 7 1931 death is said to have occurred on the date stated above, at 6 00 P m

The principal cause of death and related causes of importance were as follows:

Empiema (2nd to pneu.) Date of onset Aug 2 31

(Other contributory causes of importance:
Pneumonia Aug 6. 1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital, Baltimore Md

Spec.—9-30—A & Co.—250 Blks

E 71169 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

530 71169

REGISTERED NO 3141

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Union Memorial Hosp St 8-40 WARD)

2 FULL NAME Robert McHenry

(a) RESIDENCE NO 3437 Elmora Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed or divorced HUSBAND of (or WIFE of) Mrs Robert McHenry

6 DATE OF BIRTH (month, day, and year) 9/30/1896

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
34	34	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Supt. Welding Mfg Company

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pa

PARENTS

10 NAME OF FATHER: John McHenry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Laura Hines

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant (Address): Mrs Robert McHenry 3437 Elmora Ave

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6/31

17

I HEREBY CERTIFY, That I attended deceased from 4/17/31, 19, to 8/6/31, 19

that I last saw h[illegible] alive on 8/6/31, 19

and that death occurred, on the date stated above, at 2:15 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma, metastatic, lymph nodes, cervical, right

known (duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) hydrothorax, ? obstruction

[illegible] from (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? yes Date of 4/16/31 7/16/31

Was there an autopsy? yes

What test confirmed diagnosis? biopsy & tumor

(Signed) John S. Fowler M. D.

6, 1931 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Cem. Delaware Co Pa.

DATE OF BURIAL 8/8/31

20 UNDERTAKER: Harry A. Nuttke

ADDRESS 4101 Edmondson Ave

FOR A FULL AND COMPLETE DEFINITION OF CAUSE OF DEATH See INSTRUCTIONS ON BACK OF CERTIFICATE

1-50—M. & T.—100 B—50L

E 71170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71170

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins ST. 14-59 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dan W. Stevenson

(a) RESIDENCE NO. 2116 Ellwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Feb 4 | 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Chas b. Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Viola Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Chas Stevenson (Address) 2116 Ellwood

15 Filed Aug 8 1931 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Convulsions 4 hours

CONTRIBUTORY (Secondary) unexplained (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hamilton Brown, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Aug-8 DATE OF BURIAL 19 31

20 UNDERTAKER Virginia A Brooks ADDRESS 1463 N Carey

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

D 71171

E 71171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 V

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Agnes Hospital 20-70 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Irving Lee Jessop

(a) RESIDENCE NO. 119 Wellesley St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 3 months How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 22/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			13 days	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Wm Jessop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Bertha Grace Hyped

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Interment (Address) Wellesley St.

15 Filed 8 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/1/31

17 I HEREBY CERTIFY, That I attended deceased from 8/5 , 1931 , to 8/1/31 , 19

that I last saw h.e alive on 8/1 , 1931

and that death occurred, on the date stated above, at 4:15 P. M.

The CAUSE OF DEATH* was as follows:

Terminal pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute bronchitis and laryngitis. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis? Thyroid Examination

(Signed) Verne Gordon M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 8/8/1931

UNDERTAKER F. D. Wilfert Sr. Eutaw Place

ADDRESS

Back of certificate. NOTE—IT IS very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7-4 W E 71172

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 202 N. Robinson St. 18-12 WARD)

2 FULL NAME Frances Daisy

(a) RESIDENCE NO. 202 N. Robinson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jerry Daisy

6 DATE OF BIRTH (month, day and year): Feb. 7, 1878

7 AGE — Years: 52 — Months: 7. — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Levi Forman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Ella Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs. Geo. Dennis 202 N. Robinson St.

15 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 8 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb 7, 31 to July 8 1931

that I last saw h[illegible] alive on July 4 1931

and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemiplegia

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) H. Lee Alexander M. D.

(Address) 1 E. Eager St. Md.

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: Aug 8 1931

20 UNDERTAKER: John M. Johnson

ADDRESS 2308 Madison Ave

TION is very important. See instructions on back of c

Spec.—9-30—A. & Co.—250 Blks.

E 71173 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-003 71173

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1425 S. Charles ST. 23-33 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Etchison

(a) RESIDENCE NO. 1425 S. Charles ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Milton A Etchison

6 DATE OF BIRTH (month, day, and year) Feb 28 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 53

(b) General nature of industry, business, or establishment in which employed (or employer) House-wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md

PARENTS

10 NAME OF FATHER Jesse Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md

12 MAIDEN NAME OF MOTHER Elizabeth E. DeLaudar

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md

11 Informant (Address) Mrs. Mary D. Hartman 1425 S. Charles St

15 Filed Aug 8 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1931

17

I HEREBY CERTIFY, That I attended deceased from July 29, 19 31, to Aug 7, 19 31

that I last saw her alive on Aug 7, 19 31

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Gluteal Abscess
Chronic Myocarditis
Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? 1425 S. Chas St

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) Jack. H. Morgan M. D.

(Address) 6-E-Read St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Aug 10 1931
20 UNDERTAKER	ADDRESS
John F. Denny	713 Light St

TION IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—8-30—A. A. Co.—250 Blks.

D. 71174 HEALTH DEPARTMENT—CITY OF BALTIMORE D. 71174

CERTIFICATE OF DEATH

12-5 93-083

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 2402 Maryland Ave. ST. WARD)

2 FULL NAME Mattie Watson Cabell

(a) RESIDENCE NO. 2402 Maryland Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Waller R. Ca bell

6 DATE OF BIRTH (month, day, and year) 12/5/1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER James K. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Nettie V. Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Clara L. Cabell
(Address) 2402 Maryland Ave.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6/1931

17 I HEREBY CERTIFY, That I attended deceased from June, 1931, to Aug 6th, 1931

that I last saw her alive on Aug 6th, 1931

and that death occurred, on the date stated above, at 7.35 A.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. R. Cabell M. D.

19 (Address) Randallstown Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western, Cemy.

DATE OF BURIAL: 8/8 1931

20 UNDERTAKER: John O Mitchell & Sons

ADDRESS: 1900 Eutaw St.

TION IS very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71175 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 71175

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

15-59

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2722 Reistertown Rd. ST (WARD)

2 FULL NAME Henrietta V. Holthaus

(a) RESIDENCE NO 2722 Reistertown Rd. ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Holthaus

6 DATE OF BIRTH (month, day, and year) 6/10/1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	----	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry Riefle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rohrbacker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) E. Henry Holthaus 2722 Reistertown Rd.

15 Filed 8-1931 19 C. HAMPSON JONES, M. D. Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/6/1931

17

I HEREBY CERTIFY, That I attended deceased from 1913, 19, to Aug. 6th 1931

that I last saw her alive on Aug. 3rd. 1931 and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Mitral Regurgitation

About (duration) 8 yrs. -- mos. -- ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

About (duration) 18 yrs. -- mos. -- ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) O. H. Duvall M. D.

19 (Address) 1817 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemy.	8/8/ 1931

20 UNDERTAKER John O. Mitchell & Sons ADDRESS 1900 Eutaw St

TION IS VERY important. See instructions on back

A&Co. 5-31 2500

E 71176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-E 71176

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 Bevan St., 23-31 Ward)

Length of residence in city or town where death occurred 30 yrs. + mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mary Miller

(a) Residence: No. 933 Bevan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William S Miller

6. DATE OF BIRTH (month, day, year) ——— 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	47	+	+	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 4/28/31

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

MOTHER FATHER

13. NAME Frederick Page

14. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

15. MAIDEN NAME Susan Amanda Wells

16. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

17. INFORMANT Lottie Brown
(Address) East Orange N. J.

18. BURIAL, CREMATION, OR REMOVAL Chestertown Date 8/10 1931

19. UNDERTAKER Samuel T. Hemsley
(Address) 528 N. Biddle St.

8-1931 C. HAMPSON JONES, M.D. Registrar

By C.F.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/6 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1931 to 8/6 1931

I last saw h alive on 8/5 1931, death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Chronic Endocarditis	
"1st attack 3 mo ago"	

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ——— 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Frankau M. D.

(Address) 1220 Vet

Spec.—9-30—A. & Co.—250 Blks.

71177 HEALTH DEPARTMENT—CITY OF BALTIMORE 71177

CERTIFICATE OF DEATH

1 PLACE OF DEATH St Joseph Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Caroline St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sister Mary Edmund DeMille

(a) RESIDENCE St Joseph Hospital WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem	White	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 4-25-1886

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious 063

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Incidental

9 BIRTHPLACE (city or town) (State or country) Massachusetts

PARENTS

10 NAME OF FATHER Dennis Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Register Sisters

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-6-31

17 I HEREBY CERTIFY, That I attended deceased from 7-24-31 19 to 8-6-31 19

that I last saw h[illegible] alive on 8-6-31 19

and that death occurred, on the date stated above, at 8:10 P M

The CAUSE OF DEATH* was as follows:

Chronic Cholecystitis and Nephritis

(duration) yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of None

Was there an autopsy? No

What tests of pathological examination made?

(Signed) A B Hendrix M. D.

8-8-31, Mt Jewish Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery DATE OF BURIAL: Aug. 10 1931

20 UNDERTAKER: Henry Stock Sons Inc ADDRESS: 301 E Eager St

ATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 71173

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71173

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp (WARD) 7-11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Grayce Bretah Stortz

(a) RESIDENCE NO. 4911 Pilgrim Rd. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Oct 1 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Arthur Stortz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Grayce Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Arthur Stortz
(Address): 4911 Pilgrim Rd

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Ventricular Disturbance

(duration) yrs mos 1 ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) H. Gamble Coroner, M. D.

(Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Carlwood Lawn

DATE OF BURIAL: 8/8/31

20 UNDERTAKER: Philip Herwig

ADDRESS: 2016 Orleans

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 71179

82 B 71179

23-31

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 S. Hanover St. St. _____ WARD _____)

2 FULL NAME David St. John Ramsay

(a) RESIDENCE NO. 1309 S. Hanover St. ST. _____ WARD _____
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estella May Ramsay (nee Ogle)

6 DATE OF BIRTH (month, day, and year) March 10, 1868

7 AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	63	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Albert R. Ramsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary J. Mieder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Estella Ramsay 1309 S. Hanover St.

15 Filed _____, 19 C. HAMPSON JONES, M. D. Registrar

8 Aug 1931 W. aRH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 6th 1931

17

I HEREBY CERTIFY, That I attended deceased from May 17th, 1930, to August 6th, 1931

That I last saw h[illegible] alive on August 2nd, 1931

and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis

(duration) 1 yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. 3 mos. 20 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Henry Wieder M. D.

8/8 1931 (Address) 104 26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	8/10/31
UNDERTAKER Geary & Sutfin	ADDRESS 4101 E. Lanvale Ave.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 71180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71180

CERTIFICATE OF DEATH

REGISTERED NO. 25

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1313 Ethug ST. 17-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lillie Williams

(a) RESIDENCE No. 1313 Ethug. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fmal	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 19-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mins.
	41	1	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Jno Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanford Co Va

12 MAIDEN NAME OF MOTHER Harriet Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Geo Williams

(Address) 1313 Ethug St

15 Filed 8 1931 Registrar C392 HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 5th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Brain

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) Aug 5th 1931 Harold L. Hartzell, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 8/8/1931

20 UNDERTAKER Jos. H. Kelly

ADDRESS 1631 Druid Hill Ave

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

71181 HEALTH DEPARTMENT—CITY OF BALTIMORE 71181

CERTIFICATE OF DEATH

1 PLACE OF DEATH St Agnes Hospital REGISTERED NO
CITY OF BALTIMORE (No. Milnor Gaston Avenue 25-72 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Harry Rosenfelt

(a) RESIDENCE NO 170 Market St. Patterson, N. J. ST WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred — yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (write the word) Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Insp. of Mats.
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. J.

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Philip Rosenfelt (Address) 249 Hamilton Ave Patterson N. J.

15 Filed 8 1931, 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/31

17
I HEREBY CERTIFY, That I attended deceased from June 5. 1931, to August 7, 1931
that I last saw him alive on August 7, 1931
and that death occurred, on the date stated above, at 8 40 a.m.

The CAUSE OF DEATH* was as follows:
Syphilis
?
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 7-2-31
Was there an autopsy? No
What test confirmed diagnosis? Physical Examination
(Signed) Geo Gordon Callen M. D.
8-7 1931 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patterson N. J. | DATE OF BURIAL 8/8 1931

20 UNDERTAKER Sol Levinson & Bro | ADDRESS 1127 E Balto St

FILED 8 1931 19 Registrar

TION is very important. See instructions on back of cer
certificates

Spec.—9-30—A. & Co.—250 Blks

E 71182 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71182

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Union Memorial Hospital 1249 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Lewis Fischer (Sophia)

(a) RESIDENCE NO. 130 Spruce Street ST. WARD Newark, N. J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Lewis Fischer

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER Abraham Fosner

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Kate Burshan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Hospital Records. (Address)

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from 7-2-31, 19 , to 7-7-31, 19

that I last saw h alive on 7-7-31, 19

and that death occurred, on the date stated above, at 7:25 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach, with Metastases.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-5-31

Was there an autopsy? None

What test confirmed diagnosis? Operative

(Signed) Samuel McLanahan M. D.

Aug 7, 19 31 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Newark, N. J.

DATE OF BURIAL 8-8- 19 31

20 UNDERTAKER Jack Lewis, Inc ADDRESS 1439 E Baltimore St.

THOS. H. HAMPSON JONES, M. D.

Spec.—3-29-29—L. F. S.—500 Pks.

E 71183 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71183

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST. (WARD)

REGISTERED NO. 12250

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Mary O'Neill

(a) RESIDENCE NO. 420 E. 26th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	MARRIED

a If married, widowed, or divorced WIFE of (or) HUSBAND of ?

6 DATE OF BIRTH (month, day, and year) Jan 21, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Richard Fleming

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Angeline Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carolton, Md.

14 Informant Hospital records.

(Address) JAMES M. D

15 Filed AUG 1931, 19 THOMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1931, to Aug 6, 1931, that I last saw her alive on Aug 6, 1931 and that death occurred, on the date stated above, at 9 20 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Sigmoid with extension to Uterus & metastases to mesentary & small bowel

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 8-1-31

Was there an autopsy? No

What tests confirmed diagnosis? Clinical & Operation

(Signed) Robert H. Ebeneth M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	8/10/ 1931
20 UNDERTAKER J. J. Moran	ADDRESS 3009 E. Baltimore

AdCo. 5-31 250M

Time of burial extended 70. 8, 10, 31

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71184

Registered No. 71184

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital 15-22 Ward.

Length of residence in city or town where death occurred 0 yrs 11 mos 9 da. How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Sonya Dreyer

(a) Residence: No. 1373½ N. Fulton Av., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none (infant)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Dreyer
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ruth Wills
16. BIRTHPLACE (city or town) (State or country) Augusta Ga.

17. INFORMANT Mrs. Ruth Dreyer (Address) 1373½ N. Fulton Av.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 8/10 1931

19. UNDERTAKER Herman Cook (Address) 1217 St Paul

20. FILED Aug 10 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931 to Aug 7, 1931

I last saw he alive on Aug 7 1931 death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	7/11/31
Other contributory causes of importance: Bronchopneumonia	8/3/31

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Peter Mecanski, M. D.
(Address) Lyndenham Hospital

THOMPSON-JONES, M'F'G CO., BALTIMORE, MD.

Spec.—9-30—A. & Co.—250 Blks.

E 71185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71185

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (St.) (WARD) 29

2 FULL NAME Gertrude Tebo

(a) RESIDENCE NO. 1002 W. Cross St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Tebo

6 DATE OF BIRTH (month, day, and year) 48 yrs. (?)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	(?)		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 10
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ~~Baltimore~~ Balto. ~~Maryland~~

PARENTS
10 NAME OF FATHER: Wm ~~Vaughan~~
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md (?)
12 MAIDEN NAME OF MOTHER: Mary McCall
13 BIRTHPLACE OF MOTHER (city or town) (State or country): (?) Md.

14 Informant (Address): Mrs Upton W Selgman 301 Edgecombe Ave Baltimore

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-7-31

17
I HEREBY CERTIFY, That I attended deceased from 5-8, 1931, to 8-7, 1931
that I last saw h[illegible] alive on 8-7, 1931
and that death occurred, on the date stated above, at 1:00 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Uterus
Ext. Iliac Regional
Metastasis.
(duration) Unknown mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure
Original (duration) yrs. mos. 1/2 hr.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of several years ago
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & Autopsy
(Signed) Luther B. Little M. D.
, 19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. — DATE OF BURIAL: 8/10/31

20 UNDERTAKER: John J. Cowan & Son — ADDRESS: 901 Hollins St

C. HAMPSON JONES, M.D.

FOR IMPORTANT INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71186

92-001

E 71186

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 N Bond ST., 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Newton Selby

(a) RESIDENCE NO. 702 N Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lobsterman

(b) General nature of industry, business, or establishment in which employed (or employer) Oyster

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER George Selby

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Williamina Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Carrie Selby (wife) (Address) 702 N Bond St

15 Filed Aug 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7-31

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Aug 7, 1931, that I last saw h[illegible] alive on Aug 6, 1931, and that death occurred, on the date stated above, at 11 ½ a m.

The CAUSE OF DEATH* was as follows:

1 Mitral Insufficiency

Cardiac asthma

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) acute Dilitation of heart (duration) yrs mos. 30 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

8-8-1931 (Address) 1612 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery DATE OF BURIAL: Aug 9 1931

20 UNDERTAKER: Wm H Williams ADDRESS: 1111 W Fayette St

Spec.—9-26—A. & Co.—250 Blks

71187 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH. 16-67 157-003 REGISTERED NO. E 71187

1 PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1002 Rosedale ST. WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Crow

(a) RESIDENCE NO. 1002 Rosedale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 7th 31

7 AGE: Years — Months — Days — If LESS than 1 day old: 12 hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Thomas E. Crow
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md
12 MAIDEN NAME OF MOTHER: Hazel Hooper
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Interment (Address): Pine Grove Cemetery

15 Filed Aug 8 1931 Registrar: D. HAMPTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 8-31

17
I HEREBY CERTIFY, That I attended deceased from Aug 7, 19 31, to Aug 8, 19 31
that I last saw h is alive on Aug 8, 19 31
and that death occurred, on the date stated above, at 7.30 A. M.

The CAUSE OF DEATH* was as follows:

Failure of foramen ovale to Close

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Chas L. K. Cahn M. D.
8/8 19 31 (Address) 3003 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove DATE OF BURIAL: Aug 8 1931
UNDERTAKER: E. B. Hyppert ADDRESS: 1309 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71183 — CERTIFICATE OF DEATH — 23 — E 71183

1—PLACE OF DEATH — 603 N Lee — REGISTERED NO.

CITY OF BALTIMORE: (No. 603 N Lee — 22-30 — WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hattie Gross Luffman

(a) RESIDENCE No. 603 N Lee ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: Col — 5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced — HUSBAND (or) WIFE of: Clarence Luffman

6 DATE OF BIRTH (month, day, and year): Dec 23 1899

7 AGE: 32 Years — Months 7 — Days 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Calvert Co Md

PARENTS

10 NAME OF FATHER: Robert Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Annie Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Calvert Co. Md

14 Informant: Annie Bowley

(Address): 603 N Lee

15 Filed [illegible] 1931 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 6 1931

17 I HEREBY CERTIFY that I attended deceased from July 26 1931, to Aug 6, 1931

that I last saw her alive on Aug 6, 1931

and that death occurred, on the date stated above, at 11 20 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis — 2 mos. ds. (duration)

CONTRIBUTORY (Secondary): Toxemia — 7 ds. (duration) yrs. mos.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) H Hamphries M. D.

, 19 (Address) 501 E Hamburg St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calary cemetery — DATE OF BURIAL: Aug 7 1931

20 UNDERTAKER: Walter B Spiggs — ADDRESS: 134 Hamburg St

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71189 | 131 E 71189

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2425 Maryland Ave ST. 12-51 WARD)

2-FULL NAME Kate Myohl

(a) RESIDENCE NO. 2425 Maryland Ave ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 5, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER John Schuster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Roth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mary Myohl 2425 Maryland Ave

15 Filed 1931, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1931 to Aug 6, 1931 that I last saw her alive on Aug 6, 1931 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic
Uremia
Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) E. Howard Tawilly M. D.

, 19 (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery Aug 10 1931 DATE OF BURIAL

20 UNDERTAKER J Vernon Redmer ADDRESS Hollins 1632

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71190 — 11-0021 — 71190

REGISTERED NO. 27-55

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 5216 St. Charles Ave. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna C. Green

(a) RESIDENCE NO. 5216 St. Charles Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Geo. F. Green

6. DATE OF BIRTH (month, day, and year): May 18, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

PARENTS

10. NAME OF FATHER: Geo. Babcock

11. BIRTHPLACE OF FATHER (city or town) (State or country): England

12. MAIDEN NAME OF MOTHER: Mary Lynch

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14. Informant: Geo. F. Green
(Address): 5216 St. Charles Ave

15. Filed AUG 3 1931 H. C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Aug. 3 1931

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to Aug 7, 1931

That I last saw h[er] alive on Aug 7, 1931

and that death occurred, on the date stated above, at 5:15 a. m.

The CAUSE OF DEATH was as follows:

Hypostatic pneumonia
following influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Chorea

(duration) 2 yrs. mos. ds.

18. Where was disease contracted if not at place of death? At home death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Symptomatic

(Signed) Henry Tyndall M. D.

8-5 1931 (Address) 340 E Greenland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cem.	Aug 6 1931
20. UNDERTAKER: Harry W. Ehlen	ADDRESS: 1554 W. North Ave

FOR INSTRUCTIONS SEE REVERSE SIDE OF CERTIFICATE

Spec.—9-30—A & Co.—200 Blks.

251327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71191

CERTIFICATE OF DEATH

X 36 E 71191

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL 7-9 WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Sachs

(a) RESIDENCE No. Edgewood Arsenal ST. WARD Md

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Adolph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Frances Cutler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Interment (Address) Russia

15 Filed 1931 JOHNS HOPKINS HOSPITAL J. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-8-1931

17

I HEREBY CERTIFY, That I attended deceased from August 6 to 31 to Aug. 8 19

that I last saw h in alive on Aug. 6 to 31

and that death occurred, on the date stated above, at 7 05 P m.

The CAUSE OF DEATH* was as follows:

Septicaemia

(Streptococcus)

(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What (es) confirmed diagnosis?

(Signed) A. C. Gordon M. D.

8/9 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship Cemetery DATE OF BURIAL 8 1931

20 UNDERTAKER Jac. Lewis Inc ADDRESS 1437 E. Baltimore St

A&Co. 5-11 21000

Dr Phillips 1906 Edmondson Ave ✓

HEALTH DEPARTMENT CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

71192 — 48 — E 71192

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 London Ave 16-71 Ward)

Length of residence in city or town where death occurred 40 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Eudora Anna Crouch

(a) Residence: No. 600 London Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of James Crouch

6. DATE OF BIRTH (month, day and year) Dec 8th 1875

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
55	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Albert Parker
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Patsie Blackburn
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph A. Crouch
(Address) 1308 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date Aug 10th 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED AUG 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7th 1931

22. I HEREBY CERTIFY, That I attended deceased from May 4 1931, to Aug 7 1931

I last saw her alive on Aug 6 1931, death is said to have occurred on the date stated above, at 12 10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus extending to bladder & intestines	
Other contributory causes of importance:	

Name of operation Radium Date of 8 mo 70

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — , 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Thos H. Phillips M. D.
(Address) 1906 Edmondson Ave

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 124-202

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 842 Huntington Blvd. (Street) 21-29 (Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mr. Emory A. Hoover

(a) Residence: No. 842 Huntington Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mamie A. Hoover

6. DATE OF BIRTH (month, day, year): July 31, 1870

7. AGE: Years 61 Months 0 Days 76 If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foundry Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Salto
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Elizabeth Spicer
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mamie A. Hoover 842 Huntington Blvd
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Cemetery Date 8/10/1931

19. UNDERTAKER: Wm Coutts
(Address) 1217 St. Paul St

20. FILED Oct 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Aug 7, 1931, that I last saw h[illegible] alive on Aug 7 1931 and that death occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis	
(Other contributory causes of importance) Pleural Effusion Left Lung	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

Spec.—9-30—A. & Co.—250 Blks

E 71194

HEALTH DEPARTMENT—CITY OF BALTIMORE

S 71194

CERTIFICATE OF DEATH

50

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 14-20 St. (or WARD)

2 FULL NAME Miss Susan Wilson

(a) RESIDENCE NO. 1828 Linden Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 12, 1879

7 AGE: Years 52 Months 5 Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: U S F & G Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Jno T Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Caroline Schening

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: C. Ryan Wilson

(Address): 326 Montebello Terrace

15 Filed 1931 16 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 27 1929 to Aug 7 1931

that I last saw h[illegible] alive on August 7 1931

and that death occurred, on the date stated above, at 7 00 P m

The CAUSE OF DEATH* was as follows:

Carcinoma of breast with generalized metastases

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of ?

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Dr. J. E. Goodman M. D.

8/7 1931 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 8/10 1931

ADDRESS: Lamdin & Foulk

20 UNDERTAKER: Jno Cook

FORM 8 (Very important. See instructions on back of this sheet.)

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-803 ✓

E 71195

CERTIFICATE OF DEATH

E 71195

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

St. 8-13 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. life.

2. FULL NAME Margaret Porter

(a) Residence: No. 1713 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: David Porter

6. DATE OF BIRTH (month, day, year): June 14, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER

13. NAME: Alfred Lowry

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Margaret ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Pikesville Cemetery Date 8/11/1931

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED 8-8-1931, 19—, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-8-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-5-31, 19, to 8-8-31, 19 death is said

I last saw her alive on 8-8-31 at 5:30 A.M.

to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	2 months
Obesity and Hypertension contributory	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Ghiselin Jr. M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Blks

71196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-00

E 71196

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) Sinai Hospital St. 15-60 WARD

2 FULL NAME Joseph Ginsberg

(a) RESIDENCE NO. 2115 Wheeler Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tanner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Minnie —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Morris Ginsberg
(Address) 2115 Wheeler Ave

15 Filed AUG 3 1931 19 Registrar

G 3 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8, 1931

17

I HEREBY CERTIFY, That I attended deceased from
Aug 5, 19 31, to Aug 8, 19 31
that I last saw him alive on Aug 8, 19 31
and that death occurred, on the date stated above, at 12:22 P. M.

The CAUSE OF DEATH* was as follows:

Shock and Haemorrhage

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture Pelvis Result of Something fell on leg.

Was disease contracted at place of death?

Was operation previous death? Yes Date of 8/7/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. R. Goodman M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rodale

DATE OF BURIAL 8-9 1931

ADDRESS

20 UNDERTAKER Jack Levin Inc 1439 E Balto

HAMP JONES, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71197

REGISTERED NO. E 71197

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Eden ST. 5-8 WARD)

2-FULL NAME Ernest Sneed.

(a) RESIDENCE NO. 214 N. Eden ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov 5-1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	9	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Sneed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lucy Sneed

(Address) 214 N Eden

15 Filed AUG 5 1931 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Pertussis

(duration) 2 yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Hamilton Jones, M. D. Coroner

July 29 1931 (Address) 214 N Eden

*State the Disease Causing Death, or in deaths (from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashburn Cemetery DATE OF BURIAL Aug 9 1931

20 UNDERTAKER Clarence H. Johnson ADDRESS 416 N Gilmor

TION is very important — See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks.

251 2E 71198

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 23 E 71198

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

2 FULL NAME Charles V. Hoover

(a) RESIDENCE NO. Three Springs ST. WARD Pa
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nora

6 DATE OF BIRTH (month, day, and year) July-18-1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk, Grocery Store

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Edward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Mildred Mathais

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 9 1931 19 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8-1931

17

I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Aug 8, 1931

that I last saw h alive on Aug 8, 1931

and that death occurred, on the date stated above, at 8 25 p. m.

The CAUSE OF DEATH* was as follows:

Genal Tuberculosis Pulmonary ... Pulm
Tbc Genital tract.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage Lung. Uraemia (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic Exam

(Signed) Alexander Lewis, M. D.

19 (Address) Baltimore, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Three Springs, Pennsylvania	Aug. 10, 1931

20 UNDERTAKER E. Leroy Stoffler, Inc. ADDRESS 125 E. North ave.

TION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Spec.—9-20—A. & Co.—250 Blks.

E 71199 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001
E 71199

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 605 S. Ross ST. 12 WARD.)

2 FULL NAME John M. Schrack

(a) RESIDENCE. (No. 605 S. Ross ST. WARD.)
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted] Sandner

6 DATE OF BIRTH (month, day, and year) June 25 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Water Dept

(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Mathew Schrack

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Louisa Bremer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Mary Schrack

(Address): 605 S Ross St

AUG 8 - 1931

H. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 1931

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 7, 1931

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 5-30 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Next of autopsy

(Signed) D. T. Mohr M. D.

19 (Address) 3018 Ellwood

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel	aug 10 1931
20 UNDERTAKER: Chas. L. Stevens	ADDRESS: 1501 2 Fort Ave

TION IS very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 71200 — 97-B 71200 — 24-33

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 525 E Fort Ave ST. WARD

2 FULL NAME Anna Balazak Schirrer

(a) RESIDENCE NO. 525 E Fort Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? 60 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Schirrer

6 DATE OF BIRTH (month, day, and year) July 27 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jos. Balazak

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) William Schirrer 525 E Fort Ave

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1930, 19__, to Aug 7, 19 31

that I last saw h[illegible] alive on Aug 7, 19 31

and that death occurred, on the date stated above, at 3-45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. mos. ½ ds.

CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. McHale M. D.

(Address) 1224 William St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug " 19 31

20 UNDERTAKER: Jas. A. Flanna — ADDRESS: 119 E Fort Ave

TION is very important. See instructions on

1-20—M. & T.—100 B—50L

E 71201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 71201

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hosp. ST. 14-54 (WARD)

2-FULL NAME Annie V. Gifford

(a) RESIDENCE NO. 2202 Lyndhook ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank.

6 DATE OF BIRTH (month, day, and year) 1879-Feby 16

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52-	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bozman Md

PARENTS

10 NAME OF FATHER Wm. Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mckeon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma Cooper

(Address) 2202 Lyndhook

15 AUG 9 1937 HARRY JONES, M. C. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 7 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 3 mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. H. Huntsberry Coroner M. D.

..... 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bozman, Md. | DATE OF BURIAL Aug 9 1937

20 UNDERTAKER Wm. P. Rickards Sons | ADDRESS N. Pa

THION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

71202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71202

CERTIFICATE OF DEATH.

191 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 803 N. Patterson Park Ave (WARD) 17

2 FULL NAME Marie Elizabeth Holdefer

(a) RESIDENCE NO. 803 N. Patterson Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Holdefer

6 DATE OF BIRTH (month, day, and year): Nov 22 1854

7 AGE: Years 76 Months 8 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Martin Hutzel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Hosh

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. H. Fokel 203 N. Patterson Park Ave

15 [illegible] 19

Registrar

UCS - 12-

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7, 1931

17

I HEREBY CERTIFY, That I attended deceased from March, 1931, to Aug. 7, 1931

That I last saw h[illegible] alive on Aug 6 1931

and that death occurred, on the date stated above, at 12:[illegible] A. M.

The CAUSE OF DEATH* was as follows:

Carcin. Vaginae Uis - Senile Deg

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary): Involution

(duration) yrs. 1/2 mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Frank E. Brantley M. D.

19 (Address) 125 S. Bond

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Aug 11 1931

20 UNDERTAKER: H. Fockler & Sons

ADDRESS: North Ave

Spec.—2-28-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71203

CERTIFICATE OF DEATH

93-003 E 71203

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 Division ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret M. Sullivan

(a) RESIDENCE NO. 1541 Division ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 3-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer): — 069

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): County Cork Ireland

PARENTS

10 NAME OF FATHER: Timothy Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Co. Cork Ireland

12 MAIDEN NAME OF MOTHER: Margaret Barrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Co. Cork Ireland

14 Informant: Miss Helen Walsh

(Address): 1541 Division St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 6-1931

17 I HEREBY CERTIFY, That I attended deceased from July 18-, 1931, to Aug 6-, 1931, that I last saw h— alive on Aug-6, 1931 and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorage

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

8/6, 1931 (Address) 1663 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Aug 8 1931

20 UNDERTAKER: [illegible] Woodland Ave

ADDRESS: Monroe

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 71204

71204

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) 340 E. Fayette St. (Ward) 8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr. James Haddaway

(a) RESIDENCE NO. 3307 Ravenwood St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary L. Haddaway

6 DATE OF BIRTH (month, day, and year): Aug 29-1870

7 AGE: Years 60 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min. 9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Detective

(b) General nature of industry, business, or establishment in which employed (or employer): do

(c) Name of employer: Pinkerton Agency

9 BIRTHPLACE (City or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John S. Haddaway

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary J. Fox

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Mr. Jeanette N. Joyce 3204 Brighton St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-7 1931

17 I HEREBY CERTIFY, That I attended deceased from 7-10 1931 to 8-7 1931.

that I last saw him alive on 8-7-31 19

and that death occurred, on the date stated above, at 7:42 P m.

The CAUSE OF DEATH* was as follows:

Uremia - acute hemorrhagic Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) H. Beckenbaugh M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug 10 1931

20 UNDERTAKER: Wm. J. Tickner & Sons — ADDRESS: N. 4 St.

AUG 9 - 10 [illegible] JONES

TION is very important. See instructions on back of certificate.

71205

HEALTH DEPARTMENT—CITY OF BALTIMORE

71205

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3410 Mondawmin Ave. (Ward) 15-61

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME May Mitchell Wherrette

(a) RESIDENCE NO. 3410 Mondawmin Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6a If married, widowed, or divorced. HUSBAND of (or) WIFE of William H. Wherrette

6 DATE OF BIRTH (month, day, and year) Sept 7. 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos. H. Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Isabel Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Miss Mary Wherrette 3410 Mondawmin Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 17/24, 19 to Aug 7/31, 19

that I last saw her alive on Aug 7/31, 19

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Cancer of Breast & Leg.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (secondary) Fell & injured Breast

(duration) 2 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? 3410 Mondawmin

Did an operation precede death? Yes Date of 27th 31st

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy.

(Signed) T. Alan of Md M. D.

(Address) 3912 Pimlico Rd Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL London Park

DATE OF BURIAL Aug 10 1931

UNDERTAKER Wm J Pickerell Sons

ADDRESS

AUG 9 1931

Spec.—9 30—A. & Co.—250 M's

E 71206 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23 E 71206

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) 18-15 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Barrett (Katherine Stokes Barrett)

(a) RESIDENCE NO. 704 Brune st. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of William Barrett

6 DATE OF BIRTH (month, day, and year) Sept. 24.1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business or establishment in which employed (or employer): Unknown
(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Charlotte Co., Va. Virginia

PARENTS
10 NAME OF FATHER George Stokes
11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia
12 MAIDEN NAME OF MOTHER Sevenia Aloin
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Hospital Records

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 15 19 31 to Aug. 6 19 31
That I last saw her alive on Aug. 6 19 31
and that death occurred, on the date stated above, at 12.35 P.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous empyema
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical and autopsy

(Signed) Lawrence M. Sena, M. D.
8-7 19 31 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug 9, 19 31
20 UNDERTAKER: Mrs Katie R. Williams	ADDRESS 3224 Schroder St.

E. HAYDON JONES, M.D.

Spec.—1-1021—MAT—1500 Blks.

71207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71207

CERTIFICATE OF DEATH.

154

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4126 Foust Pk Ave ST. 28-64 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME "Baby" - Norman

(a) RESIDENCE NO. 4126 Foust Pk Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 7-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.
	X	X	X	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Frederick L. Norman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Hazel Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Frederick L. Norman

(Address) 4126 Foust Pk Ave.

15 Filed G 9 1931, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1931, to —, 19—,

that I last saw him alive on Aug 7, 1931,

and that death occurred, on the date stated above, at 1.45 P.m.

The CAUSE OF DEATH* was as follows:

Premature birth 5½ Mos

(duration) yrs. — mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. B. Neuman Hood, M. D.

8/8, 1931 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Aug 10 1931

20 UNDERTAKER H. Fichtner & Son

ADDRESS Fremont Ave

Registrar

THION is very important See instructions on back of certificates.

Rev.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71208 — Graff — 131 — E 71208

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 13-57 ST. WARD)

2—FULL NAME Miss Marie Elizabeth Graff

(a) RESIDENCE NO. 3616 Parkside Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 17 1885

7 AGE — Years: 46 — Months: — — Days: 22 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cashier

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Reading Pa.

PARENTS

10 NAME OF FATHER: Forrest A. Graff

11 BIRTHPLACE OF FATHER (City or town) (State or country): Allentown Pa

12 MAIDEN NAME OF MOTHER: Sarah Leib

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Reading Pa

14 Informant: Forrest Graff

(Address)

15 Registrar

AUG 3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 1 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1931. to Aug. 1. 1931.

that I last saw h alive on Aug. 1. 1931

and that death occurred, on the date stated above, at 11:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

Nephritis chronic (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

C (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Robert V. Chenoweth M. D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Pa

DATE OF BURIAL: 8/3 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71209

CERTIFICATE OF DEATH

E 71209 REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (a) No. JOHNS HOPKINS HOSPITAL (b) WARD

2 FULL NAME Helen Thomas

(a) RESIDENCE No. 1403 N. Calhoun St. WARD (If non-resident give city or town and state)

(b) Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: black

5 Single, Married, ~~Widowed~~ or ~~Divorced~~, (write the word): married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 12-1911

7 AGE: Years 20; Months; Days 19; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Hills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed Aug 10 1931 C. HAMPSON JONES, M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 9-1931

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Aug 9, 1931

that I last saw her alive on Aug 9, 1931

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

? Liver abscesses
(multiple)

(duration) yrs. 2 mos 20 ds

CONTRIBUTORY (Secondary): Pelvic peritonitis, (duration) yrs. mos 14 ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7-31-31

Was there an autopsy? No

What test confirmed diagnosis: Clinical & operative

(Signed) J A Abercrombie M. D.

, 19 (Address) John Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Paynes Cem D. C. DATE OF BURIAL: Aug 12, 1931

20 UNDERTAKER: Mrs J. G. Locks ADDRESS: 1302 Jeffer.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71210 E 71210

CERTIFICATE OF DEATH X 108

1 PLACE OF DEATH St. Agnes Hos. 2572

CITY OF BALTIMORE, (No. and ST.) (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Andrew Mazeikanis

(a) RESIDENCE No. Brace Rd. Balto County ST. Balto Highlandtn WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. — mos. 7 ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 ~~single~~, Married, ~~Widowed, or Divorced, (write the word)~~ Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) No. 1855

7 AGE 76 Years — Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work No. 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithvania

PARENTS

10 NAME OF FATHER No.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithvania

12 MAIDEN NAME OF MOTHER No.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithvania

14 Informant Nele Chester

(Address) 2111 Fedra St.

15 AUG 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1931 8-7-31

17 I HEREBY CERTIFY, That I attended deceased from 8-5, 1931 to 8-7, 1931

that I last saw him alive on 8-1, 1931

and that death occurred, on the date stated above, at 7.05 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. 1 mos. 4 ds.

18 Where was disease contracted if not at place of death? Brace Rd Balto Co

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phy Clinical Signs

(Signed) George Donatore M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Aug. 10 1931

20 UNDERTAKER Thos Trelvianckas ADDRESS 423 S. Broadway

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71211

CERTIFICATE OF DEATH

187-001

REGISTERED NO. E 71211

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp ST. 27-53 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rosalind Cromwell

(a) RESIDENCE NO. 607 Roland Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? 0 yrs. 3 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Apr 30 1931.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: none

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER C. G. Webb Cromwell

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rosalind Harris

13 BIRTHPLACE OF MOTHER (city or town) Brightonton
(State or country) Jamaica.

14 Informant Mr. C. G. Webb Cromwell (Father)
(Address) 607 Roland Ave

15 Filed AUG 17 1931 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:
Sickle cell anemia, Pernicious
yellow fever, bed sores
Bronchitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

1931 (Address) 632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Aug 10 1931.

20 UNDERTAKER: Howard Memorial — ADDRESS: Balto

THION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71212

CERTIFICATE OF DEATH

X 107-301

REGISTERED NO. E 71212

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Union Memorial Hospital ST. 1249 (WARD)

2 FULL NAME Mrs. John M. Donn

(a) RESIDENCE NO. 1223 Conn. Ave. ST. WARD Washington, D. C.

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 6, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Architect

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Donn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C.

12 MAIDEN NAME OF MOTHER Ann McEdderry

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co.

14 Informant (Address) Person in charge Morgue

15 Registrar

AUG 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1931, to Aug. 8, 1931

that I last saw h— alive on Aug. 8, 1931

and that death occurred, on the date stated above, at 2:30 p. m.

The CAUSE OF DEATH* was as follows:

Hypertensive H.T. disease, c congestive failure

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) terminal Bronchopneumonia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical findings

(Signed) Richard Francis M. D.

19 (Address) Union Memorial Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

20 UNDERTAKER Henry W. Jenkins Funeral Co.

DATE OF BURIAL 8 10 1931

ADDRESS Orchard & Guilford

FOR IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

Spec.—9-30—A & Co.—250 Blks.

E 71213

E 71213 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No 5415 Tramore Rd ST. WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Louisa Hynes

(a) RESIDENCE NO 5415 Tramore Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: David S Hynes

6 DATE OF BIRTH (month, day, and year): June 27 1849

7 AGE: Years 82 Months 1 Days 10 11 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wm Cockran

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary E Englar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harpers Ferry - W. Va

14 Informant (Address): David S Hynes 5415 Tramore Rd

15 (Date) 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 7-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 17 1930 to Aug 7 1931

that I last saw h[illegible] alive on Aug 7 1931

and that death occurred, on the date stated above, at 11 55P m.

The CAUSE OF DEATH* was as follows:

Acute Uremia

(Duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis (duration) Several years

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Morris B. Green M. D.

5/9 19 31 (Address) Hamilton Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Aug 19 31

UNDERTAKER: Wm J Reckner Sons

ADDRESS: [illegible] Va

AUG 10 1931

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 803

E 71214 REGISTERED NO. C

E 71214

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 529 E. Decker ST. WARD)

2 FULL NAME MARGARET LORBER

(Residence in Baltimore: No. 529 E. Decker St.: yrs. mos. ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~DIVORCED~~ (Write the word) Wid

6 DATE OF BIRTH Dec 31, 1862 (Month) (Day) (Year)

7 AGE 68 yrs. 8 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work: Domestic (b) General nature of industry, business, or establishment in which employed (or employer): Home

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: John Mann

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (State or country):

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant): Miss Anna Lorber

(Address): 529 E. Decker

15 AUG 10 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8-8 (Month) (Day), 1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8 5 .1931. to Aug 7 .1931.

that I saw her alive on Aug 7 .1931. and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH was as follows:

*Acute Lobar Pneumonia

Duration yrs. mos. ds.

Contributory (SECONDARY) Myocarditis

Duration yrs. mos. ds.

(Signed) L J Frame M. D.

(Address) 7939 Ave Edney

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Berg-Bredellmer DATE OF BURIAL Aug 11 .1931

20 UNDERTAKER Jas. J. Derr ADDRESS 156 N. Luzerne

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71215 E 71215

CERTIFICATE OF DEATH

REGISTERED NO. 1323

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 S. Luzerne Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JOHN R. PENSMITH

(a) RESIDENCE NO. 502 S. Luzerne Ave, ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Pensmith

6 DATE OF BIRTH (month, day, and year) May 28,1888

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Brick Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Pensmith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Madura Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Interment (Address) John Pensmith (Father) 3806 Walnut Ave. Overlea

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 8. 31

17 I HEREBY CERTIFY, That I attended deceased from July 11. 1931 to Aug. 8 1931

that I last saw him alive on Aug. 7, 1931

and that death occurred, on the date stated above, at 10.00 am

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? P.S.Y.S.

(Signed) John J. Kiger M. D.

. 19 (Address) 616 N. Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery

DATE OF BURIAL: Augull 19 31

20 UNDERTAKER: Henry Sander & Sons. Inc.

ADDRESS: Baltimore & Broadway.

...TION IS very important. See instructions on ... back of certificate

...G. HAMILTON JONES, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71216 — REGISTERED NO. E 71216

1. PLACE OF DEATH

CITY OF BALTIMORE, (NO. Franklin Square Hospital ST. 9-45 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2. FULL NAME Manno A. Behrens

(a) RESIDENCE NO. 2774 Alameda Boulevard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Behrens

6 DATE OF BIRTH (month, day, and year) Sept. 12, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	26 29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Policeman
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 30 yrs.
(c) Name of employer --

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Manno A. Behrens

11 BIRTHPLACE OF FATHER (City or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town)
(State or country) Germany

14 Informant Mrs. Bertha L. Behrens
(Address) 2774 Alameda

15 Filed AUG 10 1931 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Left Femur caused by fall down own cellar steps-accidental

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) ----
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. (Coroner)

8/8, 1931 (Address) 5203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem.

DATE OF BURIAL Aug 11 1931

20 UNDERTAKER John Elliot

ADDRESS 2008 Edmon

TION is very important. See instructions on back of certificates.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71217 — 1/31 — V E 71217.

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Chesterfield Ave St. 8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary A. Mc Hale

(a) Residence: No. 2735 Chesterfield Ave St. 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 17 1861

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
69	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Michael McHale
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth French
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine V McDonald
(Address) 2735 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Cem. Date Aug 12 1931

19. UNDERTAKER Lilly & Julian Sue
(Address) 704 S. Wolfe St

G 10 1931 , 19 L. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1931 to Aug 9 1931

I last saw h[illegible] alive on Aug 8 1931 death is said to have occurred on the date stated above, at 7 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Chronic Myocarditis	
Chronic Nephritis	

(Other contributory causes of importance)
Uremia

Name of operation — Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? C Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Toulson M. D.

(Address) 600 S. Elwood Ave

Spec.—3-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 ✓

E 71218

E 71218

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3312 Leverton Ave (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emil Butter

(a) RESIDENCE NO. 3312 Leverton Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if foreign birth 50 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta

6 DATE OF BIRTH (month, day, and year) Nov. 3, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Locksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Factory

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Anthony J Butter

(Address) 5640 Belair Rd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8, 1931.

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to Aug 8, 1931.

that I last saw h alive on Aug. 8, 1931

and that death occurred, on the date stated above, at 1st P.m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel B Wolfe, M. D.

8/8, 1931 (Address) 1331 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Aug. 11 1931

20 UNDERTAKER Lilly-Zeiler Inc.

ADDRESS 409 S. Wolfe St

AACo. 5-11 1500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71219

E 71219

CERTIFICATE OF DEATH

6-10

59

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 N. Lakewood Ave. St., 6 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary C. Karch.

(a) Residence: No. 136 N.lakewood Ave. St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Karch.

6. DATE OF BIRTH (month, day, year) June 4 th 1864

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
67	I	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME John Luebben
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Karch.
(Address) 136 N.Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Aug. 11th /31

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S.wolfe St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7 . 19 31

22. I HEREBY CERTIFY, That I attended deceased from July 25 . 19 31, to Aug 7 . 19 31

I last saw h alive on Aug 6 . 19 31 death is said to have occurred on the date stated above, at 2:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Attack	July 25 1931
Heart Disease	

Other contributory causes of importance:

Diabetes	3 yrs.
Cardiac thy pa.	30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Mayer M. D.

(Address) 1520 E. 33rd St.

AdCo. 5-31-1938

71220

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71220

CERTIFICATE OF DEATH

48

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3925 Hudson St. St. 26 Ward 7-37

Length of residence in city or town where death occurred 50 yrs 9 mos 17 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Amelia H. Pazourek.

(a) Residence: No. 3925 Hudson St. St., 26 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph P. Pazourek.

6. DATE OF BIRTH (month day year) Oct. 21 st. 1880

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
50	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME August W. Bastert.
14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER
15. MAIDEN NAME Mary Wolferman.
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Joseph P. Pazourek 3925 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 8/11/1931

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Aug. 7- , 19 31

22. I HEREBY CERTIFY, That I attended deceased from July 15 , 19 31 , to Aug. 7th , 19 31

I last saw h[illegible] alive on Aug. 7- , 19 31 death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with metastasis to liver and peritoneum	1927

Other contributory causes of importance

Acute Dilatation of Heart

Name of operation Colostomy Date of 1927

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 806 Eastern Ave. City

Apar.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

71221 CERTIFICATE OF DEATH 6-12-31 E 71221

1 PLACE OF DEATH 1a Meps Hospital
CITY OF BALTIMORE (No.) Eastern Ave & Pulaski ST. (WARD)
REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Goodman
(a) RESIDENCE NO. 1016 Greenmount Ave WARD
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced (write the word): Married
5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah Goodman
6 DATE OF BIRTH (month, day, and year)
7 AGE — Years: 51 — Months — Days — If LESS than 1 day, hrs. or min.
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Sarah Goodman 1016 Greenmount Ave.
15 Filed 6-12 19 31 C. HILLSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6-4-31
17 I HEREBY CERTIFY, That I attended deceased from 6-4-31 19 to 6-4-31 19
That I last saw h— alive on 6-4-31 19
and that death occurred, on the date stated above, at 6 30 P.M.
The CAUSE OF DEATH* was as follows:
Appendicitis
Duration: yrs. mos. 6 ds.
Streptococcic Sepsis
Duration: yrs. mos. 2 ds.
18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 6/4/31
Was there an autopsy? No
What test confirmed diagnosis? Operation
(Signed) W. H. Strauch M. D.
19 Address: Mercy Hospital

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Home Funerals
DATE OF BURIAL: 6-10-19 31
20 UNDERTAKER: Jack Keirs, Inc - 1439
ADDRESS: Balto

TION is very important. See instructions on back of

AaCo. 1-31 2M8

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71222

CERTIFICATE OF DEATH

191~ E 71222

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Eastern Ave St. 3-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Rinaldi

(a) Residence: No. 923 Eastern Ave Ward. 18 yrs.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary [illegible]

6. DATE OF BIRTH (month, day, year) 1862-3-1

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutting grinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER FATHER

13. NAME Robert Rinaldi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Anthony Rinaldi
(Address) 923 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Aug 11 1931

19. UNDERTAKER Martin H. C. Wolfgang
(Address) 32 S Exeter St

20. FILED ..... 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 6, 1931 to August 8, 1931

I last saw him alive on August 7, 1931, death is said to have occurred on the date stated above, at 2. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	
8 months	2
Other contributory causes of importance	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph L. Wolfgang M. D.

(Address) 1451 So Broadway

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71223

CERTIFICATE OF DEATH

12-002

E 71223

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Barclay St ST. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lewis DeSalles Powers

(a) RESIDENCE NO. 2400 Barclay St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Single.

a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 4. 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Joseph F Powers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Helena Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Joseph F. Powers (Address) 2400 Barclay St.

15 Filed Aug 10 1931 [illegible] Registrar

AUG 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Aug 9, 1931, that I last saw h[illegible] alive on Aug 8, 1931, and that death occurred, on the date stated above, at 2.40 P.m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction causing Convulsions

(duration) yrs. mos. 2 da.

CONTRIBUTORY (Secondary) Infantile convulsions from the above (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? no

(Signed) Hugh Forsythe, M. D.

7.10.1931 (Address) 814 E. North Av.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Ignatius Cem Hickory Md.

DATE OF BURIAL Aug 11 193

20 UNDERTAKER C Vernon Lemmon.

ADDRESS 4611 Park Heights Ave.

HAMILTON JONES, M. D.

Spec.—9-30—A. A Co.—250 Blks

E 71224 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71224

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH — REGISTERED NO. 49-29 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (NO) Balto City Hospitals — WARD

2 FULL NAME Mary Fowler

(a) RESIDENCE NO. 30 S. Carey — ST. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (?)

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1861

7 AGE: Years 69 — Months 11 — Days 20 — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Wash. D.C.

PARENTS
10 NAME OF FATHER: Thomas Hayes
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Mary Newman
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Balto City Hospitals Decade

15 Filed ___ 19___ Per ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-8-31

17
I HEREBY CERTIFY, That I attended deceased from 7-7-30, 19___, to 8-8, 19 31
that I last saw her alive on 8-8, 19 31
and that death occurred, on the date stated above, at 10:45 A.M.

The CAUSE OF DEATH* was as follows:
Arteriosclerotic Cardio Vascular disease - Chronic Myocarditis (2)
(duration) yrs. 6 mos. ___ ds.

CONTRIBUTORY (Secondary) Acute Cardiac Failure.
(duration) yrs. ___ mos. 10 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy
(Signed) Luther E. Linthicum M. D.
19___ (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 8/10/31

UNDERTAKER: F. B. Kerfoot — ADDRESS: 300 Eutaw Place

C. HAMPSON JONES, M.D.
JUN 10 1931

Stoer—12-23-21—E.R.R.S.—400 Sks.

71225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71225

CERTIFICATE OF DEATH.

Registered No. 82

1-PLACE OF DEATH

City of BALTIMORE: (No.) 2513 Frances (St.) 13-59 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ada E Ebaugh

(a) Residence No. 2513 Frances St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: F

4-COLOR OR RACE: W

5-~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (Write which)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: William H Ebaugh

6-DATE OF BIRTH (month, day and year): Jan 17 1858

7-AGE: 73 yrs. 6 mos. 21 ds. If LESS than 1 day, ...hrs. or ....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS

10-NAME OF FATHER: Ernest Shugars

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md

12-MAIDEN NAME OF MOTHER: Foreman

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Manchester

14-INFORMANT: Clarence R Scarborough

(Address) 203 Jackson Hillsdale

Instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug 7-31

17- I HEREBY CERTIFY, That I attended deceased from July 19 to Aug 7 1931

that I last saw h[illegible] alive on Aug 6 1931

and that death occurred, on the date stated above, at 7 10 P m

The CAUSE OF DEATH* was as follows:

Apoplexy

Duration 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

Duration 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Edward H Morgan M. D.

, 19 (Address) 7 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Park

DATE OF BURIAL: 8/10/31

UNDERTAKER: W. M. Rautenstrauch

ADDRESS: Eastern & Bentalou

Registrar. C. HAMPSON JONES, M. D.

AUG 10 1931

Spec.—9-30—A. & Co.—250 Blks

E 71226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-E 71226

1 PLACE OF DEATH

CITY OF BALTIMORE (No JOHNS HOPKINS HOSPITAL ANTON ZAVODNY ST 7-12 W.)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anton Zavodny

(a) RESIDENCE No. 230 E. Madison ST 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S., if of foreign birth? 36 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Zavodny

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS
10 NAME OF FATHER: Frank Zavodny
11 BIRTHPLACE OF FATHER (city or town) (State or country): Hungary
12 MAIDEN NAME OF MOTHER: Lutzenn
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Interment: Woods
(Address) JOHNS HOPKINS HOSPITAL

15 Filed [illegible] 1931 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/8/31

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Aug 8, 1931
that I last saw h[illegible] alive on Aug 8, 1931
and that death occurred, on the date stated above, at 2 20 P.M.
The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Scleroma

(duration) 1 yrs. mos. da.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) Walter Rhynes M. D.
8/8 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dunkirk — DATE OF BURIAL: Aug 12 1931

20 UNDERTAKER: Frank Brachlemyer's Sons — ADDRESS

10 1931

Spec.—9-30—A. A Co.—250 Blks.

E 71227 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71227

CERTIFICATE OF DEATH

REGISTERED NO. 124002

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 837 N. Gallaway ST. 7-12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Julia Klucka

(a) RESIDENCE NO. 837 N Gallaway ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: August Klucka

6 DATE OF BIRTH (month, day, and year): May 19, 1880

7 AGE — Years: 51 | Months: 2 | Days: 20 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Antonia Kucka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Mary Lorenska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): August Klucka 837 N. Gallaway

15 1931 . 19 C. HUSTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8/31

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to Aug 8, 1931

that I last saw h alive on Aug 8, 1931

and that death occurred, on the date stated above, at 12 00 noon

The CAUSE OF DEATH* was as follows:

Atrophic Cirrhosis of Liver

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Ascites, gastric hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Joseph Pokorny M. D.

, 19 (Address) 2202 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park. DATE OF BURIAL: Aug 11 1931

20 UNDERTAKER: Ernest Brockstar ADDRESS: 1400 Belvedere

FROM IS very important. See instructions on Back of Certificate.

Spec—9-30—A & Co—250 Blks

E 71228 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71228

CERTIFICATE OF DEATH X 12 v

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital WARD 25-72

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dora Deitz

(a) RESIDENCE NO. 641 Arlington St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 26-1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Leo. F. Deitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Ada Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mother (Address) 641 Arlington. Ada Deitz

15 Filed C. HAMPSON JONES, M. D. Registrar

AUG 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/31

17
I HEREBY CERTIFY, That I attended deceased from 8/2, 1931, to 8/7, 1931

that I last saw h[illegible] alive on 8/7, 1931

and that death occurred, on the date stated above, at 5:30 P. M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of meninges

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Peritonitis

(duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of 8-2-31

Was there an autopsy? No.

What test confirmed diagnosis? Physical Examination

(Signed) George F. Yolton M. D.

19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Aug 10 1931

20 UNDERTAKER: George F. Schnaufer — ADDRESS: 210 Park Ave

HOW IS very important. See instructions on back of certificate

Spec—12-1-23—A Co—200 Bks.

Matilda Koss

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71229

E 71229

122-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Inf. St. 13-59 Ward)

2-FULL NAME Koss, Matilda.

(a) RESIDENCE NO. Home for Incurables St. Ward

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 29th 1866

7 AGE: Years 65 | Months 4 | Days 11 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md

PARENTS

10 NAME OF FATHER Charles Koss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelie Hess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant (Address) Miss Bertha Koss. 1912 W. Pratt St.

15 [illegible] G. HAMPSON JONES, M. D. Registrar

UG 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9, 1931. 19

17 I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1931, to August 9, 1931, that I last saw her alive on Aug 9, 1931, and that death occurred, on the date stated above, at 5 30 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic, due to mitral heart disease.

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ventral hernia with obstruct

(duration) 0 yrs. 0 mos. 15 ds.

18 Where was disease contracted if not at place of death? Home for Incurables

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical exam & histos.

(Signed) Richard C. Cumming, M. D.

Aug. 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial Aug 11 1931

20 UNDERTAKER: George L. Schwartz ADDRESS 2101 Frdk. Ave

OF DEATH to plain terms, so that it may be of certificate. very important. See instructions on back of

Spec—1-30—M. & T.—250 Bks.

E 71230

E 71230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD) 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John. B. Bauwiller

(a) RESIDENCE NO. Preston & Valley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Margaret Bauwiller

6 DATE OF BIRTH (month, day, and year) June 4th 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Locomotive

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John. B. Bauwiller

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Loretta Bauwiller

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant (Address) Little Sisters of the Poor Preston & Valley

Oct 10 1931 by E. LEE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from 8-7 , 1931 , to 8-8 , 1931 ,

that I last saw h... alive on 8-7 , 1931 ,

and that death occurred, on the date stated above, at 12.30 p.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Leonard Wood M. D.

8/8/31 (Address) 1216 N Calvert

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross M & Co — DATE OF BURIAL 8-12 1931

20 UNDERTAKER E & B Harder — ADDRESS 1545 West St

E71231 E71231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (St.) 19-27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Bellie Bryant

(a) RESIDENCE NO. 226 N. Calhoun St. (Usual place of abode) ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign-born? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Francis Bryant

6 DATE OF BIRTH (month, day, and year): Aug 31-1879

7 AGE: Years 51 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Clarence Miss.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Bettie Madar

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Francis Bryant. 221 N. Calhoun St.

15 Filed AUG 10 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-4-31

17 I HEREBY CERTIFY, That I attended deceased from 7-29-31, 19__, to 8-4-31, 19__

That I last saw h__ alive on 8-4-31, 19__

and that death occurred, on the date stated above, at 5:55 P.M.

The CAUSE OF DEATH* was as follows:

Ovarian cyst - left
Gall Stones

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho pneumonia (Hypostatic)

(duration) — yrs. — mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 7-30-31

Was there an autopsy? No.

What test confirmed diagnosis? Lab. clinically

(Signed) Andres E Calas M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Mem

DATE OF BURIAL: Aug 11th 1931

UNDERTAKER: Leo G. Brook

ADDRESS: 1723 Pattpsh ave.

FILL IN ALL ITEMS—See instructions on back of certificate.

AaCa. 5-31 2000

Fred Mathias

HEALTH DEPARTMENT CITY OF BALTIMORE

71232

CERTIFICATE OF DEATH

X 117 E 071232

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Community Hospital St. 4 C's 30 Road)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Mathias

(a) Residence: No. Westminster Md (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernhel Mathias

6. DATE OF BIRTH (month, day, year) 9/3/92

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
about 38	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8/3/31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER FATHER

13. NAME Theodore F. Mathias

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hannah Hamilton

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Theo F. Mathias

(Address) Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cemetery Date Aug 12 1931

19. UNDERTAKER H Bankard & Son

(Address) Westminster md

20. FILED Aug 10 1931 19 Reft. Registrar

OCCUPATION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931 to Aug 10 1931

I last saw him alive on Aug 10 1931 death is said to have occurred on the date stated above, at 10 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral lobar pneumonia.	8/8/31

Other contributory causes of importance:

Confirmed goddess ulcer

Name of operation Resection Jejunum Date of 8/6/31

What test confirmed diagnosis? Gross Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not If so, specify

(Signed) H. H. Hambaker, M. D.

(Address) University Hosp.

C. FRAMPTON JONES, M. D.

G. 10 1931

Form—3-25-25—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71233

CERTIFICATE OF DEATH

93-001

E 71233

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 W. Lanvale WARD 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Smith

(a) RESIDENCE NO. 1222, W. Lanvale WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE C.

5 Single, Married, Widowed, or Divorced, (write the word) Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Daniel C. Smith

6 DATE OF BIRTH (month, day, and year) Dec. 27, 1900

7 AGE: Years 30 Months 7 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm. Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Payne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. C. Smith.

(Address) 1222 W. Lanvale

15 Filed AUG 10 1931 C. WILLARD JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from 8-5-1931, to 8-7-1931, that I last saw h[illegible] alive on 8-7-1931, and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical signs, symptoms

(Signed) John C. F. Tamper M. D.

, 19 (Address) 724 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. — DATE OF BURIAL Aug 10, 31

20 UNDERTAKER Mrs. P. G. Eldred — ADDRESS 1725 Lanvale

AaCo. 5-31 2MP

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71234

CERTIFICATE OF DEATH

115 E 71234

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 20-28 Ward

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Beyer

(a) Residence: No. 1933 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Towson Md.

MOTHER / FATHER

13. NAME Fred C. Beyer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT (Address) 1933 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 8/11/1931

19. UNDERTAKER Thos. J. Lutz Sr.
(Address) 401 E. Baltimore St.

20. FILED 8/10/1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 8, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1931, to Aug. 8, 1931.

I last saw him alive on Aug. 8, 1931 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rhino-pharyngitis	8/7/31
Acute Tonsillitis	8/7/31
Acute Otitis Media	8/7/31
Other contributory causes of importance: Meningitis (?)	8/8/31

Name of operation _____ Date of _____

What test confirmed diagnosis? Symp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) J. H. Horsbaker, M. D.

(Address) University Hosp.

Spec.—9 30—A & Co—250 Blks

71235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 71235

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No St. Agnes' Hospital St. WARD)

2. FULL NAME Mrs. Edward H. Holzmann

(a) RESIDENCE NO 8 Overbrook Rd. Cat. St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia C. (nee Braemer)

6 DATE OF BIRTH (month, day, and year) Oct. 17, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tallow Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Edw. H. Holzmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs Edw H. Holzmann 8 Overbrook Rd. Catonsville

15 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9-31

17

I HEREBY CERTIFY, That I attended deceased from 7-31- 1931, to 8-8- 1931

that I last saw h- alive on 8-8- 1931

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Laennec's cirrhosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Wm A. Strauss M. D.

8-9 1931. (Address) 1901 Gaffside Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 8/11/31

20 UNDERTAKER Harry F. Weitzel

ADDRESS 1101 Edmondson Ave.

Form—9-30—A. & Co.—250 Blks.

71236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71236

CERTIFICATE OF DEATH. 191

REGISTERED NO.

1. PLACE OF DEATH
CITY OF BALTIMORE. (No.) 717 S Hanover (St.) 22 (Ward)

2. FULL NAME Annie Barlage.

(a) RESIDENCE NO. 717 S. Hanover ST. 22 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. Married, Widowed, or Divorced, (write the word): Married.

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Bernard J. Barlage

6. DATE OF BIRTH (month, day, and year): April 14-1859

7. AGE: Years 72 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Mt Sterlingtown Penna.

PARENTS

10. NAME OF FATHER: Matthais Tintin
11. BIRTHPLACE OF FATHER (city or town) (State or country): Mt. Sterling Penna.
12. MAIDEN NAME OF MOTHER: Louisa Johannes
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Mt Sterling Penna.

14. Informant (Address): Miss Mamie Barlage 717 S. Hanover St.

Filed 10 1931 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Aug 9th-31

17. I HEREBY CERTIFY, That I attended deceased from Aug 4th, 19 31, to Aug 9, 19 31, that I last saw her alive on Aug 8- 19 31, and that death occurred, on the date stated above, at 2 30 A M.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration
Heart prostration
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis? Usual

(Signed) [illegible] M. D.
10 19 31 (Address) 1106 North ave

*(State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Leatherbut Cemetery
DATE OF BURIAL: Aug 12, 19 31

20. UNDERTAKER: F. A. Deane & Son
ADDRESS: 713. Hanover St.

Spec.—8-16-29—L. F. S.—100 Blks.

E 71237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 71237

1—PLACE OF DEATH

REGISTERED NO. 13-59

CITY OF BALTIMORE: (No. Reservoir - Mt Royal St. 6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Emma M. Thomas

(a) RESIDENCE NO. Druid Hill Ave & Reservoir & Mt Royal 6 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rev. H. E. Thomas D.D.

6 DATE OF BIRTH (month, day, and year): Sept 18th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 74	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Cuba N.Y

PARENTS

10 NAME OF FATHER: S Hatteon

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.Y

12 MAIDEN NAME OF MOTHER: Mary Louise

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.Y

14 Informant: R L Thomas

(Address): 803 St George Road

15 Filed: 10 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Augt 9th 1931

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1931, to August 9, 1931, that I last saw h e alive on August 8, 1931, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Large Intestine

Cancerous Ulceration

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary): Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general laboratory

(Signed) R. Hooper Smith M. D.

Augt 13 1931 (Address) 1201 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lewisburg Pa	Augt 11 1931
UNDERTAKER: Henry H Jenkins & Co	ADDRESS: [illegible]

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71238

CERTIFICATE OF DEATH

46 E 71238

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Broadway ST. 34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jane Gatechair Trotton

(a) RESIDENCE NO. 8. S. Broadway ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

a If married, ~~widowed, or divorced~~ (or) WIFE of James T. Trotton

6 DATE OF BIRTH (month, day, and year) Dec. 6. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New York City. N. Y.

PARENTS

10 NAME OF FATHER Lewis T. Gatechair

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER Jane Willett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington New Jersey

14 Informant: James T. Trotton

(Address): 8. South Broadway

15 Date received: G 10 1931 Registrar: G. HAMPSON JONES, M. D. A. 6. 17

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 9. 1931

17 I HEREBY CERTIFY, That I attended deceased from ____, 1928, to Aug 8, 1931, that I last saw h[er] alive on Aug 8, 1931, and that death occurred, on the date stated above, at 9;20Am m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, Hemiplegia (3 yrs) Carcinoma of body of Uterus (6 months) Carcinoma

Duration: 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Arteriosclerosis

(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death? not known.

Did an operation precede death? Yes Date of 3/5/31.

Was there an autopsy? No

What test confirmed diagnosis? Post Operation

(Signed) Frank R. Smith M. D.

8/10, 1931 (Address) 627 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Aug. 12, 31

20 UNDERTAKER: Hughes & Foard Inc

ADDRESS: 424 N. Broadway

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71239

CERTIFICATE OF DEATH

108 E 71239

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Infirmary St. 6 Ward)

2-FULL NAME Mr. Herman Stevenson

(a) RESIDENCE NO. Riderwood, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced (write the word): single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 16 1900

7 AGE: Years 31 Months 1 Days 25 IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bach Co.

9 BIRTHPLACE (city or town): Md

(State or country)

PARENTS

10 NAME OF FATHER: Dr. H. Burton Stevenson

11 BIRTHPLACE OF FATHER (city or town): Md

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Herman

13 BIRTHPLACE OF MOTHER (city or town): Selma,

(State or country)

14 Informant (Address): Mrs. Margaret Stevenson Riderwood Md

15 AUG 10 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 9/31 19

17 I HEREBY CERTIFY, That I attended deceased from 8-6 1931, to 8-9, 1931, that I last saw h... alive on 8-9, 1931, and that death occurred, on the date stated above, at 11.25 p. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia (Right)

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary): alcoholism

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Allyn B. Choate, M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery Date of Burial Aug 11 19 31

20 UNDERTAKER: John D. Waddell Sons ADDRESS 1900 Eutaw

OF DEATH in plain terms, so that it may be properly very important. See instructions on back of certificate.

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71240

87-001 ✓

E 71240

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 215 Longwood Rd 27-53 Ward)

2-FULL NAME Henrietta Seymour Caudy

(a) RESIDENCE NO. 215 Longwood Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Christopher H. Caudy

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	81	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Va.

PARENTS

10 NAME OF FATHER Felix R. Seymour

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Eliz. Ann Hyltona

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Mr. Edgar R. Zimmerman
(Address) 212 Longwood Rd.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Romney M. D.

1931 (Address) 2032 Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Romney, W. Va.	Aug. 11 1931
20 UNDERTAKER John A. Mitchell & Son	ADDRESS 1900 Eutaw Pl

OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death important. See instructions on back of certificate.

AUG 11 1931

AaCo. 5-11 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

7124F

CERTIFICATE OF DEATH

82-0 E 71241

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 2-4

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Mary Wojcinski

(a) Residence: No. 2025 Eastern Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence

6. DATE OF BIRTH (month, day, year) May 1, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73 ?	3		

OCCUPATION (Give usual occupation even if retired. See instructions on back of certificate.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Ed Taskowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Funeral Aug 11 1931

19. UNDERTAKER J. H. Gaguski

(Address) 1956 Eastern Ave

20. FILED AUG 11 1931 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1931 to Aug. 7, 1931

I last saw her alive on Aug. 7, 1931 death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Pericardium	5 months

Other contributory causes of importance:

Arteriosclerosis — Unknown

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Taskowski M. D.

(Address) Balto. City Hospitals

Spec.—0-30—A. & Co.—250 Blks.

E 71242 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71242

CERTIFICATE OF DEATH

130

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Union Memorial Hospital (Street) (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. John Juras

(a) RESIDENCE NO. 2211 Bank Street (Street) WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6/30/1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Continental Can Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Juras

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Agnes Kargan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Frank Juras

(Address) 2211 Bank Street

15 C. HAMPSON JONES, M. D. Registrar

10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/31

17

I HEREBY CERTIFY, That I attended deceased from 8/3, 1931, to 8/7, 1931

that I last saw h[illegible]live on 8/7/[illegible], 1931

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Sub-acute Nephritis.
(Cause unknown)

(duration) yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. — mos. 20 ds. ±.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical.

(Signed) Edward Hollister Dunn M. D.

19 (Address) 220 Cleaning Rd. City

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. St. Stanislaus Cem. DATE OF BURIAL 11 1931

20 UNDERTAKER Fl Bagusti, 1959 Eastern Av ADDRESS

Spec.—9 30—A. & Co.—250 Blks

E 71243 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71243

CERTIFICATE OF DEATH

93-003

REGISTERED NO. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Womans Hospital

CITY OF BALTIMORE (No. 11-24 ST. QUARTER)

2 FULL NAME Alice T Hunley

(a) RESIDENCE NO 231 West Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 23, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md

PARENTS
10 NAME OF FATHER Samuel J Thurley
11 BIRTHPLACE OF FATHER (city or town) (State or country) Middlesex, England
12 MAIDEN NAME OF MOTHER Emily H. Bennett
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent, England

14 Interment (Address) Francis J Thurley 1801 Whitmore Ave City

15 10 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8, 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Aug 8, 1931
That I last saw h[illegible] alive on Aug 8, 1931
and that death occurred, on the date stated above, at 1.50 p m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(Duration) 2-9 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 231 West Lanvale St
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Marius P. Johnson M. D.
8/8 1931 (Address) Womans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem DATE OF BURIAL: Aug 11 1931
20 UNDERTAKER: Wm H Cook ADDRESS: 1003 N Bath St

TION is very important. See instructions on back

Spec.—2-23-29—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71244

CERTIFICATE OF DEATH

97-101 ✓ E 71244

REGISTERED NO.

19-26

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Wilkens Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry J. Bokman

(a) RESIDENCE NO. 1719 Wilkens Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ida A. Bokman

7 DATE OF BIRTH (month, day, and year): July 14, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	-	27 yrs	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cutter- Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Umbrella Mfg.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: August Bokman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary R. Wagner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Mrs. Evelyn Bucheimer

(Address): 1719 Wilkens Ave.

15 C. HAMPSON JONES, M. D. Registrar

10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Aug 10, 1931, that I last saw h im alive on Aug 10, 1931, and that death occurred, on the date stated above, at 10.15 A. m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs 5 mos 5 ds.

CONTRIBUTORY (Secondary): Endocarditis (duration) yrs 5 mos 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Examination & History

(Signed) D W Billups, M. D.

, 19 (Address) 2224 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Aug. 13 19 31

20 UNDERTAKER: J. Wm. Cook

ADDRESS: 1003 East Baltimore St.

AaCo. 5-31-1928

N. Broadway 2027 E, North Com Wash 70 73

HEALTH DEPARTMENT CITY OF BALTIMORE

N 71245

E 71245

CERTIFICATE OF DEATH

82-001

27-46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5831 York Rd (Hospital) (Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Gertruda J. Cox

(a) Residence: No. 5831 York Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Henry C. Cox

6. DATE OF BIRTH (month, day and year) Feb 24th 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
68	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Thomas T. Norris

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

15. MAIDEN NAME Elizabeth Frederick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Gladys E. Starts

(Address) 5831 York Rd

18. BURIAL, CREMATION, OR REMOVAL Green Mount Cemetery Date Aug 12th 1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Aug 13 1931 19 H F H Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 9th 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1930 to Aug 9 1931

I last saw her alive on Aug 9 1931 death is said to have occurred on the date stated above, at 6.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	Aug 1928
Arterial Hypertension	Aug 1928

Other contributory causes of importance:

Apoplexy	Aug 5, 1931

Name of operation Date of

What test confirmed diagnosis Physical Exam Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert F. Cawley M. D.

8/10/31 (Address) 2025 E North Ave

1-30—M & T—100 B—502

Ellen May Gordon

92-001 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71246

REGISTERED NO. E 71246

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital ST. 16-68 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2. FULL NAME Ellen May Gordon

(a) RESIDENCE NO. (Usual place of abode) 1200 N. Bentalou ST., WARD

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a If married, widowed, or divorced HUSBAND of / WIFE of Lawrence Gordon

6 DATE OF BIRTH (month, day, and year) June 30, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30	1	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER Daniel Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary C. McGinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant Lawrence Gordon

(Address) 1200 N. Bentalou St.

15 Filed OCT 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) and thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease and Myocardial Degeneration

(duration) yrs 5? mos ds

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs mos ? ds

18 Where was disease contracted (if not at place of death)? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) Guy N. Cromwell, M. D.

8/10, 1931 (Address) 503 Patapsco Ave., Brooklyn (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 8/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Fayette St

TION is very important! See instructions on back of certificate.

AACo. 5-31 2500

Dr. Schenick 1337 S. Charles St. South 2188

HEALTH DEPARTMENT—CITY OF BALTIMORE

71247

CERTIFICATE OF DEATH

71247

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 714 Harvey St. 24-33 Ward

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Ostar

(a) Residence: No. 714 Harvey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~
(or) WIFE of Karl Ostar

6. DATE OF BIRTH (month, day, year) May 4th 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria-Hungary

FATHER
13. NAME Martin Duba
14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) John Ostar 714 Harvey St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross (Brooklyn) Date Aug 11th 1931

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St.

20. FILED ~~Aug~~ 19 as to Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 9th 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1931 to Aug 9 1931

I last saw h alive on Aug 9 1931 3:30 and death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	8-7-31
Chr. Myocarditis	?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Schenick, M. D.

(Address) 1337 S. Charles St

Cor.—10-15-29—A Co.—100 Blks.

Neidhamer

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71248 — REGISTERED NO. E 71248

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH St Josephs Hospital
City of Baltimore: (No. Caroline & Oliver St 8-17 Ward) 191

2 FULL NAME Clara Bailey Neidhauser

(a) RESIDENCE NO. 1407 N. Gay St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Harry Bailey

6 DATE OF BIRTH (month, day, and year) 2 2 1872

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	59	2.	2.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Canada

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant Frederick Staub
(Address) 1407 N. Gay st

15 Date C. HAMPSON JONES, M. D
AUG 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis
(Duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Dr Douglas

(Signed) Dr H. Leech M. D.

(Address) Aug 10 1931 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bolto Cemetery — DATE OF BURIAL: Aug 12 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATIONS is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

Kuebler

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 71249 — 59 — E 71249

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 3408 Pinkney Rd S. 27-55 WARD

2 FULL NAME Charles Herman Kuebler

(a) RESIDENCE NO. 3408 Pinkney Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Gertrude Kuebler

6 DATE OF BIRTH (month, day, and year) Feb 4, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work plumbing + heating business

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Geoge Kuebler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Susan Bechtel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Robert Kuebler

(Address) 3408 Pinkney Rd.

Filed 1 1 1931, 19 — H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept, 10, 1928, to Aug 8, 1931, that I last saw him alive on Aug 8, 1931, and that death occurred, on the date stated above, at 705a. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus.

(Duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) angina pectoris

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis: usual tests.

(Signed) Geo. F. Knipp M. D.

19 (Address) 3030 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug. 12 1931
20 UNDERTAKER H. J. Pickett & Son	ADDRESS Pimlico

ATTENTION IS very important. See instructions on back

1-30—M. & T.—100 B—50L.

E 71250

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71250

CERTIFICATE OF DEATH

REGISTERED NO. 82

1-PLACE OF DEATH
CITY OF BALTIMORE, (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)
No. Md Gen Hosp ST. 28-63 WARD

2-FULL NAME William H. Nossel

(a) RESIDENCE NO. 4107 Belvieu ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 49 yrs. 1 mos. 5 dys. How long in U. S., if of foreign birth? -- yrs. -- mos. -- dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary L. Schanberger

6 DATE OF BIRTH (month, day, and year): July 5, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Hotel Kernan

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Bernard H. Nossel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland

12 MAIDEN NAME OF MOTHER: Mary E. Rasche

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant: Mrs. Mary L. Nossel
(Address) 4107 Belvieu Avenue

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 10th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
Sudden
(duration) hrs. dys.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. dys.

18 Where was disease contracted if not at place of death? Kernan Hotel

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Harold Cornell, M. D. Coroner

Aug 10 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery
DATE OF BURIAL: 8/13 1931

20 UNDERTAKER: Henry W. Meakin Sons
ADDRESS: 605 W. Lanvale

AUG 11 1931 HAMPSON JONES, M. D.

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Vivian M. Heath

E 71251

71251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-75

1197

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3837 Hanover ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vivian M. Heath

(a) RESIDENCE NO. 3837 Hanover ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 10, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	xx	10	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Clayton A. Heath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Somerset Co., Md.

12 MAIDEN NAME OF MOTHER Madalene Zepp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Interment (Address) Clayton A. Heath 3837 Hanover St.

15 11 1931, 19 C. HAMILTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10 1931.

17
I HEREBY CERTIFY, That I attended deceased from Aug 9, 1931, to Aug 10, 1931
that I last saw him alive on Aug 9, 1931
and that death occurred, on the date stated above, at 1 00 a m.
The CAUSE OF DEATH* was as follows:
Enteritis

3
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsion
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Wm. Klopfer M. D.
11 1931 (Address) 1219 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill DATE OF BURIAL Aug 11 1931

20 UNDERTAKER John F Denny Address 715 Light St

ATION is very important. See instructions on back of

Kam.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 71252

REGISTERED NO.

71252

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 E. Fitting 2333 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Kam

(a) RESIDENCE NO. 10 E Fitting ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs mos ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Kam

6 DATE OF BIRTH (month, day, and year): June 29th 1858

7 AGE: Years 73; Months 1; Days 9; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Driver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Christian L. Kam

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Gertrude Rathgeber

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Anna L. Kam 10 E. Fittings st

15 Filed AUG 11 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 7th, 1931, to Aug 8th, 1931, that I last saw him alive on Aug 8th, 1931, and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum

(duration) 1 yrs 6 mos ds.

CONTRIBUTORY (Secondary): Cachexia (duration) yrs mos. 18 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Danny Lejeune M.D.

(Address) 1334 36 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem DATE OF BURIAL: Aug 11th 1931

20 UNDERTAKER: Eschlomans Son ADDRESS 1029 Hanover St.

THIS IS VERY IMPORTANT — SEE INSTRUCTIONS ON BACK

Spec.—9-30—A. & Co.—250 Blks.

ED 71253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-9 ED 71253

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE, No. JOHNS HOPKINS HOSPITAL Ward 28-63

2 FULL NAME ~~Jeanne~~ JEANNE R. Rouiller (ROUILLER)

(a) RESIDENCE NO. 4103 Rogers Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 2 yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: August E. Rouiller

6 DATE OF BIRTH (month, day, and year): 6/6-62

7 AGE — Years: 69 — Months: 1 — Days: 25 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Switzerland

PARENTS

10 NAME OF FATHER: Emile Grandjean

11 BIRTHPLACE OF FATHER (city or town) (State or country): Switzerland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Switzerland

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 Filed 8-1-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 10. 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1928 to Aug. 10, 1931

that I last saw h[illegible] alive on Aug 10, 1931

and that death occurred, on the date stated above, at 7 43a m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Maurice Levine M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dan Marcial N. M. — DATE OF BURIAL: Aug 12 31

20 UNDERTAKER: [illegible] — ADDRESS: [illegible] Mass

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71254

51 E 71254

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 St Dunstans St. Ward) 27-46

Length of residence in city or town where death occurred yrs. mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Carbine Taylor

(a) Residence: No. 105 St Dunstans Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma E Taylor

6. DATE OF BIRTH (month, day, year): July 13 1896

7. AGE — Years: 35 — Months: 0 — Days: 26 — If LESS than 1 day: hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Glass Dec Co

10. Date deceased last worked at this occupation (month and year): April 1931

11. Total time (years) spent in this occupation: 3yrs

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Ralph J Taylor Jr

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Mary E Robinson

16. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER

17. INFORMANT (Address): Mrs Emma E Taylor 105 St Dunstans Rd

18. BURIAL, CREMATION, OR REMOVAL: Place: Dunn Mausoleum Date: Aug 11 1931

19. UNDERTAKER (Address): Thos J Keeper Inc North Avenue

20. FILED 19 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 8 1931

I HEREBY CERTIFY, That I attended deceased from July 10 1931 to Aug 8th 1931

I last saw him alive on Aug. 8th 1931 death is said to have occurred on the date stated above, at 11.50 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma Testicle with General Metastases

Other contributory causes of importance:

Anemia & Fever

Name of operation: Biopsy Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Curtis F Burnam M. D.

(Address) 1414 Eutaw Place

Spec.—9-30—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

AUG 13 1931

E 71255

CERTIFICATE OF DEATH

REGISTERED NO. 97 E 71255

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor Ward) 10-14

2 FULL NAME GERTRUDE FORSTER

(a) RESIDENCE NO. (Usual place of abode) Preston & Valley Sts. ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Forster

6 DATE OF BIRTH (month, day, and year) Aug. 18, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Adamn Forster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Kunkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Mary Bretzel (Daughter) 413 N. Port St.

15 Filed 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/1 19 31 to 8/9 19 31

that I last saw h alive on 8/8 19 31

and that death occurred, on the date stated above, at 4.00 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Benno Loss M. D.

8/10/31 (Address) 516 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug. 12. 1931
20 UNDERTAKER Henry Sander & Sons, Inc.	ADDRESS Baltimore St & Broadway.

Spmk.—1-12-29—MAT—500 Blks.

E 71256 HEALTH DEPARTMENT—CITY OF BALTIMORE 108 E 71256

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1121 E. Hoar ST. 2331 WARD

2-FULL NAME Mildred Smith

(a) RESIDENCE NO. 1020 E. Hoar ST. 21 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 2 da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col. | 5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of: Eddie Smith

6 DATE OF BIRTH (month, day, and year): April 7 09

7 AGE: Years: 22 | Months: 3 | Days: 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): House wife
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: Brandes Brunner
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.
12 MAIDEN NAME OF MOTHER: Annie Gross
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Eddie Smith
(Address) 1026 So Ellwood St

15 Filed 1 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8 / 19 / 19 31

17 I HEREBY CERTIFY, That I attended deceased from 7 / 5 / 19 31 to 8 / 9 / 19 31
that I last saw her alive on 8 / 8 / 19 31
and that death occurred, on the date stated above, at 5 34 m.

The CAUSE OF DEATH* was as follows:
Acute Dilatation
Pulmonary Hypertension

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary): Some Pneumonia
(duration) yrs. 1 mos. 4 da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical History

(Signed) C. H. D. Jones M. D.
19 (Address) 926 Hoar St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson's Crem | DATE OF BURIAL: 8 12 1931

20 UNDERTAKER: Byrom & Wright | ADDRESS: 1218 Mc Elderry St

1-30—M A T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71257

REGISTERED NO. 108 E 71257

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (WARD) 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Carter

(a) RESIDENCE NO. 707 Ethel (ST.) (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mamie Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mamie Gibson (Address) 1707 Ethel St

15 Filed 11-1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Geo H Mahoney M. D.

(Address) 1707 Ethel St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cemetery	Aug 11 1931

20 UNDERTAKER Sheehan Alexander | ADDRESS 1064 Main Pikesville

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 71258

REGISTERED NO.

E 71258

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 243 South Ann ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME THOMAS F. GARDYAN--GARDNER.

(a) RESIDENCE NO. 243 South Ann ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 0 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11-1898.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	0	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Painter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer ? ?

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

PARENTS

10 NAME OF FATHER Thomas Gardyan-Gardner,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Jugo-Slavia,

12 MAIDEN NAME OF MOTHER Magdelen Janowiak,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prussia,

14 Informant (Address) Mrs. Magdelen Gardyan-Gardner, 243 South Ann Street

15 Filed 19 H. A. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7 31

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1931, to Aug. 7, 1931, that I last saw h[illegible] alive on Aug. 4, 1931, and that death occurred, on the date stated above, at 5:20 A. M.

The CAUSE OF DEATH* was as follows:

Laryngeal tuberculosis

(duration) yrs. (?) mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) 437 S. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus, DATE OF BURIAL Aug. 12 1931

20 UNDERTAKER W. F. Sadowski. ADDRESS 1740 Eastern Ave.

FILL IN ALL ITEMS—IT IS VERY IMPORTANT. See instructions on BACK OF CERTIFICATE

Spec.—1-30—M.A.T.—250 Blks.

E 71259

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71259

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1519 N. Bond ST. 8-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Twigg

(a) RESIDENCE NO. 1519 N. Bond ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of George H. Twigg

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
69	70	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Somerset Co. Md.

PARENTS

10 NAME OF FATHER: Samuel Sommers

11 BIRTHPLACE OF FATHER (City or town) (State or country): Somerset Co. Md.

12 MAIDEN NAME OF MOTHER: Maria Thomas

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Somerset Co. Md.

14 Informant (Address): George H. Twigg 1519 N. Bond St.

15 Filed 8 1 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8. 9. 31.

17 I HEREBY CERTIFY, That I attended deceased from May 15 19 31. to Aug. 9 19 31.

that I last saw her alive on Aug. 9 19 31.

and that death occurred, on the date stated above, at 9.45 A m.

The CAUSE OF DEATH was as follows*: Chronic Progressive Cerebral Arteriosclerosis

(Duration) yrs. 3 mos da.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harris K. A. Meyer M. D.

19 1931 (Address) 1011 N. Caroline str.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill

DATE OF BURIAL: 8/11 1931

20 UNDERTAKER: Frederick A. Cole

ADDRESS: 1208 W Lombard St

Rpot.—9-30—A & Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71260

CERTIFICATE OF DEATH

13 VL 71260

1 PLACE OF DEATH Provident Hosp. 1354

CITY OF BALTIMORE: (No.) 1514 (Street) Division (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Menefee

(a) RESIDENCE NO. 2553 (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Colored | 5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced (a) HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 12-27-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Record (Address)

15 AUG 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 8 31

17 I HEREBY CERTIFY, That I attended deceased from 8-6, 1931, to 8-8, 1931

that I last saw her alive on 8-8, 1931

and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal disease.

(Duration) Unknown

CONTRIBUTORY (Secondary) Unascertained

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) D. Harris, M. D.

8-9-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 8/11-31

20 UNDERTAKER Samuel J. Hemsley ADDRESS 1324 Druid Hill Ave.

FROM IS very important. See instructions on back of certificate.

Spmc.—1-12-23—MAT—500 Blks.

E 71261 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71261

CERTIFICATE OF DEATH. 159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1154 Forsyth Ave (St.) (Ward)

2-FULL NAME Baby Wich

(a) RESIDENCE No. 1154 Forsyth Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 hrs ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 10, 1931

7 AGE — Years — Months — Days — If LESS than 1 day 8 hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Faulkner Wich

11 BIRTHPLACE OF FATHER (city or town) Mansfield (State or country) England

12 MAIDEN NAME OF MOTHER Helen Cath. Hamilton

13 BIRTHPLACE OF MOTHER (city or town) Fairfax (State or country) Va.

14 Informant (Address) John Faulkner Wich 1154 Forsyth Ave

15 Filed Aug 11 1931 . 19 . C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 1931 to Aug 11 1931 that I last saw her alive on Aug 11 1931 and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Premature Baby

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas A. Edwards, M. D.

(Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug 11 1931.

20 UNDERTAKER: Mrs Mrs J. W. Tenfelt & Son — ADDRESS: 601 W. Fayette St.

G 11 1931

See instructions on back of certificate. TION is very important

Spec.—1-30—M. & T.—250 Bks.

E 71262 ✓ E 71262

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1430 Freestman ST. 15-21 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Gray

(a) RESIDENCE NO. 1430 Freestman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Jones Gray

6 DATE OF BIRTH (month, day, and year) Oct 20th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Benj. Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Gorman

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Jane Gray 1430 Freestman st

15 Filed 1 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1931, to Aug 8th, 1931, that I last saw him alive on Aug 8th, 1931, and that death occurred, on the date stated above, at 9.15 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Cerebral Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

(Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	11-(19)31
20 UNDERTAKER	ADDRESS
Virginia E Brooks	1463 Carey st

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71263

157-003 E 71263

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2038 Fahlman ST., 7-13 (WARD)

2-FULL NAME Mary Lemberek

(a) RESIDENCE NO. 2038 Fahlman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 10-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			Hours	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Butte

PARENTS

10 NAME OF FATHER: Anthony Dyszkiewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Golembiewska

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Anthony Dyszkiewicz
(Address) 2038 Fahlman

15 Filed Aug 11, 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 10th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Blue Baby, hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Was an operation performed? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Feldman, M. D. Coroner

(Address) Aug 10 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus

DATE OF BURIAL: Aug 11, 1931

20 UNDERTAKER: F. W. Ozorowski

ADDRESS 1930 Eastern Ave

TION is very important See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71264

194-92 V 71264

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hosp. St. 24 Ward 4)

2-FULL NAME Lucas H. McKinley

(a) RESIDENCE NO. 2307 Arlington Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude A. McKinley

6 DATE OF BIRTH (month, day, and year) Mar 13 1878

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	52	7	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer Yard
(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Nebraska

PARENTS

10 NAME OF FATHER Russell McKinley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Leamington N.J.

12 MAIDEN NAME OF MOTHER Blanche E. Gatewood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nebraska

14 Informant Gertrude A. McKinley (Address) 2307 Arlington Ave

15 Filed 19 Burial Permit No. 5 W. SENT NO. 5 W. 11

UG 11 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8/ 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull.
accidental
(Cause unknown)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. K. Steiger 2nd M. D.

8/11, 1931 (Address) 305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL 8/13/ 1931

20 UNDERTAKER Philip Herzig

ADDRESS 2014 Eutaw St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 71265

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-803 E 71265

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2332 W Lanvale (WARD) 16-23

2-FULL NAME Washington Johnson

(a) RESIDENCE NO. 2332 W Lanvale WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant: Mary Johnson (Address) 2330 W Lanvale

15 Filed AUG 11 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) July 9th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Bascom Slemons, M. D. Coroner

Aug 7th (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: 8-11 1931

20 UNDERTAKER: Lewis Parker

ADDRESS 916 Park Ave

TION is very important See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks.

71266

HEALTH DEPARTMENT—CITY OF BALTIMORE

71266

CERTIFICATE OF DEATH

REGISTERED NO. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 10-14 (WARD)

2 FULL NAME Ethel Johnson

(a) RESIDENCE NO. 725 Sterling St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 23 1914

7 AGE — Years: 16 — Months: 10 — Days: 13 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Nelson Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Helen Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Parents — Johns Hopkins Hospital

15 Filed AUG 1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 8-31

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to Aug. 8, 1931

That I last saw her alive on Aug 8, 1931, and that death occurred, on the date stated above, at 3.20 p.m.

The CAUSE OF DEATH* was as follows:

1. Paralysis of Heart — 2 days
2. Typhoid Fever — 13 days
3. Acute yellow Atrophy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical and Lab

(Signed) Walter Meyers M. D.

8/8 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — DATE OF BURIAL: Aug 12, 1931

20 UNDERTAKER: Wm. R. A. Elliott — ADDRESS: 1725 Eastern Ave

Spec.—9-30—A. & Co.—250 Blks

E 71267 51240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 71267

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST 36-37 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary M. Rickels

(a) RESIDENCE NO. 3706 E. Pratt St ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 17 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky

12 MAIDEN NAME OF MOTHER Mary Ikal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed ——— 19 ——— C. HAMPTON JONES, M. D. Registrar
By ———

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-10-1931

17:

I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931, to Aug 10, 1931

that I last saw h[illegible] alive on Aug 10, 1931

and that death occurred, on the date stated above, at 7P m.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Disturbance with Diarrhea

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ——

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3706 E. Pratt St.

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? ——

(Signed) W. S. Anderson M. D.

19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oaklawn Cemetery

DATE OF BURIAL: Aug 12 1931

20 UNDERTAKER: John A. Moan

ADDRESS: 300 E. Balto St

TION is very important. See instructions on back of certificate

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

71268

CERTIFICATE OF DEATH

13-002 71268

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3407 E Lombard St St., (Ward) 26-37 10

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. if of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Herley Davis Brown

(a) Residence: No. 3407 E Lombard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31 st 1920

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	10	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Herley Davis Brown
14. BIRTHPLACE (city or town) (State or country) North Carolina
15. MAIDEN NAME Margaret Knobel
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary Knobel
(Address) 3407 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Aug 12 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

Aug 11 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/9/31 19

22. I HEREBY CERTIFY, That I attended deceased from 8/7 19 to 8/9 19

I last saw h[illegible] alive on 8/9 1931 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dysentery	8/5

Other contributory causes of importance:

Acute myocarditis

Name of operation ~ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) 2633 E. Lombard

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 M—501.

E 71269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002 E 71269

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem Hos (St.) 12-49 (WARD)

2-FULL NAME John W. Barnes

(a) RESIDENCE NO. Altamont Av (St.) Baltimore (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Cal	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Velma May Barnes

6 DATE OF BIRTH (month, day, and year) 4/3/1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Landscape Gardener
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Town Nurseries Md

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E Schuyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Irvine May Barnes
(Address) Bare Hills, Md.

Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Alleges he was always Called with asthma

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Tract Mouth

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? York Rd & Timonium

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) H. Fraun M. D.
11. 19 (Address) 29 39th St Edgely

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sparks, Balto Co, Md. DATE OF BURIAL Aug. 12 1931

20 UNDERTAKER H. Lee M. Johnson ADDRESS 233 Madison

1 TION is very important See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

E 71270 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 E 71270

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) ST. 14 WARD 59 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Alberta Creek

(a) RESIDENCE NO. 577 Baker st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Creek

6 DATE OF BIRTH (month, day, and year) Mch. 3, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (state or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 8, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 7, 19 31 to Aug. 8, 19 31

That I last saw her alive on Aug. 8, 19 31

and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Pneumothorax

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was There an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Laurence L. Senn M. D.

8-8. 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Auchentaly DATE OF BURIAL 8-12 19 31

20 UNDERTAKER George P. A. Gibson ADDRESS 1733 Druid Hill Ave

IF ANY IMPORTANT ITEM IS MISSING, See Instructions on Reverse Side

AdCo. 5-11-2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71271 — 82-04 E 71271 — 12-51

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2646 Barnard St. Ward) 12-51

Length of residence in city or town where death occurred 25 yrs mos ds. How long in U.S. if of foreign birth ____ yrs mos ds.

2. FULL NAME Carrie L. Powell

(a) Residence: No. 2646 Barnard St., Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry G. Powell

6. DATE OF BIRTH (month, day, year) May 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	71	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Clark
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Susan Crawford
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mattie Lewis (Address) 2403 Barclay st

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Aug 12 1931

19. UNDERTAKER Fullerton (Address) 2411 Greenmount Ave

FILED AUG 11 1931 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1930 to Aug 11 1931

I last saw her alive on Aug 11 1931 and death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia — Oct 13 30

Other contributory causes of importance:

Cerebral Hemorrhage, Thrombosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____ 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) C. E. Richardson M.D.
8/11/31
(Address) 1120 W. 20 St

AACo. 5-31-2000

71272

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 71272

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 419 E 20th St. 12-14 Ward)
Length of residence in city or town where death occurred 50 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Annie Howe
(a) Residence: No. 419 E 20th St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): 11-1-1866
7. AGE: Years 65; Months 10; Days 1; If LESS than 1 day, hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER FATHER
13. NAME Thomas Howe
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: William F. Troy
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: Aug 12 1931

19. UNDERTAKER: Mary M Wedgwood
(Address): 20 E Eager St

11-1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1931, to 8/10, 1931
I last saw h alive on 8/9, 1931, death is said to have occurred on the date stated above, at a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of Coronary Thrombosis	months

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Wood M. D.
(Address) 1216 N Calvert St

251210
L. 71273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-17 119 L. 71273

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. JOHNS HOPKINS HOSPITAL ST. WARD)

2 FULL NAME Sarella L. Pierce (olive)

(a) RESIDENCE NO. 1619 Oliver St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb-18-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Clarence

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Agnes Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

15 Filed 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-10-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 3 1931, to Aug 10 1931

that I last saw her alive on Aug 10 1931

and that death occurred, on the date stated above, at 11:25 p m

The CAUSE OF DEATH* was as follows:

Enteric cellitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. C. Gordon M. D.

8/11, 1931 (Address) J. H. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem, Md. DATE OF BURIAL aug 14 1931

20 UNDERTAKER Charles L. Sterm ADDRESS 1501 E. Fayette

Spec.—3-29-28—L. F. S.—500 Blks.

(Dublin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71274

CERTIFICATE OF DEATH

48 ✓ E 71274

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Fallsway PK Est ST. WARD 2nd-35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth F. Dunnie

(a) RESIDENCE NO. 1532 Fallsway PK Est ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H. Dunnie

6 DATE OF BIRTH (month, day, and year) June 15 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Easton Md.

PARENTS

10 NAME OF FATHER James Cordeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Md.

12 MAIDEN NAME OF MOTHER Neil man

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Millington

14 Informant Mrs Mary A Gonzalez

(Address) 1537 Fallsway PK Est

15 Filed 11 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10- 31

17 I HEREBY CERTIFY, That I attended deceased from July 16 1931, to August 10 1931

that I last saw h alive on August 9 1931

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Decompensatio

Pneumonia 2 days.

Cerebrama 7 Hours.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) yrs. mos. ds.

(duration) yrs. mos. 75 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) Thos F. A. Stevens, M. D.

8/11, 1931 (Address) 2878 Stafford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spring Hill Am Easton Md

DATE OF BURIAL Aug 12 1931

20 UNDERTAKER Charles L. Stevens

ADDRESS 1531 W Fay St

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71275 (Morrell Card 93603) L. 71275

CERTIFICATE OF DEATH

REGISTERED NO. 25772

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3414 Jones (St.) (Ward)

2 FULL NAME Elizabeth B. Heyler

(a) RESIDENCE NO. 3414 Jones (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/1/1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Chesapeake Steamship Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jos Heyler
11 BIRTHPLACE OF FATHER (city or town) (state or country) Balto Md
12 MAIDEN NAME OF MOTHER Kate Palmer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Interment (Address) Kate Palmer. 2404 Jams St.

15 Filed 11 1931 C. HAMPSON JONES, M. D. Registrar
By ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/10/31

17
I HEREBY CERTIFY, That I attended deceased from Aug 1 1931 to Aug 10 1931
that I last saw her alive on Aug 10 1931
and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows:

Arthritis
Bronchopneumonia (duration) yrs. mos. 10 ds.
CONTRIBUTORY (Secondary) Myocardial degeneration (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Harry Kaufer M. D.
Aug 11 1931 (Address) 3152 Park Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemy DATE OF BURIAL 8/13/31

20 UNDERTAKER Geo Leimbach ADDRESS 2544 Eyler Ave

TION IS VERY IMPORTANT. See DIRECTIONS OF BACK

Spec.—9-30—A. & Co.—250 Blks

Taylor

HEALTH DEPARTMENT—CITY OF BALTIMORE

71276

CERTIFICATE OF DEATH

52 E 71276

24-34

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Jackson St. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James T. Taylor.

(a) RESIDENCE NO. 1627 Jackson St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city of town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Widower.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Taylor, d

6 DATE OF BIRTH (month, day, and year) Oct, 1855.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75.	9.	22.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired printer.

(b) General nature of industry, business, or establishment in which employed (or employer) 63 6

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond, Va.

PARENTS

10 NAME OF FATHER Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond, Va.

14 Informant James Taylor, Jr. (Address) 1627 Jackson St.

15 Filed 11 1931

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) Aug. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1929 to Aug. 10 1931 that I last saw him alive on Aug. 10 1931 and that death occurred, on the date stated above, at 3:45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Face

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

8/10 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Aug 12 1931

20 UNDERTAKER A. Howard Evans ADDRESS 38 E. Fayette

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71277

CERTIFICATE OF DEATH

27-02 71277

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1305 Booth St., 19-29 Ward

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Cozinsky

(a) Residence: No. 1305 Booth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of?

6. DATE OF BIRTH (month, day, year): 1882

7. AGE: Years 49 | Months | Days | If LESS than 1 day, hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Louisa Cozinsky

14. BIRTHPLACE (City or town) (State or country): Germany

15. MAIDEN NAME: Louisa Cozinsky

16. BIRTHPLACE (City or town) (State or country): Germany

17. INFORMANT (Address): Sallie Martin 1037 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Aug 12 1931

19. UNDERTAKER (Address): Samuel Oldenburg 378 N Broadway

20. FILED Aug 12 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Aug 10, 1931

I last saw him alive on Aug 9 1931 death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Volvulus)	Aug 6 31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. S. Taylor, M. D.

(Address) 152 Hartford Ave.

Spec.—9-30—A. & Co.—250 Blks.

E/71278

D 71278 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-4 82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Shakespear St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Zuchowski

(a) RESIDENCE NO. 1613 Shakespear St. ST. WARD

(Usual place of abode) (If non-resident: give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Zuchowski

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Laborer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Frank Zuchowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Karendis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Victoria Zuchowski

15 Filed G 7.2 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10. 1931

17 I HEREBY CERTIFY, That I attended deceased from July 26. 1931 to Aug 10 1931

that I last saw h[im] alive on Aug 10 1931

and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur Ryan M. D.

19 11 [illegible] Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary.	Aug 13 1931
20 UNDERTAKER	ADDRESS
[illegible]	Easton

TION is very important. See instructions on this

1-20—M. & T.—100 B—50L

E 71279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1631 164 E 71279

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1645 Ellamont St. (Ward) 16 67

2-FULL NAME Henrietta Rosenzweig

(a) RESIDENCE NO. 1645 Ellamont ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Henry.

6 DATE OF BIRTH (month, day, and year) Jan 11 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Agnes Dugan (Address) 1645 Ellamont St

15 Filed Aug 12 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows: Suicide - Illuminating Gas Asphyxia.

CONTRIBUTORY (Secondary) Senile Dementia (duration) 5 yrs. mos. ds.

due to Paralysis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hollander Coroner M. D.

Aug 11 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Aug 12 1931

20 UNDERTAKER John C. Mitchell ADDRESS 1200 Eutaw

See instructions on back of certificate. TION is very important

Spec.—9-30—A. & Co.—250 Blks

71230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 71230

1 PLACE OF DEATH

CITY OF BALTIMORE (No 5713 Roland Ave. St 13-54 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mollie Kerngood

(a) RESIDENCE NO Esplanade Apts. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Kerngood

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Abraham Mansbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Eliza Gump

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mr. Herman Kerngood The Esplanade Apts.

15 AUG 12 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1929. to Aug. 11, 1931.

that I last saw h[illegible] alive on Aug. 11, 1931.

and that death occurred, on the date stated above, at 9 30 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Terminal Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Arthritis

(duration) 25 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theodore H. Monson M. D.

. 19 (Address) 1013 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Oheb Shalom

DATE OF BURIAL 8/13/ 19 31

20 UNDERTAKER Harris Levi & Son

ADDRESS 1902 Eutaw Place

THIS SECTION IS very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

E 7128 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71231

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) ST. 18-29 WARD

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO

2 FULL NAME Elzie Robinson

(a) RESIDENCE NO 53 S. Stockton st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 8-12-1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1931 to Aug. 9, 1931

that I last saw him alive on Aug. 9, 1931

and that death occurred, on the date stated above, at 10.15 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(duration) Unknown d.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Laurence M. Sears M. D.

8-10-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug 14, 1931
20 UNDERTAKER Mrs. Katie R. Williams	ADDRESS 323 Schroeder St

Spec.—9-30—A. & Co.—250 Blks.

2-50917 HEALTH DEPARTMENT—CITY OF BALTIMORE 71282

CERTIFICATE OF DEATH

REGISTERED NO. 345

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL S. 12-50 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ada Redd

(a) RESIDENCE NO. 207 E 23rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr-19-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic Work 070

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Henry Redd

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Betty Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Records

15 Filed 19 C. HAMILTON JONES, M. D. Registrar

AUG 12 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-8-1931

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1931, to Aug 8, 1931

that I last saw her alive on Aug 8, 1931

and that death occurred, on the date stated above, at 9 05 P. M.

The CAUSE OF DEATH* was as follows:

Post operative intestinal obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) 1 yrs. 11 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 27

Was there an autopsy? Yes

What test confirmed diagnosis? at Aut.

(Signed) Edmund Kelly M. D.

, 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	Aug 12, 1931

20 UNDERTAKER: Wm. R. G. Elliott

ADDRESS 1745 Ashland

Spec.—9-30—A. & Co.—250 Blks

E 71283

E 71283 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH 21 Mrs. Thomas 134-002
CITY OF BALTIMORE: (If not in a hospital or institution, give its NAME instead of street and number.) Edmondi St. 8-16-31

REGISTERED NO.

2 FULL NAME Edith Johnson

(a) RESIDENCE NO. 666 N Greene ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	Color.	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21 Years.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) Morgan C.O.
(c) Name of employer College.

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER Wm. Johnson.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.
12 MAIDEN NAME OF MOTHER Helen Johnson.
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Helen Johnson
(Address) 666 N Greene St.

15 AUG 17 1931 H. G. JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-16-31

17
I HEREBY CERTIFY, That I attended deceased from
7-13-31 19 to 8-16-31 19
that I last saw h alive on 8-16-31
and that death occurred, on the date stated above, at 7 55 A.M.

The CAUSE OF DEATH was as follows:
Acute Polyneuritis Duration - Probable Pneumonia Duration 4 days.

CONTRIBUTORY (secondary) Pneumonia (duration) 3 days.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. H. Hines M. D.
19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Eleno Chapel Cemetery	Aug 19 31
UNDERTAKER Mrs Ida Knowles	ADDRESS 1720 E. Madison

TION is very important. See instructions on back.

AACo. 1-31-1929

71234

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

t 131 E 71284

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat 28-b 13 (Ward)

Length of residence in city or town where death occurred 23 yrs 5 mos 20 ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Rosa C. Randle

(a) Residence: No. Pikesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Feb 21. 1858

7. AGE: Years 73 | Months 5 | Days 20 | If LESS than 1 day hrs or min.

OCCUPATION (OCCUPATION is very important. Be sure to answer these questions fully.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): Jan 1931
11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER FATHER

13. NAME: Thomas Randle
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Mary A. Hershberger
16. BIRTHPLACE (city or town) (State or country): Unknown Md

17. INFORMANT (Address): Mt Hope Retreat Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Place: Woodlawn Cemetery Date: Aug 14 1931

19. UNDERTAKER (Address): Henry H Armacost & Son 1424 Rodgewood Ave

C. HAMPSON JONES, M. D. Registrar

AUG 12 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 11 1931

22. I HEREBY CERTIFY, That I attended deceased from July 7 1931, to Aug 11 1931

I last saw h[illegible] alive on Aug 9 1931 death is said to have occurred on the date stated above, at 7.01 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis Chr. Interstitial Nephritis (Former attempt at Suicide)	May 1931
Senile depression Psychosis	July 1 1931

Other contributory causes of importance:

Name of operation: unknown Date of: unknown

What test confirmed diagnosis? Phy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Attempt Suicide Date of injury: May 1931
Where did injury occur? Pikesville Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Sudbrook Park.
Manner of injury: Attempt Suicide
Nature of injury: Cut throat and arms

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Walton Pifer, M. D.

(Address)

Stoc—12-23-21—E.B.R.S.—400 Blks.

71285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91 E 71285

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2211 St. Paul St. St. 12250 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Samuel Fulton, A.B., M.D.

(a) Residence No. 2211 St. Paul St. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: M

4-COLOR OR RACE: W.

5-Single, Married, Widowed, or Divorced. (Write the word.) M.

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy Helen White

6-DATE OF BIRTH (month, day and year): Jan 5, 1859

7-AGE: 72 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or. min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country): Fremont, Ohio

PARENTS

10-NAME OF FATHER: William Fulton, D.D.

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Glascow Scotland

12-MAIDEN NAME OF MOTHER: Nancy Organ

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Cadiz Ohio

14- (Informant): ellow. Dr John S. Fulton
(Address) 2211. St Paul St.

15- Filed AUG 12 1931. C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug. 12, 1931

17- I HEREBY CERTIFY, That I attended deceased from August 15 1929 to July 26 1931, that I last saw h in alive on July 26 1931, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio-sclerosis

(Duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension —

(Duration) yrs. mos. 10 ds.

18-Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical facts

(Signed) Andrew C. Gillis M. D.

Aug. 15 1931 (Address) 1033 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury, Wicomico Co. Maryland — DATE OF BURIAL: 8-14-1931

20-UNDERTAKER: Henry W. Jenkins' Son Co — ADDRESS: Orchard & Eastern

Instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 71286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71286

CERTIFICATE OF DEATH

93061

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospitals ST. 15-21 WARD)

2-FULL NAME William T. Hassaway

(a) RESIDENCE NO 1553 Leslie St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Hassaway

6 DATE OF BIRTH (month, day, and year) June 3 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	31	2	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Private
(c) Name of employer Trust Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Wm Hassaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lydia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Interment Mamie Hassaway

(Address) 735 N Bruce St

15 Filed 12 1931 (192) G. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Edgewater Beach

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F O Kenzig M D M. D.

(Coroner)

8/12, 1931 (Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilter Star Elm — DATE OF BURIAL Aug 13 1931

20 UNDERTAKER Mrs Katie M. Williams — ADDRESS 322 N Schroeder St

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 71287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71287

CERTIFICATE OF DEATH

93003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 354 Old York Rd (Street) 9-47 (WARD)

2-FULL NAME Mary Robinson

(a) RESIDENCE NO. 354 Old York Rd. (Street) WARD

(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jethro J. Robinson

6 DATE OF BIRTH (month, day, and year): Dec 9 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick Tiernan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Anna Hague

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant: Mrs. E. W. Leach

(Address) 354 Old York Rd

15 [illegible] 16 [illegible] Registrar

AUG 12 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 11th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (Death) on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Schmidt, M. D. Coroner

Aug 12 1931 (Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Aug 15 31

20 UNDERTAKER: Elmer W. Conklin

ADDRESS: 924 E. Eager St.

TION is very important. See instructions on back of certificate.

Spec—9-26—A. & Co.—250 Blks

25 330

E 71288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 78 E 71288

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clara Garrison

(a) RESIDENCE No. Byington, Conn ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr A R Garrison

6 DATE OF BIRTH (month, day, and year) Aug 27-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H w 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn

PARENTS

10 NAME OF FATHER David Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Elizabeth Meador

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 12 1931 19 Jos E HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12-1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1931, to Aug 12, 1931

that I last saw h alive on Aug 12, 1931

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Staphylococcus aureus infection left temporal lobe abscess

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Brain abscess

(duration) yrs. 1 mos. 10 ds.

18 Where was disease contracted if not at place of death? Left train at Hagerstown.

Did an operation precede death? Yes Date of 8-11-31

Was there an autopsy? Yes.

What test confirmed diagnosis? Microscopic examination

(Signed) Frank W Foss, M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Byington Tenn	Aug 12 1931
20 UNDERTAKER John C Mitchell	ADDRESS 1900 Eutaw Place

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

25148 E 71289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71289

CERTIFICATE OF DEATH

13 E 001 E 71289

16-22

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Leo Bigun

(a) RESIDENCE NO 1227 Parrish ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	black	Infant.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/5/30

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Clarence Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Parents
(Address) JOHNS HOPKINS HOSPITAL

15 AUG 12 1931 (Date Rec'd) M.L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 9-1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 9, 1931

that I last saw h[illegible] alive on Aug 9, 1931

and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition & Dysentery

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? ~~No~~ Yes

What test confirmed diagnosis?

(Signed) Ralph O. Y. Waddell M. D.

19 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHN HOPKINS HOSPITAL — DATE OF BURIAL AUG 12 1931, 19

20 UNDERTAKER — ADDRESS

FILL IN ALL BLANKS. See instructions on reverse side.

Spec.—9-30—A. & Co.—250 Blks.

71290 HEALTH DEPARTMENT—CITY OF BALTIMORE 71290

CERTIFICATE OF DEATH

REGISTERED NO. 1591

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 8-16 ST. WARD)

2 FULL NAME Grace Heamer

(a) RESIDENCE NO. 1304 N. Rose St ST. WARD (If non-resident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word):

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months | Days | If LESS than 1 day, 2 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ——

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md—

PARENTS

10 NAME OF FATHER Edwin Heamer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md—

12 MAIDEN NAME OF MOTHER Lorena Burger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md—

14 Informant Friends—
(Address)

15 [illegible] W. JONES, M. D. Registrar

AUG 12 1931 C. HAMPTON

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10-31

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Aug 10, 1931

that I last saw h[illegible] alive on Aug 10, 1931

and that death occurred, on the date stated above, at 5:15 P.M.

The CAUSE OF DEATH* was as follows:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

Commissioner of Health.

TION IS very important. See instructions on reverse side.

Rpmt.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71291 E 71291

CERTIFICATE OF DEATH

131V

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3035 Hunting dr 12-51 WARD 1)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arthur Gilbert Stevens

(a) RESIDENCE NO. 3035 Hunting dr ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mamie L. Stevens

6 DATE OF BIRTH (month, day, and year): Feb 21 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): Metal.

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: John A Stevens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Mary Dingeman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

14 Informant: Mamie L. Stevens

(Address): 3035 Hunting dr

15 C. HAMPTON JONES, M. D. Registrar

G T 2 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 11. 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 6 1931 to Aug 11 1931

that I last saw h[illegible] alive on Aug 11 1931

and that death occurred, on the date stated above, at 2 15 P m.

The CAUSE OF DEATH was as follows:

Acute Infected Nephritis

Arteriosclerosis

CONTRIBUTORY (Secondary): Hypostatic Congestion (duration) yrs. mos. ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Exam Hyaline Septicemia.

(Signed) H. H. Young M. D.

19 (Address) 819 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Pa. DATE OF BURIAL: Aug 13 1931

21 UNDERTAKER: Emmert & Son Address: 361 Chestnut Ave,

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

71292 CERTIFICATE OF DEATH 93-003 E 71292

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2304 Robb ST. 9-44 WARD 1

2 FULL NAME Oscar Kellner

(a) RESIDENCE NO. 2304 Robb ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Kellner

6 DATE OF BIRTH (month, day, and year) Sept. 4- 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Minnie Kellner
(Address) 2304 Robb Street

15 DEC 12 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11, 1931

17
I HEREBY CERTIFY, That I attended deceased from
May 24, 1931, to August 10, 1931
that I last saw him alive on August 10, 1931
and that death occurred, on the date stated above, at 3 A. m.
The CAUSE OF DEATH* was as follows:

Chronic Nephritis
Pulmonary Edema — May 24 '31

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

8/12, 1931 (Address) 630 N. Howard Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 8/13 1931

20 UNDERTAKER: Chas. P. Crane & Son — ADDRESS: 1180 W. Mt. Royal Ave

PRINT in very important. See instructions on back of certificate.

Spon—9-30—A. A. Co.—250 Blks.

Miller

E.71293

HEALTH DEPARTMENT—CITY OF BALTIMORE

71293

CERTIFICATE OF DEATH

53

REGISTERED NO. E.71293

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sina. Hospital St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Frances Miller

(a) RESIDENCE NO. 1018 State St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr. 24 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	17/6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Kaneka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Miller

(Address) 1018 State st

15 12 1931 19 S.F.H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10-1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 0 , 1931 to Aug 10 , 1931.

that I last saw h[illegible] alive on Aug 9 , 1931

and that death occurred, on the date stated above, at 7 50 m.

The CAUSE OF DEATH* was as follows:

[illegible] Stenosis of Mt. Valve

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 03 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Lowen M. D.

. 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. DATE OF BURIAL: Aug. 13 1931

20 UNDERTAKER: Wm. C. Block ADDRESS 927 N. Broadway

ION IS VERY IMPORTANT. See instructions on back of this

FRANCIS JONES, M. D.

AaCo. 5-31 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71294

CERTIFICATE OF DEATH

23 E 71294

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 17-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith Watts

(a) Residence: No. 522 W. Hoffman St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Watts

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel Watts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Lookout Date Aug 14 th 1931

19. UNDERTAKER Barnum Brothers
(Address) 100 N Carrollton Ave

20. Filed ... 19 ... Registrar.

C 12193

OCCUPATION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1931, to Aug 11, 1931

I last saw her alive on Aug 11, 1931 death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis — possibly tuberculous	1 mo.

Other contributory causes of importance:

Pulmonary tuberculosis	?

Name of operation O Date of

What test confirmed diagnosis? Signs + Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Thornbaker, M. D.

(Address) University Hosp.

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71295

CERTIFICATE OF DEATH

E 71295

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) (Hospital, Institution, or Street) (WARD)

2-FULL NAME

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

Filed 12 1931 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.
Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER ADDRESS

TION is very important. See instructions on back of certificate.

E 71296

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 71296

CERTIFICATE OF DEATH.

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) University of Md Hosp. (Ward) 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James H Johnson

(Residence in Baltimore) No. 411 E. Clement St

St. 2- yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.)
M	W	Single

6-DATE OF BIRTH. Unknown (Month) (Day), 1884 (Year)

7-AGE. 47 yrs. ? mos. ? ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION. (a) Trade, profession, or particular kind of work: Upholster (b) General nature of industry, business, or establishment in which employed (or employer): B & O R R

9-BIRTHPLACE. (State or Country): Frederick Md

PARENTS.

10-NAME OF FATHER: Charles A Johnson

11-BIRTHPLACE OF FATHER (State or Country): Chicago Ill

12-MAIDEN NAME OF MOTHER: Anna Howard

13-BIRTHPLACE OF MOTHER (State or Country): Fredrick Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Howard

(Address) 411 E Clement St

15- C. HAMPSON JONES, M. D.

1 21 1931 (Date), 191 (Signature) Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: Aug 12 (Month) (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) Eugene Feller M. D.

(Corner) (Address) Aug 12, 1931 1934 Eastern Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL.	DATE OF BURIAL.
Cedar Hill Cem	8/14/31

20-UNDERTAKER John F Tabb & Sons ADDRESS 1318 Light St

Observe directions printed on back hereof in filling out this certificate. All items are important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 71297

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71297.

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6308 Marietta (Street) 7-43 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Herman Lorenz

(a) RESIDENCE NO. 6308 Marietta Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? 17 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nina Lorenz.

6 DATE OF BIRTH (month, day, and year): June 1890

7 AGE: Years 41 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Baker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: Herman Lorenz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna Neuman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Nina Lorenz 6308 Marietta Ave

15 12 1931, 192 C. C. THOMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH was as follows:

Asphyxia - Carbon Monoxide Poisoning (duration) yrs. Instantaneous (hrs.)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Garage.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Gundry, M. D. (Attender)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery, Baltimore, Md. DATE OF BURIAL: Dec 13 1931.

20 UNDERTAKER: Martin & Co. ADDRESS: 370 Mun[illegible]

TION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71298

CERTIFICATE OF DEATH

1/31 E 71298

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 N. Bentalou St. 20-69 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Clara Sylvannah.

(a) Residence: No. 19 N. Bentalou St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 25, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Emanuel Sylvannah

14. BIRTHPLACE (city or town) (State or country) Portugal

15. MAIDEN NAME Delphina ?

16. BIRTHPLACE (city or town) (State or country) Portugal

17. INFORMANT Mr. Joseph L. Sylvannah
(Address) 19 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date August 13, 1931

19. UNDERTAKER Joseph B. Cook
(Address) 1016 E. Baltimore St.

12 1931 C. HAMPSON JONES, M. D.
(Date received) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from May, 1931 to Aug 11, 1931

I last saw her alive on Aug 11, 1931 death is said to have occurred on the date stated above, at 1.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	5-11-31
Chronic Nephritis - Chronic Endocarditis - Hypertension	unknown

Other contributory causes of importance

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edw. Wrang, M. D.

(Address) 4000 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-23-23—L. F. S.—500 Blks.

E 71299

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71299

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital †97

CITY OF BALTIMORE: (No. 11-24 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Jefferson Agnew

(a) RESIDENCE NO. Lubeth Hall, Maryland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of — (or) WIFE of Lillie Mae Agnew

6 DATE OF BIRTH (month, day, and year) 5/28/1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Md

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Agnew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Elizabeth Purdue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Dr. S. S. Agnew

(Address) White Hall Md

15 2 1931 19 C. EAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12. 1931

17 I HEREBY CERTIFY, That I attended deceased from 8-6 . 1931 . to 8-12 . 1931 .

that I last saw h alive on 8-12 . 1931

and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Arteio-Sclerotic Gangrene 2 days

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocardial Arteio-Sclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 8-8-31

Was there an autopsy? No

What tests confirmed diagnosis?

(Signed) Robert V. Chenoweth M. D.

19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
McKendree M. E. Cemetery White Hall, Md	Aug 15 1931
20 UNDERTAKER	ADDRESS
Philip Markline & Son	White Hall Md

AdCo 5-31 2500

71300

HEALTH DEPARTMENT—CITY OF BALTIMORE

50 VE 71300

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6000 Bellona St., 9-46 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Elizabeth McComas

(a) Residence: No. 2909 Alameda St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 25 1879

7. AGE: Years 51 Months 11 Days 17 If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosp

10. Date deceased last worked at this occupation (month and year): 8 mos.

11. Total time (years) spent in this occupation: 15.

12. BIRTHPLACE (city or town) (State or country): Rustlestown Md.

FATHER

13. NAME: Amos McComas

14. BIRTHPLACE (city or town) (State or country): Rustlestown Md

MOTHER

15. MAIDEN NAME: Susannah Finnerman Bell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Charles R. McComas 2906 Alameda

18. BURIAL, CREMATION, OR REMOVAL. Place: Rustlestown Date: Aug 13 1931

19. UNDERTAKER (Address): A. Pearre & Sons

20. Filed Aug 13 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931, to Aug 10, 1931

I last saw her alive on Aug 10 1931 death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of the Breast

Date of onset 1929

Other contributory causes of importance:

Cancer of Liver

Name of operation: Removal of Breast Date of 1929

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following, accident, suicide, or homicide? No Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Geo. F. Finnerman M.D.

8/12 (Address) 9965 Maryland Ave

Spec.—1-30—M. & T.—250 Bks

Mouldsdale

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71301

CERTIFICATE OF DEATH.

82-001 E. 71301

1-PLACE OF DEATH 119 N. Ann St 6-9 (WARD)

CITY OF BALTIMORE: (NO.) ST.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Jane Mouldsdale

(a) RESIDENCE NO. 119 N. Ann St ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of David Henry Mouldsdale

6 DATE OF BIRTH (month, day, and year) About 1854

7 AGE About	Years	Months	Days	If LESS than 1 day, hrs. or min.
77		2.	2.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Harford County Md

PARENTS

10 NAME OF FATHER James Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Elizabeth Jane Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford County Md

14 Informant John J. Mouldsdale

(Address) 119 S. Ann St.

15 Filed — — 19 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12th 1931

17 I HEREBY CERTIFY, That I attended deceased from 5/8/31, 19 . to 8/12/31 . 19 ,

that I last saw her alive on 8/12/31 . 19 ,

and that death occurred, on the date stated above, at 11 25 PM m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E Eugene Compton, M. D.

8/12/1931 (Address) Edmondson Ave + Calhoun

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bakers Cemetery Aberdeen Md

DATE OF BURIAL 8/15/1931

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

Spec.—9-30—A. & Co.—250 Blks

251100

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71302 — 46VE 71302

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) 7-9 (Ward)

2 FULL NAME Lucy Trick

(a) RESIDENCE NO. Miami Beach ST. _____ WARD OF Florida
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
(or) WIFE of James H. Frick

6 DATE OF BIRTH (month, day, and year) May 24-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: N W 037

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Vt

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Elmar Allen

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant (Address) Records JOHNS HOPKINS HOSP. Bl

15 Filed ____ 193__ HAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 11 - 31

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Aug 11, 1931

that I last saw h[illegible] alive on Aug 11, 1931

and that death occurred, on the date stated above, at 125A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

Hypertension

Arteriosclerosis

(duration) ? yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) ___ yrs. ___ mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8/8/31

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Joseph Smith M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Miami Florida — DATE OF BURIAL: 8/13 1931

20 UNDERTAKER: William Cole — ADDRESS: 171 S[illegible]

Spec.—9-30—A. & Co.—250 Blks

71303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-28 | 31V

REGISTERED NO. E 71303

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 118 S. Mount St. ST. WARD

2 FULL NAME Barbara Ihle

(a) RESIDENCE NO. 118 S. Mount St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ihle

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Carl Gaa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Afra Seabold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment (Address) Charles Ihle 118 S. Mount St.

15 [illegible] Registrar

AUG 13 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12-31

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 12, 1931

that I last saw h[illegible] alive on Aug 12, 1931

and that death occurred, on the date stated above, at 5.30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Hypertension.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis.

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Analysis Etc.

(Signed) [illegible] M. D.

8/13/31 (Address) 881 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	8/15/31

20 UNDERTAKER [illegible] ADDRESS 4101 E Edmondson Ave.

[illegible] Humphrey Jones, M. D.

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. INFORMATION is very important.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71304

CERTIFICATE OF DEATH

+ 9E 71304

Registered No. 6001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (Ward) 9-45

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mal Anna Moore

(a) Residence: No. Elizabeth, N.J. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) April 10, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Roland Moore
14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER

15. MAIDEN NAME Frances King
16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mrs. Roland Moore
(Address) Elizabeth, N.J.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Balto. Md. Date Aug 15th 1931

19. UNDERTAKER John J. Cowan & Son
(Address) 901 St. Paul St.

Aug 13 1931 19 Jeff. Registrar

G 13 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Aug 12, 1931

I last saw her alive on Aug 12, 1931 death is said to have occurred on the date stated above, at 11 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	1927

Other contributory causes of importance:

Acute Endocarditis (Secondary to above)	8/10/31

Name of operation None Date of

What test confirmed diagnosis? By Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. Pete Meranski M. D.

(Address)

Spec.—8-16-29—L. F. S.—100 Blks.

E 71305

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71305

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 600 S. Chapel Gate ST. 70 WARD 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza J Cromwell

(a) RESIDENCE NO. 600 S. Chapel Gate WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Samuel J Cromwell

6 DATE OF BIRTH (month, day, and year): Aug 8-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		5 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Jo. Hood

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Margaret Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs. Gertrude Cromwell

(Address) 430 Penhurst Ave

15 G. H[illegible]SON JONES, M. Registrar

G 131931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug-13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Aug 13, 1931, that I last saw h[illegible] alive on Aug 13, 1931 and that death occurred, on the date stated above, at 12.20 A m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) ? yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings

(Signed) Wm Norbert Fort, M. D.

, 19 (Address) 20 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 14 1931

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison Ave

Spec.—9-28—A. & Co.—250 Blks.

E 71306 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71306

CERTIFICATE OF DEATH. 82-002

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 3309 E. Baltimore (St.) 96-2 (Ward)

2. FULL NAME August Rommel

(a) RESIDENCE NO. 3309 E. Baltimore St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? 57 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of — WIFE of Katharine L. Rommel

6. DATE OF BIRTH (month, day, and year) March 5 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chief Watchman for

(b) General nature of industry, business, or establishment in which employed (or employer): Continental Can Co

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10. NAME OF FATHER Simon Rommel

11. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12. MAIDEN NAME OF MOTHER Katherine Roeder

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14. Informant (Address) Mrs. Katharine L. Rommel 3309 E Baltimore St

15. 1 3 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1931 to Aug 11 1931

that I last saw h— alive on Aug 12 1931

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism
Hemiplegia

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. S. Jones M. D.

8/3 1931 (Address) 1515 N Rentalown

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery. DATE OF BURIAL: Aug. 15 1931

20. UNDERTAKER: Henry Adreck Sons Inc ADDRESS: 1301 E Eager St

A&Co. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71307

CERTIFICATE OF DEATH

122-601 E 71307

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 Sommerst St. 5-8 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Harman

(a) Residence: No. 527 Sommerst St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colord	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Annie Harman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lizabeth Willson

16. BIRTHPLACE (city or town) (State or country) Perry willson

17. INFORMANT Saddie Burnell
(Address) 527 Sommerst st

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date aug 13 1931

19. UNDERTAKER Edward Bryan
(Address) 1691 orleans st

20. [illegible] HAMPSON JONES, M. D.
Registrar

G 131931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1931 to Aug 10 1931

I last saw h[illegible] alive on Aug 10 1931 death is said to have occurred on the date stated above at 2 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis	3 days
Strangulated Femoral Hernia	3 days

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas Allen, M. D.

(Address) 507 Augusta

Spec.—9-26—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D-11308

REGISTERED NO. 84

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2203 Ruskin ave WARD 43-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robt. Henry Rhodes

(a) RESIDENCE NO. 2203 Ruskin Ave ST. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Susan K. Rhodes

6 DATE OF BIRTH (month, day, and year) Jan. 13-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. H. Rhodes.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sara. M. Long

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Susan K. Rhodes 2203 Ruskin Ave

15 Aug 13 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12, 31.

17 I HEREBY CERTIFY, That I attended deceased from ——— 1930 to Aug 11 1931

that I last saw h alive on Aug. 11 1931

and that death occurred, on the date stated above, at 6:40 A.M.

The CAUSE OF DEATH* was as follows: Exanition

Senile dementia.

Exanition (duration) Some weeks.

CONTRIBUTORY (Secondary) Dementia (duration) 8 to 12 mos

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? Nothing special.

(Signed) C. St. Hoffmeier M. D.

8-12-1931 (Address) 3540 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL Aug 14 1931

ADDRESS

20 UNDERTAKER Josiah Effler

Address Greenmount Ave

Spec.—6-30—A. & Co.—250 Blks

71309

HEALTH DEPARTMENT—CITY OF BALTIMORE

23VE 71309

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1726 N. Bentalou (St.) 15-68 (WARD)

2 FULL NAME Samuel Shapiro

(a) RESIDENCE NO. 1726 N. Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lyra Shapiro

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 71 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Butcher

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Morris Shapiro

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Flora —

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant (Address): Lyra Shapiro 1726 N. Bentalou

15 HAMPSON JONES, M. D.

AUG 13 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 12/31

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4th, 19 31, to Aug. 12th, 19 31

that I last saw h— alive on Aug. 12, 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): auricular fibrilation

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) R.O. Nicholson M. D.

19 (Address) 2230 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn

DATE OF BURIAL: 8-13-19 31

20 UNDERTAKER: Jack Lewis

ADDRESS: 1729 E Baltimore St

AACo. 5-31 1MP

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71310

CERTIFICATE OF DEATH

10 E 71310

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 27-18 Ward)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Hughes

(a) Residence: No. 518 Richwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) May 8, 1927

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	4	3	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME James Hughes
14. BIRTHPLACE (city or town) (State or country) New York N.Y.
15. MAIDEN NAME Anna Tagni
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. James Hughes
(Address) 518 Richwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Aug 15, 1931

19. UNDERTAKER Edmund V. Coughlin
(Address) 424 Eager St

AUG 13 1931 19 ... Registrar

A 574

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1931, to Aug 13, 1931

I last saw him alive on Aug 13, 1931 death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Diphtheritic Neuritis	8/4/31
Other contributory causes of importance: Acute Myocarditis	8/13/31

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pete Meranski M. D.
(Address)

AaCo. 5-31 1500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

71311 — 93 E 71311

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) (Ward) 4-6

Length of residence in city or town where death occurr 28 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert P. Haight

(a) Residence: No. 48 Market Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	72 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? N.Y.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS Date AUG 12 1931

19. UNDERTAKER
(Address) C. HAMPSON JONES, M. D.

20. Filed AUG 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-10-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-11-23, 19, to 8-10-31, 19

I last saw h. im alive on 8-10-31, death is said to have occurred on the date stated above, at 1:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	5 yrs.
Arteriosclerosis	Unknown

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Das Hampson Jones M. D.

(Address) Balto. City Hosp.

Spec.—8-30—A. & Co.—250 Blks

E 71312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107 L 71312

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE (No 19-27 ST WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Goldie Bell

(a) RESIDENCE NO 1734 W Baltimore ST WARD Race York Pa

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Royal P. Bell

6 DATE OF BIRTH (month, day, and year): Dec 11 81

7 AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	49	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Jas. F. Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Royal P. Bell 3006 Pulaski Av

15 AUG 13 1931

C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 12-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 5, 1931 to Aug 12, 1931

that I last saw h[illegible] alive on Aug 12, 1931

and that death occurred, on the date stated above, at 6.20 A. m.

The CAUSE OF DEATH* was as follows:

Acute Peritonitis

(duration) yrs. mos. 22 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of Aug 6/31

Was there an autopsy? yes Diagnosis

What test confirmed diagnosis? autopsy

(Signed) W Gardiner M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Aug 14 1931

20 UNDERTAKER: Philip Herring

ADDRESS 2016 Orleans St.

TION is very important. See instructions on

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73313 — 468 73313

REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) Woman's Hospital WARD 13-52

2 FULL NAME Alpina A. Poottit

(a) RESIDENCE NO 508 West 33rd ST. WARD ____ (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 18 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F. Poottit

6 DATE OF BIRTH (month, day, and year) Sept 7th 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	42	11	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Banff Co. Scotland

PARENTS

10 NAME OF FATHER ? Allen

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) Scotland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Scotland

14 Informant Charles F. Poottit (Address) 508 W. 33rd St

15 Filed 8/13/1931 C. HAMPSON JONES, M. D. Registrar B. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1931, to Aug 13, 1931

that I last saw her alive on Aug 13, 1931

and that death occurred, on the date stated above, at 1 55 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Gastric hemorrhage

(duration) ✓ yrs. ✓ mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? Yes — partial

What test confirmed diagnosis? X-ray + autopsy findings

(Signed) Rudolph J. Schoenlaub M. D.

8/13/1931 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: 8/15/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St. Paul St

1-30—M & T—100 B—50L

E 71314

HEALTH DEPARTMENT—CITY OF BALTIMORE

1084 71314

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 802 N. Vincent 16-22 WARD

2-FULL NAME Edward Brauch

(a) RESIDENCE NO. 802 N. Vincent ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 23 96

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Bruce

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Rebecca Brauch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) 802 N. Vincent

15 Filed Aug 13 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and hour) Aug 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 5 ds.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Hamilton Goodwin M. D. (Coroner)

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Aug 15 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

See instructions on back of certificate. IMPORTANT is very important.

C. HAMPSON JONES, M. D.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71315

1084 71315

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Westwood Ter. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thor K. Watkins

(a) RESIDENCE NO. 1712 Westwood Ter. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence R.

6 DATE OF BIRTH (month, day, and year): Jan 4 1866

7 AGE: Years 64 Months 9 Days 7 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lancaster Co Pa

PARENTS

10 NAME OF FATHER: Holland Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Ruth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant: Florence R Watkins

(Address): 1712 Westwood Ter

15 Filed 3 1931, 192 Registrar

C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 11th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

(duration) yrs. 5 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Augustus Schmuck, M. D. Coroner

(Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Aug 14 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pennsylvania Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71316 481 L. 71316

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Balto. City Hospitals (or NAME OF INSTITUTION) WARD)

2 FULL NAME Mammie Rhoads → Johnson

(a) RESIDENCE No. 1403 N. Bruce ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col.
5 Single, Married, Widowed, or Divorced, (write the word): wid'd.

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles Johnson

6 DATE OF BIRTH (month, day, and year): F-12 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Burt Rhoades.
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Florence (?)
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Florence Rhodes.
(Address) 1401 Bruce St

15 D. HAMPSON JONES, Registrar
By ——— Rhd

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-17-31

17 I HEREBY CERTIFY, That I attended deceased from 7-1-31 19 , to 8-17 19 31

That I last saw h alive on 8-12 19 31

and that death occurred, on the date stated above, at 12.45 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus & Tumor of abdominal Metastasis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fischer & Fisher M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cemetary	Aug 15 1931
20 UNDERTAKER: Thomas E. Kelson	ADDRESS: 1303 Pennsylvania St

G 13 1931

Spec.—1-30—M. & T.—250 Bks

Marr

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 71317

46 V 71317

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO. Johns Hopkins Hospital ST. Eden Caton Sts. WARD 20-64)

2-FULL NAME Charlotte Marr

(a) RESIDENCE NO. 1811 Fountain Row ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1846.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84 yrs			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) New York

PARENTS

10 NAME OF FATHER Carl Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sybilla

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Johns Hopkins Memorial Hospital

(Address) Eden Caton Sts.

15 JUL 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to August 12, 1931, that I last saw her alive on August 11, 1931, and that death occurred, on the date stated above, at 7:40 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach—

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Inanition

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? 104 Franklintown Road

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical findings.

(Signed) Temp. Foster, M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL Aug. 14 1931

20 UNDERTAKER F. B. Shugart

ADDRESS 1300 Eutaw St.

Spec.—9-30—A. & Co.—250 Blks.

71318 # HEALTH DEPARTMENT—CITY OF BALTIMORE 71318

CERTIFICATE OF DEATH. 231

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) 19-28 REGISTERED NO

CITY OF BALTIMORE: (No S (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Nally

(a) RESIDENCE NO 311 S. Parrish st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of George Nally

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Nova Scotia

PARENTS

10 NAME OF FATHER James Corkun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Nova Scotia

12 MAIDEN NAME OF MOTHER Victoria ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Nova Scotia

14 Informant Hospital Records
(Address)

15 Filed 8-13 19 31 C. HAMPSON JONES, M. D. Registrar

By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 2, 19 31, to Aug. 12, 19 31

that I last saw her alive on Aug. 12, 19 31

and that death occurred, on the date stated above, at 3.30 a.

The CAUSE OF DEATH* was as follows:

Tuberculous pneumonia

(duration) yrs. 3½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Sears M. D.

8-13 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Aug. 14 1931 DATE OF BURIAL

20 UNDERTAKER J. B. Hudgins ADDRESS 1350 Eutaw

Spec.—9-30—A. & Co.—250 Blks

(Czarnecki)

E 71319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 71319

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Balto City Hospitals ST 19-28 WARD

2 FULL NAME Ignacy Czarnecki

(a) RESIDENCE NO 720 St. Vincent ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE — Years: 51 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): Balto City Hosp Record

15 1 31 1931

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-12-31

17

I HEREBY CERTIFY, That I attended deceased from 7-30, 1931, to 8-12, 1931

that I last saw h alive on 8-12, 1931

and that death occurred, on the date stated above, at 7.55 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas
& Biliary Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Heart Failure

(Surgical) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 8-7-31.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Luther C. Peter M. D.

19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary cem. Md. — DATE OF BURIAL: 8 19 31

20 UNDERTAKER: John M Weber — ADDRESS: 406 Chester

TION IS VERY important. See instructions on back of certificate

AACo. 5-31-2MP

E 71320

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71320

CERTIFICATE OF DEATH

Registered No. 1331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Barnard

(a) Residence: No. 3345 Nelson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lonaconing Md

MOTHER FATHER

13. NAME Clarence Barnard

14. BIRTHPLACE (city or town) (State or country) Lonaconing Md

15. MAIDEN NAME Viola McCumpsey

16. BIRTHPLACE (city or town) (State or country) Lonaconing Md

17. INFORMANT Clarence Barnard
(Address) 3345 Nelson St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug. 15 1931

19. UNDERTAKER Wm. F. Devany
(Address) 715 Light St

AUG 14 1931 16 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931, to August 13, 1931

I last saw him alive on August 13 1931 death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic abscess.	5/31
Congenital Aortic Valve. Mitral Cyst.	5/31

Other contributory causes of importance:

Name of operation Incis. drainage Date of 8/6/31

What test confirmed diagnosis? Lab. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. N.S.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify N.S.

(Signed) Reamon Jones Abrams, M. D.
(Address) Union Memorial Hospital.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71321 — 87-802 — 71321

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lucas Brothers Hospital St. 25-77 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Duane Moore

(a) Residence: No. 15½ Front St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	1 2/3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME Ralph D Moore
14. BIRTHPLACE (city or town) (State or country) Pa
15. MAIDEN NAME Catherine Gabaldi
16. BIRTHPLACE (city or town) (State or country) Italy Italy

17. INFORMANT Ralph D Moore (Address) 15½ Front St

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Cem Date Aug 17 1931

19. UNDERTAKER J M Coby (Address) 1217 E Fayette St

FILED AUG 17 1931 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Aug 13, 1931

I last saw him alive on Aug 3 1931 death is said to have occurred on the date stated above, at 10.15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Encephalitis.	Aug 4 31

Other contributory causes of importance:

Purpura Hemorrhagica	Aug 8-31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Wm F. Sullivan, M. D.

(Address) Balto Gen. Hosp

Spec.—9-26—A. & Co.—250 Blks

E 71322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71322

CERTIFICATE OF DEATH.

REGISTERED NO. 78

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 930 W. Chester St. 7-13 WARD)

2 FULL NAME Andrew H. Ritz

(a) RESIDENCE NO. 930 W. Chester St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: W.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 31/31

7 AGE: Years — Months: 4 — Days: 13 — If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER George Ritz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.

12 MAIDEN NAME OF MOTHER Mary King

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 (Informant) (Address) George Ritz 930 W. Chester St.

HAMILTON JONES, M. D. Registrar

AUG 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13. 31

17 I HEREBY CERTIFY, That I attended deceased from Aug 11 19 31 to Aug 13 19 31

that I last saw h[e] alive on Aug 13 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Simple)

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary): Cond... Paralysis,

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wilbur H. Sawyer M. D.

19 Aug 13 31 (Address) 930 W. Chester St.

*State the Disease Causing Death, or in deaths from Violent Causes (a) (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County — DATE OF BURIAL: Aug 15 31

20 UNDERTAKER: Mrs. E. Burlington — ADDRESS: 2334 Eutaw St.

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

E 71323 — 93-083 — E 71323

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) 507 N Monroe ST. 16-22 WARD)

2-FULL NAME Henry L. Bryan

(a) RESIDENCE NO. 507 N. Monroe St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

6 DATE OF BIRTH (month, day, and year): Dec 7 1840

7 AGE: Years 90; Months 8; Days 5. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lemon Grove Ala

PARENTS

10 NAME OF FATHER: Robt Bryan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ala

12 MAIDEN NAME OF MOTHER: Ora McCubbrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ala

14 Informant: Mrs Frank Gilbert

(Address): 507 N. Monroe

15 Received 1931 . 16 C. HAMPSON JONES, M. D. Registrar.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): May 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Pathological

(Signed) Harry Bruce, M. D. Coroner

(Address) 5-19-31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery.

DATE OF BURIAL: Aug. 15 1931.

20 UNDERTAKER: Charles J. Schwab.

ADDRESS: 505 N. Monroe St.

IMPORTANT See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

71324

HEALTH DEPARTMENT—CITY OF BALTIMORE

97-E 71324

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeremiah. Cronin

(a) RESIDENCE NO. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced (HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE: Years: About 68; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) has not worked

(c) Name of employer for 28 yrs

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Cornelius. Cronin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Sullivan

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant (Address) Little Sisters of the Poor Baltimore Co. Md.

15 Filed AUG 14 1931 19 Jeff JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug: 14th 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/1 . 1931 . to 8/14 . 1931 .

that I last saw h alive on 8/13 . 1931 .

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Senility

Arteriosclerosis

Kidneys (duration) yrs mos da

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W Bernard Loos M. D.

8/14 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery for Ret.

DATE OF BURIAL: Aug 17 1931

20 UNDERTAKER: Edward W. Conklin

ADDRESS: 924 E. Eager St

Rev.—2-23-23—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71325 — 131 — E 71325

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1926 Christian ST. 20-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew G. Walter

(a) RESIDENCE NO. 1926 Christian St. WARD

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds. 58

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Eva B. Wallis

6 DATE OF BIRTH (month, day, and year): Sept 30-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: George Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Eva Wallis (Address) 1926 Christian St

15 Filed AUG 14 1931 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 12-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23 1929 to Aug 12 1931

that I last saw h[illegible]ive on Aug. 11 1931

and that death occurred, on the date stated above, at 8.45 P.M.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown M. D.

Apr. 1931 (Address) 1663 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catholic Cem

DATE OF BURIAL: 8/17 1931

20 UNDERTAKER: Geo. H. Kelly

ADDRESS: Fulton & Fayette

AUG 14 1931

J. Wolf JONES, M. Registrar

1-30—M & T—100 B—501.

71326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-00

E 71326

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST., 70-71 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louis Bayer

(a) RESIDENCE NO. 204 Augusta Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Bayer

6 DATE OF BIRTH (month, day, and year): April 15 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Treasurer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Kernegan & Bates Co.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Martin Bayer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Ahnheiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Caroline Bayer

(Address) 204 Augusta Ave

15 Filed [illegible] 193[illegible] HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13th 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy, or inquiry), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. mos. ? ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Guy H. Cromwell M. D.

Coroner

Aug 13 1931 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 8-15 193[illegible]

20 UNDERTAKER: Mrs Chas A Rohde

ADDRESS: 232 Edmondson

21

IMPORTANT See instructions on back of certificate.

Harry W Hornes

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71327

CERTIFICATE OF DEATH

E 71327

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 N. Chester ST. 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry W. Hornes.

(a) RESIDENCE NO. 1210 N. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds.

6a. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna B. Hornes

6 DATE OF BIRTH (month, day, and year) June 9-1886

7 AGE Years 45 Months 2 Days 5 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Clerk. 004

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Fred Hornes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Dora Tanner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Geo. Hornes

(Address) 1210 N Chester

15 Filed 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows

Dysentery

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Hartsuk, Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Conn

DATE OF BURIAL 8-15 1931

20 UNDERTAKER Leonard C Hark

ADDRESS 1000 E Pratt

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UG 141531

1-38—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148 ✓ E 71328

E 71328

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #121-Lloyd Street ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Saveria Berardinelli

(a) RESIDENCE NO. #121-Lloyd Street ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Berardinelle

6 DATE OF BIRTH (month, day, and year) 4/12/1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or XXXXX
	40	3 4	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Domenico Concordia

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Campogrossi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Berardinelli

(Address) 121-Lloyd Street

15 Filed AUG 14 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Embolism Puerperal (Pulmonary)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted — if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) H. Norgrove M. D. Coroner

8/12, 1931 (Address) 1205 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 8/15/1931

20 UNDERTAKER _____

ADDRESS 1731 Hanover

AUG 14 1931

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

250901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 1329

24 VE 71329

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No JOHNS HOPKINS HOSPITAL St 6-9 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Russell

(a) RESIDENCE NO 1652 E Fayette ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Fife

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May-15-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Russell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mabel Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 13 1931, 19 HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12-1931

17

I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to Aug 12, 1931

that I last saw h alive on Aug 12, 1931

and that death occurred, on the date stated above, at 550 A m.

The CAUSE OF DEATH* was as follows:

Tbc meningitis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Pulmonary Tbc

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? lumbar puncture

(Signed) H. E. Alexander M. D.

8-12 1931 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary Cemetery	8/14/31

20 UNDERTAKER ADDRESS

Jno Geo. H. Holland 1631 Druid Hill Ave

SECTION is very important. See instructions on BACK OF CERTIFICATE

1-30—M. & T.—100 B—501.

E 71330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓ E 71330

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 610 (Street) Druid Hill Ave (Ward) 44-20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME David Thompson

(a) RESIDENCE No. 610 Druid Hill St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Corine Thompson

6 DATE OF BIRTH (month, day, and year) 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laundress 074
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER Wm Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Corine Thompson (Address) 610 Druid Hill Ave

15 Filed Aug 13 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner and/or Physician) find that said deceased came to death by (autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH was as follows:

Interstitial Nephritis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Post Mortem

(Signed) H. Leslie Hargett Coroner, M. D.

(Address)

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mars Chapel

DATE OF BURIAL 4/14 1931

20 UNDERTAKER Samuel Hensley

ADDRESS 78 McElderry

SECTION is very important. See instructions on back of certificate.

AACo. 5-31 2500

Mollie Boehringer 71331

E 71331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1941002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Boehringer, Mollie

(a) Residence: No. 8 Cook St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Charles Boehringer

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Glynn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ferd Boehringer
(Address) E Pearl St

18. BURIAL, CREMATION, OR REMOVAL
Place St Alphonsus Date 8/15, 1931

19. UNDERTAKER Joseph Ahrens
(Address) 22 W Preston St

20. FILED 8/15, 1931 JONES, M. D. Registrar

14135

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/13, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/13, 1931 to 8/13, 1931

I last saw her alive on 8/13, 1931 death is said to have occurred on the date stated above, at 7:50 P m.

The principal cause of death and related causes of importance were as follows:

Strangulated umbilical hernia with obstruction — Date of onset 8/13/31

Accidental death

Other contributory causes of importance:

Toxemia

Name of operation Herniotomy Date of 8/13/31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Hondaker, M. D.
(Address) Univ. Hosp

1-20—M & T—100 B—50L

71382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 71382

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Near Pennsylvania Rail- ST. 30-70 WARD)
road Bridge, W. end Baltimore St.

2-FULL NAME Unknown

(a) RESIDENCE NO Unknown ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	35 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant
(Address)

15 [illegible] 4 , 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 7th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, investigation (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck by Penn. Passenger Train-
probably suicide

(duration) stat yrs. mos ds.

CONTRIBUTORY (Secondary) ---
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? --- Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy U. Cromwell, M. D.
Coroner
, 19 . (Address) 203 Patapsco Ave., Brookly

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL AUG 11 1931

20 UNDERTAKER C. HAMPSON JONES, M.

ADDRESS [illegible]

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 71333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO. E 71333

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St.Agnes Hospital ST. 23-31 WARD)

2-FULL NAME Robert Ware

(a) RESIDENCE NO. 115 Winter ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	?

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Probably Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 29th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Multiple Lung Abscesses

(duration) ? yrs. mos. ds

CONTRIBUTORY (Secondary) - - -

(duration) yrs. mos. ds

18 Where was disease contracted if not at place of death? Unknown-probably at 115 Winter St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray findings

(Signed) Guy H. Cromwell, M. D. Coroner

8/13, 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL AUG 11 1931

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M.D.

JOHNS HOPKINS HOSPITAL

Dec'd

See instructions on back of certificates. THIS is very important

Spec.—8-30—A. & A. Co.—250 Blks

E 71334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1461 E 71334

REGISTERED No. F-3141

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St.) 76-1 (WARD)

2 FULL NAME Mrs. August (Amanda) Barthelmes

(a) RESIDENCE No. 330 S. Highland Ave. St. Balto. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. 6 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. August Barthelmes

6 DATE OF BIRTH (month, day, and year) Jan 17th 1900

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	6	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Woman wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Farley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Katherine Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

11 Informant (Address) Mr. August Barthelmes (Husband) 330 S. Highland Ave

15 Filed ... 19 ... Registrar C. THOMSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/14/31

17 I HEREBY CERTIFY, That I attended deceased from 8-1- , 1931, to 8-14, 1931

that I last saw h[illegible] alive on 8-14, 1931

and that death occurred, on the date stated above, at 1:40 A m.

The CAUSE OF DEATH* was as follows:

Eclampsia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyrexia of Pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John S. Fowler M. D.

, 19 (Address) Union Memorial Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

20 UNDERTAKER Henry Sander & Sons Inc

DATE OF BURIAL Aug. 17 1931

ADDRESS 1710 Pt Lost St

Spec.—9-30—A. & Co.—250 Blks

71335 # HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 71335

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 813 N. Lakewood Ave. (St.) 6-10 (Ward)

2. FULL NAME PHILIPINA LASSEN

(a) RESIDENCE NO. 813 N. Lakewood Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Lassen

6 DATE OF BIRTH (month, day, and year) Sept. 20. 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Krumm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Rebsamen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. John Fairley (Daughter)
(Address) 813 N. Lakewood Ave.

15 [illegible] 1931 C. FLAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 13. 1931

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to Aug 13, 1931

that I last saw her alive on Aug 13, 1931

and that death occurred, on the date stated above, at 12.15a m.

The CAUSE OF DEATH* was as follows:

Bronchs - Pneum anna > 4 hr.
cardio - vascular - renal 2 yrs -
Hemiplegia - 4 days -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) auricular fibrillation + arterial Hypertension (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? visual exam - urine etc

(Signed) Louis F Krumm M. D.

19 (Address) 722 N. Kenwood ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel Cemetery

DATE OF BURIAL: Aug. 13. 1931

20 UNDERTAKER: Henry Souder & Sons, Inc.

BALTIMORE ST & BROADWAY.

TION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK

Spec.—9-30—A. A. Co.—250 Blks.

E 71336

HEALTH DEPARTMENT—CITY OF BALTIMORE

13/E 71336

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No) 4311 Raspe Avenue (St.) (Ward) 26-42

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME JANE WOODWARD MITCHELL

(a) RESIDENCE NO. 4311 Raspe Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James W. Mitchell

6 DATE OF BIRTH (month, day, and year) July 20. ~~1931~~ 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	0	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Thomas Norwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER ? Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mr. George T. Mitchell (Son)
(Address) 4311 Raspe Avenue

15 Aug 14 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12. 1931

17
I HEREBY CERTIFY, That I attended deceased from May 20. 1931 to Aug 12. 1931
that I last saw her alive on Aug 11 1931
and that death occurred, on the date stated above, at 5.30 a.m.

The CAUSE OF DEATH* was as follows:

Edema of lungs
Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert E. Pilate M. D.
Aug 13 1931 (Address) 6709 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Aug. 15th 31

20 UNDERTAKER: Henry Sonder & Sons Inc. BALTIMORE ST & BROADWAY.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

71337 — 122 — 71337

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1-2 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME May Matthai

(a) Residence: No. 204 S. East Aven. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Matthai

6. DATE OF BIRTH (month, day, year) April 13 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
36	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Albert Fenebahl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Horn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug 16 1931

19. UNDERTAKER Henry Sands & Sons Inc
(Address) Baltimore St. Brentwood

141931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 13 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-24 1931 to 8-13 1931

I last saw her alive on 8-13 1931 death is said to have occurred on the date stated above, at 8:52 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic abscess	6/24/31

Other contributory causes of importance:

Septic infant & lung abscess	7-13-31
Post Operative hernia	

Name of operation { Hysterectomy 6/24/31 / Repair Post Op Hernia } Date of 8/10/31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Leyko, M. D.
(Address) Mercy Hospital

Form—5-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

46E 71338

E 71338

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Greenway Apts Charles & 34th St (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Charles & 34th ST. 12-44 (WARD)

2—FULL NAME Mary Brinkley Fowler

(a) RESIDENCE NO. Charles & 34th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 ~~Single~~, Married, Widowed, or ~~Divorced~~, (write the word) Widow

If married, widowed, or divorced (or) WIFE of Late David Fowler

6 DATE OF BIRTH (month, day, and year) July 27th 1852

7 AGE Years 79 Months Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph B. Brinkley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lutherville Md.

12 MAIDEN NAME OF MOTHER Mary Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lutherville Md

14 Informant L. H. Fowler

(Address) 10 West Highfield Rd

15 Filed 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14th 1931

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1931, to August 14, 1931,

that I last saw h.e alive on August 13, 1931

and that death occurred, on the date stated above, at 6.20 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Colon

(duration) yrs. ? mos. da.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? general laboratory

(Signed) A. Cooper Smith, M. D.

Aug 14 1931 (Address) 1201 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Aug 15th 1931

20 UNDERTAKER Henry L. Jenkins Sons & Co

ADDRESS Eutaw and Fayette Sts

Spec.—1-30—M. & T.—250 Blks.

E 71339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71339

CERTIFICATE OF DEATH.

131

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 WARD)

2-FULL NAME Catherine. Filzpatrick.

(a) RESIDENCE NO. Preston + Valley ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James. Filzpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Ann. Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) Preston + Valley St.

15 Aug 14 1931 . 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/1 . 19 31 . to 8/14 . 19 31 .

that I last saw h[illegible] alive on 8/13 . 19 31

and that death occurred, on the date stated above, at 12.30, p. m.

The CAUSE OF DEATH* was as follows:

Chronic Bright's disease

Uremia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr Bernard Goss M. D.

8/14 1931 (Address) 1216 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral — DATE OF BURIAL Aug 15. 1931

20 UNDERTAKER [illegible] — ADDRESS 14 Grumet Ave

AaCo. 5-31 250B

Dr Ingraham 2439 N. Charles St

HEALTH DEPARTMENT CITY OF BALTIMORE

71340

CERTIFICATE OF DEATH

50V

Registered No. 71340

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Walpert Ave St. 9-46 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth ~~Walpert~~ Burkert

(a) Residence: No. 611 Walpert Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of George Burkert

6. DATE OF BIRTH (month, day, year) Feb 14th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo Stromberger
14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Margaret Wilson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo H. Stromberger
(Address) 611 Walpert Ave

18. BURIAL, CREMATION, OR REMOVAL
Government Cemetery Date Aug 15th 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED AUG 17 1931 21. HAMPSON JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th 1931

22. I HEREBY CERTIFY, That I attended deceased from over a year ago 19__ to Aug 13 1931
I last saw her alive on Within a week 1931 death is said to have occurred on the date stated above, at __ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis.	
Senility	

Other contributory causes of importance:

Cancer of Right Breast	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. R. Ingraham, M. D.
(Address) 2439 N. Charles St

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71341

REGISTERED NO. 1861 E 71341

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 811 Madison Ave St.) (11-24 Ward)

2-FULL NAME Mary Camilla Hall

(a) RESIDENCE NO. 811 Madison Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	78			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs. Thompson
(Address) 3549 Edmondson Ave

15 Filed 1931 By HAMPSON JONES, M. D. Registrar

14193

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) 1 day

Acute Fall from Street Car Steps

(duration) 3 mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leech M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 6/17 1931

20 UNDERTAKER H. M. Cook

ADDRESS 1217 E. Fayette

IN DEATH in plain terms, so that it may be properly classified. Abbreviations must not be used. If impossible to obtain information required in any item, state the reason. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 71342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

g2-002

g2-E 71342

REGISTERED NO.

1. PLACE OF DEATH
CITY OF BALTIMORE, No. 4414 Wentworth Rd ST. 24 WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Chas. Peter & Wood

(a) RESIDENCE NO. 4414 Wentworth Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wood

6 DATE OF BIRTH (month, day, and year) Oct 4 1879

7 AGE — Years 51 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab't Grain Elevator
(b) General nature of industry, business, or establishment in which employed (or employer) Grain
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS
10 NAME OF FATHER Wm Wood
11 BIRTHPLACE OF FATHER (city or town) (State or country) V.A.
12 MAIDEN NAME OF MOTHER Alice Temple
13 BIRTHPLACE OF MOTHER (city or town) (State or country) V.A.

14 Informant Mary Wood
(Address) 4414 Wentworth

15 [illegible] 1931
Chas HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Thrombosis Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Aug 14 1931 Chas. Peter Wood, M. D. Coroner
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 8/17/1931

20 UNDERTAKER Wm Cook 1207 St Paul St — ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 71343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 92-001 ✓

E 71343

REGISTERED NO.

1—PLACE OF DEATH Md General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 38-64 ST.) WARD)

2—FULL NAME John Steinbach

(a) RESIDENCE NO. 4305 Main Ave WARD

(Usual place of abode) Towson Md (If non-resident give city or town and State)

Length of residence in city or town if non-resident mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 13 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auditor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md Forest Pa

PARENTS

10 NAME OF FATHER John P. Steinbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Newton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Hospital Records

(Address)

15 Filed AUG 14 1931, 19 . G. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1931

17 I HEREBY CERTIFY, That I attended deceased from July 31st, 1931, to Aug 14, 1931.

that I last saw h[illegible] alive on Aug 14, 1931

and that death occurred, on the date stated above, at 8:22 A.m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis.

Rheumatic in Origin

(duration) 12 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary) myocardial failure

(duration) yrs. Mos.(?) ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests, Chemical

(Signed) Paul V. [illegible] M. D.

8/14 1931 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. London Park

DATE OF BURIAL 8/17 1931

20 UNDERTAKER J. M. Cook

ADDRESS 1317 E. Fort Ave

1-30—M. & T.—100 B—50L.

E 71344

HEALTH DEPARTMENT—CITY OF BALTIMORE

167 E 71344

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital REGISTERED NO. .....

CITY OF BALTIMORE: (No. 33rd ST. 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME James Howard Chambers

(a) RESIDENCE NO 116 St Dunstans Rd. ST. WARD Homeland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Anna M. Chambers

6 DATE OF BIRTH (month, day, and year) Mar 22nd 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Decorating
(b) General nature of industry, business, or establishment in which employed (or employer): Interior
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Henry P. Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Kate T. Nagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ray Chambers

(Address) 116 St Dunstans Rd Homeland

15 [illegible] Aug, 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound Through Head Suicide

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) Emory H. Hossman, M. D. Coroner

Aug 14, 1931 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL 8/15/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important! See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 71345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71345

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) 1814 W Balto ST. 20-27 WARD)

2-FULL NAME William L. Squires

(a) RESIDENCE NO. 1814 W Balto ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years 61 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police

(b) General nature of industry, business, or establishment in which employed (or employer) P. C. Dept

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John A Squires

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary E O'Brien

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mr Squires (Address) Washington Ave

15 Filed 14 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13-31

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931, to Aug 13, 1931, that I last saw him alive on Aug 13, 1931, and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis not known (duration) yrs. mos da.

CONTRIBUTORY (Secondary) Coronary Thrombosis (duration) 1 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) C B Poeling, M. D.

, 19 (Address) 1822 W Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 8/15 1931

ADDRESS Catham

20 UNDERTAKER Robert Brooks & Son

Spec.—9-30—A. & Co.—250 Blks.

E 71346

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71346

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 15½ N. Gilmor St. 17-24 WARD)

2 FULL NAME William Albert Burke

(a) RESIDENCE NO. 631 Dolphin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 11, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md

PARENTS

10 NAME OF FATHER: John H. Burke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Nancy Ebb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Sarah L. Burke 631 Dolphin St

141931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-12-31

17 I HEREBY CERTIFY, That I attended deceased from June 20, 19 31, to August 12, 19 31

that I last saw h m alive on August 12, 19 31

and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Gluteal Cellulitis (duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 6-22-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles T. Woodland M. D.

, 19 (Address) 871 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion

UNDERTAKER: Wm. Geo. H. Holland

DATE OF BURIAL: 8/15/31

ADDRESS: 1631 Eutaw Pl.

AdCo. 5-31 2500

71347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71347

1. PLACE OF DEATH

Registered No. 1931-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 730 S. Eliston St. Lac- Ward 1

Length of residence in city or town where death occurred 60 yrs. 2 mos ds. How long in U.S. If of foreign birth 66 yrs. 2 mos ds.

2. FULL NAME Kunigunda Loeffler

(a) Residence: No. 730 S Eliston St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Joseph Loeffler

6. DATE OF BIRTH (month, day, year) Nov 2 1865

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
65	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Foertsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Neubauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Loeffler - Son
(Address) 1725 N Bay St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Sacred Heart Date Aug 17th 1931

19. UNDERTAKER Lilly & Zeiler Bros
(Address) 403 S. Wolfe St.

151931

C. HAMPSON JONES, M. D.
Registrar

A. 8. 17.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 17- 1931, to Aug 12- 1931

I last saw her alive on Aug 12 1931 death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-5
Ac. Cholecystitis	7-17-

Other contributory causes of importance:

Hypostatic Pneumonia	8-11-

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. Traugott Kuhlmann M. D.

(Address) 3507 Fait Ave

Form —9-30—A & Co—250 Blks

E 71348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-E 71348

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 N. Eden (St.) 9-13 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Victoria Scott

(a) RESIDENCE NO. 619 N. Eden ST. WARD

(Usual place of abode.) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Scott

6 DATE OF BIRTH (month, day, and year) 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Nathan Walsh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary L. McGlotan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment (Address) Luther Scott 619 N. Eden St

15 Filed 1 5 1931 C. HAMPSON JONES, M. D. Registrar By ____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 13 31

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1931, to Dec 13, 1931

That I last saw her alive on Dec 13, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Edema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Rheumatism Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

Dec 14 1931 (Address) 55 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury (Emd.)	8 15 1931

20 UNDERTAKER Byron Wright ADDRESS 218 McCulloh St

1-30—M. A. T.—100 B—501.

E 71349

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71349

CERTIFICATE OF DEATH

REGISTERED NO. 15-22

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Edward Mark

(a) RESIDENCE NO 1347 Walnut ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (City or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Alice Stewart

13 BIRTHPLACE OF MOTHER (City or town) (State or country) md.

14 Informant Lena Jones

(Address) 1026 Calhoun St

15 Filed 1931 HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death at the time stated above.

CAUSE OF DEATH* was as follows: Acute MI which he was suffering Complicated with Coronary Occlusion

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Valvular Heart Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Edgewood on Walnut

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. H. Hamill Coroner, M. D.

(Address) 29 39th & Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Bury

DATE OF BURIAL 8-15-1931

ADDRESS 516 Barclay

20 UNDERTAKER Dennis Eastern

TION is very important. See instructions on back of certificate.

AsCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

L 71350 — 93 L 71350

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 17-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ? St. ? Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Griffin

(a) Residence: No. 820 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Minnie Griffin

6. DATE OF BIRTH (month, day, year): ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Md. Dairy

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Chase Md.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ca Date Aug 15 1931

19. UNDERTAKER Lauer Easton
(Address) 916 Eutaw

15193 1931 — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-12-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-11-31, 19, to 8-12-31, 19

I last saw him alive on 8-12-31 death is said to have occurred on the date stated above, at 5:10 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene, senile	2 yr. ago
Other contributory causes of importance:	
Myocarditis	?
Arteriosclerosis	?

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

1-30—M A T—100 B—501.

E 71351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71351

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 W. Pine ST. 17-25 (WARD)

2-FULL NAME Lula Watts

(a) RESIDENCE NO. 511 W. Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 5b. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Watts

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Va

9 BIRTHPLACE (city or town) (State or country) Mat Vinison Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lottie Watts (Address) 511 W. Pine

15 1931 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Mitral Insufficiency Sudden

(duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Haring, M. D. Coroner

Aug 13 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Aug 15 1931

20 UNDERTAKER David Easter

ADDRESS 911 Pa Ave

IMPORTANT: See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71352

CERTIFICATE OF DEATH

23 V 71352

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (Tbc) S. 6-9 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Percy Jones

(a) RESIDENCE NO. 217 N. Dallas st. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bethel Virginia

PARENTS

10 NAME OF FATHER Robert Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Jamie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records

(Address)

15 Filed 19 Registrar

J. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1931, to Aug. 10, 1931

that I last saw him alive on Aug. 10, 1931

and that death occurred, on the date stated above, at 4.50 p.m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculous Pneumonia

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Sena M. D.

8-11 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart DATE OF BURIAL Aug 15 19 31

20 UNDERTAKER John J. Fahey & Son ADDRESS 1318 Light St.

AACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71353

CERTIFICATE OF DEATH

3 4 V

E 71353

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H 26 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Warnick

(a) Residence: No. 729 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Beulah Warnick

6. DATE OF BIRTH (month, day, year) Aug 19 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mines

10. Date deceased last worked at this occupation (month and year) 2 Jan

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

MOTHER FATHER

13. NAME John Warnick

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

15. MAIDEN NAME Catherine Bernard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Warnick

(Address) 729 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Md Date Aug 15 1931

19. UNDERTAKER John F Conroy Sons Inc

(Address) 1315 Eutaw St

AUG 19 1931

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-19-31 .19

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1931, to August 19, 1931.

I last saw him alive on August 13, 1931, death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic	? (1-1-31)
Cardiac decompensation	8-13-31
Acute cardiac dilatation	

Other contributory causes of importance:

Tertiary syphilis	?

Name of operation none clinical Lab. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Horn Baker, M. D.

(Address) University Hosp

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

71354

CERTIFICATE OF DEATH

93-B-3 71354

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 17-24

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Olivia Butler

(a) Residence: No. 1121 Division St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John L.

6. DATE OF BIRTH (month, day, year) Mar. 1, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83 ?	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary Co. Md.

MOTHER FATHER

13. NAME Arnold Grinnell
14. BIRTHPLACE (city or town) (State or country) ? Md.
15. MAIDEN NAME Theasa ? ?
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Greenbatch Date 8/17/ 1931

19. UNDERTAKER Mrs. Mrs. A. Holland (Address) (1st Druid Hill Ave)

8-15-1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-23-31, 19, to 8-14-31, 19

I last saw her alive on 8-14-31, 19 death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr	more than 1 month
Other contributory causes of importance:	
arteriosclerosis, and Hypertension	unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Gilmour Jr, M. D.
(Address) Balto. City Hosp.

Spec.—1-30—M & T.—250 Blks

E 71355 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71355

CERTIFICATE OF DEATH.

REGISTERED NO. 154

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University Hospital ST. 4-30 WARD)

2-FULL NAME Baby Girl Hughes

(a) RESIDENCE NO. St Helena ST., WARD Dundalk.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fmal	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 4, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter E. Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Clara Kolber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant
(Address)

15 Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 4 19 31. to Aug. 4 19 31.

that I last saw her alive on Aug. 4, 19 31. 9 1/2 a.m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Prematurity (22 wks.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Placenta Previa

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

8/5, 19 31 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL AUG 14 1931

20 UNDERTAKER [illegible]

ADDRESS [illegible]

Spec.—9-30—A. & Co.—250 Blks.

251237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2E 71356 — 9E 71356

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 7-13 WARD)

2 FULL NAME Dorothy Harris

(a) RESIDENCE No. 1826 E Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 26-1928

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N J.

PARENTS

10 NAME OF FATHER Chester

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Car

12 MAIDEN NAME OF MOTHER Helen Madison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N J

14 Interment (Address) Records JOHNS HOPKINS HOSPITAL

15 AUG 3 1931, 19 — HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 7-1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931, to Aug 7, 1931

that I last saw her alive on Aug 7, 1931

and that death occurred, on the date stated above, at 11 35 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia, post part. ?

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X ray & blood count

(Signed) Dan E. Lutter M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] T.J.

DATE OF BURIAL: AUG 14 1931

20 UNDERTAKER: [illegible]

ADDRESS

[illegible]

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71357

CERTIFICATE OF DEATH

13 E 71357

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 6-9 WARD)

2 FULL NAME Walter Gray

(a) RESIDENCE NO. 1530 E. Fayette ST. St WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of 6/15/31

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months 1 2 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md —

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Interment (Address): Leads —

15 8/15/1931

16 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 12-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931 to Aug 12, 1931

that I last saw him alive on Aug 12, 1931

and that death occurred, on the date stated above, at 12 20 P.M.

The CAUSE OF DEATH* was as follows:

Acute nutritional disturbance (?)
Dysentery (?)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1530 E Fayette St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. F. Alexander M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leads

DATE OF BURIAL: AUG 14, 1931

20 UNDERTAKER: [illegible] Heath.

ADDRESS

Spec.—1-30—M. & T.—250 Blks

E 71358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71358

CERTIFICATE OF DEATH.

8-13-59

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 N Wolfe ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Foetus Grant

(a) RESIDENCE NO. 1117 N Wolfe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 13, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Josie Grant

11 BIRTHPLACE OF FATHER (city or town) (State or country) NC.

12 MAIDEN NAME OF MOTHER Annie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Josie Grant (father) 1117 N Wolfe St

15 Filed 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Aug 13, 1931, that I last saw h[illegible] alive on Aug 13, 1931, and that death occurred, on the date stated above, at 2 15 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration of Pregnancy 6 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

8/13, 1931 (Address) 1424 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL AUG 14 1931

20 UNDERTAKER [illegible] Health ADDRESS

Spec.—8-16-29—L. F. S.—100 Blks.

E 71359

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 ✓ E 71359

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1219 W. Lanvale ST. 16-23 WARD)

2—FULL NAME Louisa Bailey

(a) RESIDENCE NO. 1219 W. Lanvale ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Parker Bailey

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 671

(b) General nature of industry, business, or establishment in which employed (or employer) Private family

(c) Name of employer Mrs Edw. Warfield

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER Henry Williams

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Julia ——

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Va

14 Informant Carter Bailey
(Address) 1219 W Lanvale St

15 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 — , 1931, to Aug 13, 1931,
that I last saw h alive on Aug 12, 1931
and that death occurred, on the date stated above, at 7.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) — yrs. 10 mos. — ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Phys + X ray

(Signed) Chas. J Keller, M. D.

Aug 15 1931 (Address) 2 nn W. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Atlantic City N.J.	Aug 15 31
UNDERTAKER	ADDRESS
Samuel F Hershey & Biddle	578

Form —2.30—A. & Co.—250 Blks

E 71360 704 Edmondson Ave E 71360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 704 Ed ave St 17-26 WARD)

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mareth Palmer

(a) RESIDENCE No 704 Ed. ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced WIFE of Jerry Palmer

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE Years 63 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Worker 037
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER John Garrison
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Mahoney
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Margaret E. Warren
(Address) 764 Ed ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17. 1931

17
I HEREBY CERTIFY, That I attended deceased from March 8th 31 to Aug 17 31
that I last saw her alive on Aug 13 31
and that death occurred, on the date stated above, at 9 A.M.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
(duration) yrs. 5 mos. ds.
CONTRIBUTORY (Secondary) Edema
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3007 32 St
Did an operation precede death? No Date of
Was there an autopsy? No
What tests confirmed diagnosis? Clinical

(Signed) H. Lee Ho M. D.
19 (Address) 527 Ed ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sisters Wolfe Pa | DATE OF BURIAL 8/18 1931

20 UNDERTAKER Edward H Hemsley | ADDRESS 1728 Madison

Spec.—3-29-29—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71362

CERTIFICATE OF DEATH

107-dd E 71361

1—PLACE OF DEATH 1815 Madison Ave WARD 14-70

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2—FULL NAME Alveta Lowry

(a) RESIDENCE NO. 1815 Madison ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fem.	A. A.	W

6 If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Clarence Lowry

6 DATE OF BIRTH (month, day, and year) 1/15/1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
50	50	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Laundry work

(c) Name of employer Mrs. Doeller

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Jeremiah Dorsey

11 BIRTHPLACE OF FATHER (city or town) Sykesville

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Charlotte Johnson

13 BIRTHPLACE OF MOTHER (city or town) Sykesville

(State or country) Maryland

14 Informant Mary F. Gray (sister)

(Address) 1815 Madison Ave

15 Filed 1571935 GAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/13/31

17 I HEREBY CERTIFY, That I attended deceased from 7/29, 1931, to 8/13, 1931.

that I last saw h alive on 8/13, 1931

and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs mos 15 ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

19 (Address) 632 Baker

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Pt. L. Cemetery DATE OF BURIAL 8/16/31

20 UNDERTAKER Samuel F. Hemsley ADDRESS 710 Dolphin

Spec—9-30—A. & Co.—250 Blks

E 71362

E 71362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71362

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 329 S. Bruce St. (St.) 19-28 (Ward) 24

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph W. Haney.

(a) RESIDENCE NO 329 S. Bruce St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) July 17, 1918

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13		25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER Lawrence Walter Haney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ada F. Loveless

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Ada F. King 329 S. Bruce St.

15 (Date) 19

(Registrar)

AUG 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13-31

17

I HEREBY CERTIFY, that I attended deceased from Aug 11, 1931, to Aug 13, 1931

that I last saw him alive on Aug 13, 1931

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Tuberculosis Meningitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) R. Montgomery M. D.

8/17 1931 (Address) 729 Work. Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: 8/15/31

20 UNDERTAKER: C. HAMPSON JONES, M. D. — ADDRESS: 4101 Monument Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71363 — 46 ✓ — E 71363

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md Gen. Hospital — REGISTERED NO. 27-48

CITY OF BALTIMORE: (No.) — S. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME M. W. Herbert Wilhelm

(a) RESIDENCE NO. 5116 Whiteford Ave. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 1 mos. 25 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary E. Wilhelm

7 DATE OF BIRTH (month, day, and year): June 26 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Herman Wilhelm

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Rosa Price

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

14 Informant: Hospital Records

(Address)

15 Filed Aug 5 1931, 19 — C. HAMPSON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 13th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 7 1931, to Aug 13 1931,

that I last saw h.e. alive on Aug 13 1931,

and that death occurred, on the date stated above, at 10 A.M. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary): Myocardial failure

(duration) yrs. ? mos. 3 ds. ?

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Clinical

(Signed) Robert W. Chenowith, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pencoe, Md — DATE OF BURIAL: Aug 16th 1931

20 UNDERTAKER: H. M. Antsen — ADDRESS: Stella & Pentalia

Spec.—9-30—A. & Co.—250 Blks.

71364

HEALTH DEPARTMENT—CITY OF BALTIMORE

71364

CERTIFICATE OF DEATH

121 ✓

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE (No. 20-65 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Jean E. Laurence

(a) RESIDENCE NO. 513 Brunswick ST. WARD St James Place

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs 10 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 15-1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	10		

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Balt, Md

PARENTS

10. NAME OF FATHER Leon A. Laurence

11. BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12. MAIDEN NAME OF MOTHER Evelyn C. Gallup

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14. Informant Evelyn C. Laurence
(Address) 513 Brunswick St

15. C. HAMPSON JONES, M. D. Registrar

157931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 13, 1931

17.

I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931 to Aug 13, 1931

that I last saw h[illegible] alive on Aug 13, 1931

and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH* was as follows:

Generalized peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 13

Was there an autopsy? No

What test confirmed diagnosis? Human Eye + Operation

(Signed) [illegible] M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	8/17 1931
UNDERTAKER	ADDRESS
H. B. Wappert	1300 Eutaw Place

Spec.—9-30—A. & Co.—250 Blks

(Sinclair)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71365 — X 1156 — 71365

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Union Memorial Hospital) (If not in hospital, STREET (AND NO.) 29 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Cordelia Ann Sinclair Tilghman

(a) RESIDENCE No. [illegible] STREET P.O. Talbott Co. Md. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Feb 24, 1924

7 AGE: Years 7 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Tilghman Md

PARENTS

10 NAME OF FATHER: Oscar Sinclair

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co Md.

12 MAIDEN NAME OF MOTHER: Norah E. North

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Oscar Sinclair Tilghman, Md

15 8-15-1931

16. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15, 1931

17

I HEREBY CERTIFY, That I attended deceased from 7-27-31, 19 , to 8-15-31, 19

that I last saw her alive on 8-15-31, 19

and that death occurred, on the date stated above, at 5:25 A m

The CAUSE OF DEATH* was as follows:

Acute Nephritis.

(duration) yrs. 2 mos. 15 ds.

CONTRIBUTORY (Secondary): Bronchitis & Anemia

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Blood Chem. Urine

(Signed) Jean D. Craven M. D.

8-15 1931 (Address) Union Mem Hos

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Tilghman, Md

UNDERTAKER: Wm J Tuckner & Son

DATE OF BURIAL: 8/15 1931

ADDRESS: Tilghman Md

Spec.—9-30—A. A Co.—250 Blks

E 71366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71366

V. 107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Hospital of the Sisters of Charity
CITY OF BALTIMORE—NO. ST. WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME: Edward Wm Schultz Jr
(a) RESIDENCE NO. 1631 N Durham St WARD
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 15 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 13, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	5	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: Edward W Schultz
11 BIRTHPLACE OF FATHER (city or town) (state or country): Balto
12 MAIDEN NAME OF MOTHER: Laura Callender
13 BIRTHPLACE OF MOTHER (city or town) (state or country): Balto

14 Informant (Address): Mrs. Laura Schultz 1631 N. Durham St

15 1931 19 [illegible]

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-13-31

17 I HEREBY CERTIFY, That I attended deceased from 7-26-31, 19, to 8-13-31, 19
that I last saw h alive on 8-13-31
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:
Undetermined Stroke
Broncho Pneumonia
(duration) yrs. mos. 20 ds.
(CONTRIBUTORY) (Secondary) Anemia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of 7/27/31
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) [illegible] M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. DATE OF BURIAL: Aug 17 1931
20 UNDERTAKER: Wm J Rickert & Sons ADDRESS: Norfolk Va

Stat.—2-29-28—L. F. S.—500 Blks.

E 71367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71367

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40th St. 1 Keswick Rd. ST. 11-24-1931)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna D. Harwood

(a) RESIDENCE NO. 145 N Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter C. Harwood

6 DATE OF BIRTH (month, day, and year): Nov. 1, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	83	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER: Upton Slingluff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland.

12 MAIDEN NAME OF MOTHER: Anna Landstreet.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Hosp. Records.

(Address)

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1925, to Aug. 14, 1931,

that I last saw her alive on Aug. 14, 1931

and that death occurred, on the date stated above, at 140 P m.

The CAUSE OF DEATH* was as follows:

Senility

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Bronchopneumonia.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) N. Hampton Hopkins, M. D.

8/14, 1931 (Address) Med. Arts Bldg. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenwood

DATE OF BURIAL: Aug 15 1931

20 UNDERTAKER: H. Schluter, Inc.

ADDRESS: 1-19

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71368 — E 71363

CERTIFICATE OF DEATH

REGISTERED NO. 50

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals) (Street) (WARD)

2 FULL NAME Catherine Thurman

(a) RESIDENCE NO. 901 E. Lexington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Apr. 15-1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School girl
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Harry Thurman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mamie Scholler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Mary Thurman 1637 N. Bell Street

15 [illegible] Registrar

G 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-14-31

17:
I HEREBY CERTIFY, That I attended deceased from 7-1 .19 31. to 8-14 .19 31

that I last saw h alive on 8-14 .19 31

and that death occurred, on the date stated above, at 11:15 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma of Left Breast with General Metastasis.

(duration) yrs. 2 mos. (?) ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? C No.

What test confirmed diagnosis? Clinical

(Signed) Rudolf E Quinn M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: 8-17 1931

20 UNDERTAKER: Albert L. Nitz — ADDRESS: 1600 N. Chester St

1-36—M. & T.—100 B—50L

E 71369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1029 Wilcox St., 10-14 (WARD) 82

REGISTERED NO. 1001 E 71369

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clevia Hooper.

(a) RESIDENCE NO. 1029 Wilcox ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 13-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ellen Glenn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Ellen Bryson

(Address): 1029 Wilcox.

15 [illegible] 192 [illegible] Registrar

AUG 16 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Hoffman, M. D. Coroner

Aug 16 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Aug 17 1931

20 UNDERTAKER: Rita Medical 914 Eutaw Pl

ADDRESS

THION is very important. See instructions on back of certificate.

AaCo. 5-41 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 71370 — 94 L 71370

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Brookfield Ave. Ward) 13-59

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Cahn

(a) Residence: No. 2205 Brookfield Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Rivey
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Ella
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Jack Levin 1439 E. Balto
18. BURIAL, CREMATION, OR REMOVAL Hebrew Sinai Ave Date 8/16 1931
19. UNDERTAKER (Address) Jack Levin 1439 E. Balto st
20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 14 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1915 to Aug 14th 1931

I last saw her alive on Aug 14 1931 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	8/14/31

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Leopold, M. D.
(Address) 2008 Lafayette Ave

E 71371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B2-901 E 71371

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 409 N. Patt. Pk. Av. ST. 6-10 WARD)

2.-FULL NAME Frank Rothaus

(a) RESIDENCE NO. 409 N. Patterson Park Av. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs mos ds How long in U. S., if of foreign birth? 35 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 63; Months; Days; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Jacob Rothaus

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Esther

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant: Jack Lewis Inc (Address) 1439 E. Baltimore

15 Filed: AUG 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1931 to Aug. 15, 1931 that I last saw him alive on Aug. 15, 1931 and that death occurred, on the date stated above, at 4.30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy — (duration) yrs mos 1 ds

CONTRIBUTORY (Secondary) Senile arteriosclerosis (duration) ? yrs mos ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: [illegible] M. D.

8/15 1931 (Address) 1000 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run — DATE OF BURIAL: 8/16/31

20 UNDERTAKER: Jack Lewis Inc 1439E Balto St

Spec.—4-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71372

CERTIFICATE OF DEATH.

12 ✓ E 71372

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2952 Harlem Ave (St.) 46-67 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME George H. Work.

(a) RESIDENCE NO. 2952 Harlem Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred: 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or WIFE of~~: Sarah E. Work

6 DATE OF BIRTH (month, day, and year): Jan 23rd 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer United Railways

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto County Md

12 MAIDEN NAME OF MOTHER: Sarah Kirby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto County Md

14 Interment (Address): Laura V. Lane 2952 Harlem ave

15 HAMILTON JONES, M. D. Registrar

AUG 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 15th 31

17 I HEREBY CERTIFY, That I attended deceased from July 28th 31, to Aug 15th 31,

that I last saw him alive on Aug 15th 31,

and that death occurred, on the date stated above, at 3.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obstruction & Coma (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) Leo H. Lauenborg M. D.

(Address) 225 N. Howard Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 8/15/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

THION is very important. See instructions on back of certificates.

AdCo. 5-31 2500

Dr Delawatt

E 71373

HEALTH DEPARTMENT, CITY OF BALTIMORE

62 Washington Blvd. Dr. Delawatt

CERTIFICATE OF DEATH

E 71373

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 W. Barre St. Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Ann Hasty

(a) Residence: No. 1039 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Hasty

6. DATE OF BIRTH (month, day, year) Oct 21st 1886

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	44	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John S. Null
14. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio
15. MAIDEN NAME Annie Cassell
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Annie Null
(Address) 1039 W. Barre St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date 8/18/ 1931

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

AUG 16 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 13 1931 to Aug 15 1931 that I last saw h[illegible] alive on Aug 15 1931 death is said to have occurred on the date stated above, at 8:— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Osteo Arthritis	July 1929
Acute Endocarditis	Aug 1/31

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Delawatt M. D.

(Address) 62 Washington Blvd

AaCo. C.O. 2000 No. E.H. 2220 Garrison Ave

71374 **HEALTH DEPARTMENT CITY OF BALTIMORE** 01

V 87 - L 71374

CERTIFICATE OF DEATH

Registered No. 28-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Groveland Ave (Ward)

Length of residence in city or town where death occurred 1 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Carrie C. Ogle

(a) Residence: No. 4202 Groveland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of William H. Ogle

6. DATE OF BIRTH (month, day, year) July 28th 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
65	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME George W. Carr

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary E. Bell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Margaret M. Merriken
(Address) 4202 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL Forest Park Cemetery Date Aug 17th 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 15/31. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1931 . to Aug 15 . 1931

I last saw h~~er~~ alive on Aug 15 . 1931 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage and paralysis	Aug 1/31
Other contributory causes of importance: Arteriosclerosis — Hypertension duration about 3 yrs	

Name of operation none Date of

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter E Bullett M. D.

(Address) 2220 Garrison Ave

Spmt—9 30—A A Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71375 X 4/51 E 71375

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St. Agnes Hospital St.) 25-12 (WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Mary Holtzner

(a) RESIDENCE NO. 11 Wade Ave Catonsville ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 (Single, Married, Widowed, Divorced, (write the word))
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
WIFE of George Guy Holtzner

6 DATE OF BIRTH (month, day, and year) Feb 7, 1867

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	6	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS
10 NAME Conrad Dearteck
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Frances Dallum
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Susan Holtzner
(Address) 11 Wade ave. Catonsville

15 [illegible] 8-16 Registrar

AUG 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-13-31

17
I HEREBY CERTIFY, That I attended deceased from 8-3 1931 to 8-13 1931
that I last saw her alive on 8-13 1931
and that death occurred, on the date stated above, at 11 15 a m.
The CAUSE OF DEATH* was as follows:
Acute Cardiac Failure

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 8-3-31
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible] M. D.
(Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem
20 UNDERTAKER Easton Bros

DATE OF BURIAL Aug 17 1931
ADDRESS Ellicott City

Spec.—9-30—A. & Co.—250 Blks.

Johnson

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71376

CERTIFICATE OF DEATH

23 E 71376

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 532 W. Madison St.) (WARD) 14-20

2 FULL NAME Lucille F. Johnson

(a) RESIDENCE NO. 532 W. Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

6a If married, widowed, or divorced
HUSBAND of
WIFE of George Johnson

6 DATE OF BIRTH (month, day, and year) July 15, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	0	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Harry H. Anderson

11 BIRTHPLACE OF FATHER (city or town): Howard Co. (State or country): Md

12 MAIDEN NAME OF MOTHER: Lillie Alexander

13 BIRTHPLACE OF MOTHER (city or town): Balto. (State or country): Md

14 Informant (Address): Lillie Anderson 532 W. Madison St.

AUG 16 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 14, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 8. , 1931 , to Aug. 14. , 1931

that I last saw h[illegible] alive on Aug. 13. , 1931

and that death occurred, on the date stated above, at 1:20 a.m.

The CAUSE OF DEATH* was as follows:

(a) Pulmonary Tuberculosis

(b) —

(duration) yrs. 0 mos. 6 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Intracutaneous

(Signed) H. Lee Ellis M. D.

Aug. 1931 (Address) 924 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 8/17/1931

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1631 Druid Hill Ave

Spec.—9-26—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-00 W
72 71377

71377.

REGISTERED NO.

1 PLACE OF DEATH St Joseph Hospital
CITY OF BALTIMORE (No.) Caroline & Orleans ST. WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rachel Ellis

(a) RESIDENCE NO. 1119 Brewer St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Chas.

6 DATE OF BIRTH (month, day, and year): May 12 1890

7 AGE — Years: 41 — Months: 3 — Days: 7 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: John Howe
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Rachel Ellis 1119 Brewer St

15 [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-14-31

17
I HEREBY CERTIFY, That I attended deceased from 8. 11. 31, 19, to 8-14-31, 19
that I last saw h[illegible] alive on 8-14-31, 19
and that death occurred, on the date stated above, at 12 P. M.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction
Peritonitis
(duration) yrs. mos. 6 ds.
CONTRIBUTORY (Secondary) Pregnancy
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 8-14-31
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) [illegible] M. D.
19 31 Address [illegible] Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn
DATE OF BURIAL: 8/17/1931
20 UNDERTAKER: Wm. Geo. H. Holland
ADDRESS: 1601 Druid Hill Ave

AUG 16 1931

Spec—9-30—A & Co—250 Blks

71378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001 71378

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) Bon Secours Hospital ST. 15-65 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Francis J. M. Kernan

(a) RESIDENCE NO. 4039 Fairfax Road. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes L. Kernan

6 DATE OF BIRTH (month, day, and year) May 22-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna.

PARENTS

10 NAME OF FATHER Francis Kernan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Thackery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment (Address) 4039 Fairfax Road

15 [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15-31

17

I HEREBY CERTIFY, That I attended deceased from 8-9 , 1931 , to 8-15 , 1931

that I last saw h[illegible] alive on 8-15 , 1931

and that death occurred, on the date stated above, at 2.45 P. M.

The CAUSE OF DEATH* was as follows:

Bilateral Inguinal hernia

Hypertension

(duration) 35 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) ~~Fatal~~ Intestinal Obstruction.

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? yes Date of 8-10 - 8-14

Was there an autopsy? no

What test confirmed diagnosis? Lab. & clinical

(Signed) Andrew Calais , M. D.

, 19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Aug 1 / 19 31

20 UNDERTAKER: Chas. F. Tague

ADDRESS: 5 W. Lexington St.

Spec.—8-24-14—M. & T.—2000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71379

159 E 71379

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3334 Edmondson Ave ST.; 8-159 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henrietta Lillian Leuschel

(Residence in Baltimore: No. 3334 Edmondson Ave St.; ...yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Child

6-DATE OF BIRTH, Aug 14, 1931 (Month) (Day) (Year)

7-AGE, ...yrs...mos...ds. If LESS than 1 day, 3 hrs. or 15 min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ...
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country). 3334 Edmondson Ave Baltimore Md

PARENTS.

10-NAME OF FATHER, John L Leuschel

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Catherine Bremer

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Leuschel

(Address) 3334 Edmondson Ave

15- AUG 16 1931, 191... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Aug (Month) 14 (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 14 1931, to Aug 14 1931, that I saw h[illegible] alive on Aug 14 1931, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Premature birth

(Duration) ...yrs...mos...ds.

CONTRIBUTORY (Secondary) ...

(Duration) ...yrs...mos...ds.

(Signed) [illegible] M. D.

Aug 14 1931 (Address) [illegible]

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ...yrs...mos...ds. In the State ...yrs...mos...ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Oakleaves Cemy

DATE OF BURIAL, 8-17, 1931

20-UNDERTAKER Wm. Mrs & S Sink

ADDRESS 2512 Wilkins Ave

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 71380

71380

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 N. Lanvale St. 16-68 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma McCann

(a) Residence: No. 2307 N. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced (or) WIFE of George E. McCann.

6. DATE OF BIRTH (month, day, year) October 11, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Mt. Liberty Ohio

MOTHER FATHER

13. NAME Amos M. Johnston
14. BIRTHPLACE (city or town) (State or country) Kentucky
15. MAIDEN NAME Elizabeth Carbutton
16. BIRTHPLACE (city or town) (State or country) Mt. Pleasant Ohio

17. INFORMANT Jno. Edwin Rotenstein
(Address) 2307 N. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Liberty, Ohio Date Aug 16 1931

19. UNDERTAKER Wm. H. Lichtenberg & Sons
(Address) 1701 Eutaw St.

HAMPSON JONES, M. D. Registrar

AUG 16 1931.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1930 to Aug. 13, 1931

I last saw her alive on Aug. 13, 1931 death is said to have occurred on the date stated above, at 7.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	2
	,

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Pessagno, M. D.

(Address) 5, 4 Henry Lane

Spec.—9-30—A. & Co.—250 Blks.

95-373

E 71381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V54-00

E 71381

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Susan Fbiedner

(a) RESIDENCE No. 140 Allen St- St. Hampton - Ohio
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 31-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	15-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House life

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N-Y-

PARENTS

10 NAME OF FATHER A- J. Stevenson

11 BIRTHPLACE OF FATHER (city or town) N-Y-
(State or country)

12 MAIDEN NAME OF MOTHER Mary Cogan

13 BIRTHPLACE OF MOTHER (city or town) N-Y-
(State or country)

14 Informant (Address) Friends-

AUG 17 1931 Reg'd JAMES H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15- 31

17

I HEREBY CERTIFY, That I attended deceased from Aug 9 , 1931 , to Aug 15- , 1931

that I last saw her alive on Aug 15- , 1931

and that death occurred, on the date stated above, at 11 57 A. M.

The CAUSE OF DEATH* was as follows:

Brain Tumor - non - Malignant acoustic nerve neuroma

(duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Cerebellar region Removal tumor

Did an operation precede death? yes Date of 8-12-31.

Was there an autopsy? yes.

What test confirmed diagnosis? Operation

(Signed) Fred W Keib M. D.

, 19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dayton, Ohio	Aug 16 19 31
20 UNDERTAKER	ADDRESS
John A. Mitchell & Sons	1900 Eutaw Pl.

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 71382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 89-002

E 71382

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland Gen. Hospital ST. 11-74 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catharine Bargar

(a) RESIDENCE No. Corral Beach - Curtis Bay ST. WARD Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov. 16, 1920

7 AGE — Years: 10 — Months: 9 — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Mitchell Bargar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Grace Willing

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Hospital Records

(Address)

Filed AUG 17 1931, 19 HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Aug 16, 1931, that I last saw her alive on Aug. 16, 1931 and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Acute Mastoiditis

(duration) 2 (?) yrs. mos. ds.

CONTRIBUTORY (Secondary)

Septic Meningitis (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 8/12/31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Aug 18, 1931

20 UNDERTAKER: Easton Sons — ADDRESS: Ellicott City Md

1-30—M. & T.—100 B—50L

E 71383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71383

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 762 Bradley ST., 7-14 WARD)

2-FULL NAME Annie Knox

(a) RESIDENCE NO. 762 Bradley ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmale | 4 COLOR OR RACE Cerl | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of None.

6 DATE OF BIRTH (month, day, and year) Mar 11 29

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Joseph Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Catherine Knox

(Address) 762 Bradley

15 Filed JUN 17 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows: Gastro Enteritis

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) H. Bruch, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn

DATE OF BURIAL 8/17 1931

20 UNDERTAKER Samuel Easton

ADDRESS Pocomoke

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71384

CERTIFICATE OF DEATH

53 E 71384

REGISTERED NO

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Sexton St. 25-72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret Beyerlein

(a) RESIDENCE NO. 1626 Sexton St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John A Beyerline

6. DATE OF BIRTH (month, day, and year): Sept 4 1873

7. AGE — Years: 57 — Months: 11 — Days: 2 — If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10. NAME OF FATHER: Adam Wertzel

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant (Address): John A Beyerline 1626 Sexton

Filed AUG 17 1931 C. HARRY JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Aug 13, 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Aug 13, 1931

that I last saw her alive on Aug 13, 1931

and that death occurred, on the date stated above, at 5 20 A.M.

The CAUSE OF DEATH* was as follows:

Hypernephroma

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary): Anemia + cachexia

(duration) yrs. mos. ds. —

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) J. E. Stacy Jr. M. D.

19 (Address) 402 E Hudson St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's Cemetery — DATE OF BURIAL: Aug 17 19 31

UNDERTAKER: Edw Tonsor — (ADDRESS) Baltimore

Spec.—9-30—A. & Co.—250 Blks

71385

HEALTH DEPARTMENT—CITY OF BALTIMORE

71385

CERTIFICATE OF DEATH

93004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 408 N Bentford Ave (WARD) 6-10

2. FULL NAME Katherine Frantz

(a) RESIDENCE NO. 408 N Bentford Ave (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 45 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr. Geo Charles J. Frantz

6. DATE OF BIRTH (month, day, and year): Oct 7, 1868

7. AGE: Years 63 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Caspar Schneider

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Clara Crone

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Interment (Address): Elizabeth Cemetery 4422 Fourth Ave

15. Filed: G 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Aug 15-31

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931 to Aug 15, 1931

that I last saw her alive on Aug 14, 1931

and that death occurred, on the date stated above, at 8:20 A.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.
Chronic Arterial Hypertension

CONTRIBUTORY (Secondary): Myocardial Insufficiency. Pul. Edema (duration) 3 yrs. mos. ds.

If Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal

(Signed) Wm. G. Leyh M. D.

(Address) 1561 Mitton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18. PLACE OF BURIAL, CREMATION OR RE... Baltimore Cemetery

DATE OF BURIAL: Aug 18th 31

19. UNDERTAKER: Geo E. Miller & Son 2331 Jefferson St

AdCo. 5-31 2500

71386 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71386

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 W Ostend St. 21-31 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Hughlett Henry

(a) Residence: No. 410 W Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6 hrs old
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Hughlett Henry
14. BIRTHPLACE (city or town) (State or country) Easton Maryland
15. MAIDEN NAME Alth A Thomas
16. BIRTHPLACE (city or town) (State or country) Easton Maryland

17. INFORMANT (Address) Hughlett Henry 410 W Ostend

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 8/17/31

19. UNDERTAKER (Address) Isaac L Penn Sons 20 W Montgomery St

20. FILED AUG 17 1931 C. HUMPHREYS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/11 1931 to 8/14 1931

I last saw him alive on 8/12 1931, and death is said to have occurred on the date stated above, at 1:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	8/8/31
W hooping Cough	"2 1/2 Wks"

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan Drucker M. D.

(Address) 122 W Ost

1-38—M. & T.—100 B—50L

E 71387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71387

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2210 Penna Ave (Ward) 54

2. FULL NAME Lillie May Brooks

(a) RESIDENCE NO. 2210 Penna Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 24 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Jas Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary B Mobley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Jas Brooks

(Address): 2210 Penna Ave

15 Filed AUG 17 1931 H. M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) R. Bruce Cornbrooks, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem

DATE OF BURIAL: 8/17/31 19

20 UNDERTAKER: Frank L Purnell Son

ADDRESS: 108 Monument

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71388

CERTIFICATE OF DEATH.

23 E 71388

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, No. 314 N. Vincent St. 14-27 WARD)

2-FULL NAME John Dorsey

(a) RESIDENCE No. 314 N. Vincent St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

6a If married, widowed, or divorced, HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 4 1906

7 AGE: Years 31; Months —; Days 9 10; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Harry Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Irene Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Harry Smith 3036 Fassett

15 Filed 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 14/31

17 I HEREBY CERTIFY, That I attended deceased from July 5th, 1931, to Aug 14, 1931, that I last saw h[illegible] alive on Aug 13, 1931, and that death occurred, on the date stated above, at 3 A M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Here

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Roentgen Ray

(Signed) H. Leslie Smith M. D.

Aug 14 (Address) 3036 Fassett Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Pleasant Cemetery

DATE OF BURIAL: Aug 17, 1931

ADDRESS 322 N. Schroeder St.

20 UNDERTAKER: Mrs Katie R Williams

Spec.—9 30—A & Co.—250 Blks

251508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71389

CERTIFICATE OF DEATH

E 71389

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. WARD 16-37 9

2 FULL NAME Jeannette Miller

(a) RESIDENCE (Usual place of abode) No. 317 S Lehigh St. WARD

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Single

5a If married, widowed, or divorced — —
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov-1-1930

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		9	15	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Albert Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Esthonia

12 MAIDEN NAME OF MOTHER Lillian Jagt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed —, 19 H. C. HAMPSON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug-16-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Aug 16, 1931

that I last saw her alive on Aug 16, 1931

and that death occurred, on the date stated above, at 345 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Anemia (duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. L. Anderson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem

DATE OF BURIAL Aug 18 1931

20 UNDERTAKER John Ullrich

ADDRESS 2108 Gilmor St

TION is very important. See instructions on back of certificate

Spec—1-30—M.A.T.—250 Blks

E 71390

E 71390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1716 W Pratt ST. 14-28 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Andrew L. Schultz

(a) RESIDENCE NO. 1716 W Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): W

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Rose E Schultz

6 DATE OF BIRTH (month, day, and year): Feb 9 1873

7 AGE: Years 58; Months 6; Days 5; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Candy Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Andrew Schultz

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Elizabeth Casey

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto

14 Informant (Address): Mrs Geo Maryhrah Wife 1716 W Balto St

15 Filed 1-7-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-14 3

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1931, to Aug. 14, 1931, that I last saw him alive on Aug 14, 1931, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmohrage

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia.

(duration) yrs. mos 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Albert Sengstetter, M. D.

8/16, 1931 (Address) 1729 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 8/17 1931

20 UNDERTAKER: Robert Brooks Sons

ADDRESS: Calhoun

Spec.—9-30—A. & Co.—250 Blks.

E 7139 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 1391

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp Street 817 WARD)

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George S. Batzer

(a) RESIDENCE NO. 1910 - East Lafayette Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Batzer

6 DATE OF BIRTH (month, day, and year) Aug 26, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware Store

(c) Name of employer Otto Rose

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER John J. Batzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Snyder

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) George W. Batzer 910 E. Lafayette Ave

AUG 17 1931 H. HANSON DORSEY, M. D. CORONER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-14-31

17

I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to August 14, 1931

that I last saw h im alive on August 14, 1931

and that death occurred, on the date stated above, at 7.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum
& metastasis

March 31, 1931 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Biopsy.

(Signed) W. B. Kinder M. D.

19 (Address) 1 Druid Heights

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood DATE OF BURIAL Aug 18 1931.

UNDERTAKER Mrs. John W. Tendler & Son ADDRESS 801 W. Fayette

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71392

E 71392
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General St. 22-31 Ward)

2-FULL NAME Garrett Ricks

(a) RESIDENCE NO. 730 S.Charles St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	Colored	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of ---

6 DATE OF BIRTH (month, day, and year) Feb. 25, 1905?

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	26 ?	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Steamship
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Walter Ricks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Otelia Diggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Virginia Ricks
(Address) 730 S.Charles St.

15 Filed 8-17-1931 C. HAMPSON JONES M. D. Registrar

By ---

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Revolver Wound of Head--Homicide

(duration) --- yrs. --- mos. 3 hrs. --- dys.

CONTRIBUTORY (Secondary) ---
(duration) --- yrs. --- mos. --- dys.

18 Where was disease contracted if not at place of death? On street in front of home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D.

8/17, 1931 (Address) 203 Patapsco Ave. B Brooklyn, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Zion Cemetery Aug	17 1931
20 UNDERTAKER	ADDRESS
Miller B Sapp	132 Hamburg

OF DEATH in plain terms, so that it may be properly classified. Each statement is important. See instructions on back of certificate.

E 71393

Spec.—9-30—A. & Co.—250 Blks

Barack

E 71393 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St Josephs Hosp (WARD) 46

2-FULL NAME Baby Boy Barack

(a) RESIDENCE NO. 1115 Bonaparte Ave (WARD)

Length of residence in city or town where death occurred 18 hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Baby Boy

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 18 hrs. | Months | Days | If LESS than 1 day, 18 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Barack Edward

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Jane Powers

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Md

14 Interment (Address) Elizabeth Cemetery 3616 Hamble Rd

15 Removal

16 Undertaker (Address) Curley & Co Inc 2619 Eliza

AUG 17 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-15-31

17 I HEREBY CERTIFY, That I attended deceased from 8-15-31, 19 , to 8-15-31, 19 , that I last saw h alive on 8-15-31, 19 , and that death occurred, on the date stated above, at 11:55 a.m.

The CAUSE OF DEATH* was as follows: Patent Foramen Ovale

CONTRIBUTORY (Secondary) Decompensation (duration) 18 hrs. yrs. mos. ds.

(duration) yrs. 6 hrs. 0 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Mrs Hanna M. D.

(Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 8/17 1931

ADDRESS

TION IS VERY important. See instructions on back of this

AsCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71394

CERTIFICATE OF DEATH

E 71394
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
Length of residence in city or town where death occurred? ? yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Switzer
(a) Residence: No. 3006 Weaver Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year): Sept 6 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Under 1 year~~	54	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

MOTHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

FATHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 8/18 1931

19. UNDERTAKER (Address) Thomas E. Cook 217 22 Pace St

20. FILED ..... 19... THEODORE JONES, M. D. Registrar.

OCCUPATION is very important. See that it is entered.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-14-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-12-31, 19, to 8-14-31, 19
I last saw him alive on 8-14-31, 19 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chr.	months 2 months
Other contributory causes of importance: Arteriosclerosis Hypertension	Autopsy

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify
(Signed) Jas E Turnock M. D.
(Address) Balto. City Hosp.

Spec.—0-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71395

51456

71395

CERTIFICATE OF DEATH

7-13 122-006

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ST. WARD)

2 FULL NAME Susie Carroll

(a) RESIDENCE NO. 914 Rutland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	black	married

5a If married, widowed, or divorced
RELSRAND of
(or) WIFE of Richard Carroll

6 DATE OF BIRTH (month, day, and year) March 14 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	29.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work, House Cleaner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Johns Hopkins Hosp

9 BIRTHPLACE (city or town) (State or country) Md Delhi.

PARENTS

10 NAME OF FATHER George Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Katherine Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Records JOHNS HOPKINS HOSPITAL

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 13-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1931, to Aug 13, 1931

that I last saw h[illegible] alive on Aug 13, 1931

and that death occurred, on the date stated above, at 3 15 P. M.

The CAUSE OF DEATH* was as follows:

Shock and Circulatory Failure - Post Operative

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchia Asthma - Tuberculosis Hernia, Incarcerated (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Aug-12, 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical -

(Signed) Chas R Brawner, Jr M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prot. Point

DATE OF BURIAL Aug 17, 1931

20 UNDERTAKER Wm. Ida Smeltzer

ADDRESS 1715 E. Monument

UG 17 1931

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71396

CERTIFICATE OF DEATH

131 E 71396

E 71396

1—PLACE OF DEATH Md. Gen. Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 30-10 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Helen M. Grieving

(a) RESIDENCE NO. 3505 W. Franklin ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Grieving

6 DATE OF BIRTH (month, day, and year) Jan 1 1909

7 AGE: Years 22 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Neuberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Barbara Deutsch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Hospital Records
(Address)

15 Filed AUG 17 1931, 19 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-16-31

17 I HEREBY CERTIFY, That I attended deceased from 8-12-31, 19 , to 8-16, 19 31.

that I last saw h alive on 8-16, 19 31

and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) uremia

(duration) yrs mos. 3 ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No Date of

Was there an autopsy? No

What (est confirmed diagnosis? Chronic Nephritis

Aug 19 19 31 (Signed) Robert F. Chenoweth, M. D.

(Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery | DATE OF BURIAL Aug. 19 1931

20 UNDERTAKER Henry Walch Inc. | ADDRESS 1201 E Eager

Form —1-12-23—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71397

CERTIFICATE OF DEATH.

82 E 71397

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 S. Bonsal St. 76-37 Ward 11)

2-FULL NAME John Burns

(a) RESIDENCE NO. 405 S. Bonsal St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Ida Burns

6 DATE OF BIRTH (month, day, and year): April 18, 1855

7 AGE: Years 76 Months 3 Days 27

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carlton Ky.

PARENTS

10 NAME OF FATHER: John Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carlton, Ky. Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): [illegible]

14 Informant (Address): John W. Burns Son 405 S. Bonsal St

15 Filed 8-17-31 C. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 15 1931

17 I HEREBY CERTIFY, That I attended deceased from August 10, 1931, to Aug. 15, 1931, that I last saw him alive on Aug. 15, 31, and that death occurred, on the date stated above, at 11:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

General Arterio Sclerosis & Hypertension (duration) yrs. mos. 2 dy.

CONTRIBUTORY (Secondary): Hypostatic Pneumonia (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Morris J. Schindler M. D.

, 19 (Address) 606 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: aug 18 1931

20 UNDERTAKER: Lilly & Zeiler

ADDRESS: [illegible]

Spec.—9-30—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 71398

71398

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St Joseph Hospital W. 37 WARD

2 FULL NAME Mrs Tina Saylor

(a) RESIDENCE NO. 710 Danville Road St. Balt. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Saylor

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 38 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Mirela

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Tina Rumpf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Geo Taylor 710 Danville Road

Filed AUG 17 1931 19 C. HAMDEN JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15 31

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Aug 15, 1931

that I last saw her alive on Aug 15, 1931

and that death occurred, on the date stated above, at 5-55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical Findings

(Signed) F. M. Baumgardner M. D.

19 (Address) St Joseph Hosp Balt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug. 12, 1931

20 UNDERTAKER: J. Frank Brack — ADDRESS: Sar 1906 Wards

TION IS VERY important. See instructions on

Spec.—9-29—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71399

CERTIFICATE OF DEATH

5 1/2 E 71399

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1032 N. Castle ST. (WARD) 7P13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marie Kolarik

(a) RESIDENCE NO. 1032 N. Castle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 31 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

3a If married, widowed, or divorced (or) WIFE of: John Kolarik

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Mirek Kolarik

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): John Kolarik 1032 N. Castle

15 Filed: C. HAMPSON JONES, M. D. Registrar

AUG 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Aug 15, 1931

that I last saw her alive on Aug 15, 1931

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Diabetes, mellitus

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary): Edema of Extremities

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) A. P. Schenky M. D.

19 (Address) 500 N. Carey St. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Aug 17 1931

20 UNDERTAKER: Frank Brockson

ADDRESS: 1906 Eastern Ave

(SEE BACK OF CERTIFICATE FOR INSTRUCTIONS. See INSTRUCTIONS on BACK of CERTIFICATE.)

1-38—M. & T.—100 B—50L

E 71400

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71400

CERTIFICATE OF DEATH

REGISTERED NO. 119

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1619 Lancaster ST. 2-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gilbert Gryglicki.

(a) RESIDENCE NO 1619 Lancaster ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 21 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 months	5	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Adam Gryglicki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Emma Labedzska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Adam Gryglicki

(Address) 1619 Lancaster St

15 Filed AUG 17 1931. (By) C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No. Mus Freedom Pa.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? J. P. Hezos Md. M. D.

(Signed) Coroner

8/16 19 31 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL Aug 17 19 31

20 UNDERTAKER — ADDRESS

TION is very important See instructions on back of certificate.

Spec.—8-32-23—WAT—500 Bks.

E 71401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71401

154

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1610 E Pratt ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sabine

(a) RESIDENCE NO. 1610 E Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 17 31

7 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work two

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm Sabine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Virginia Sauter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant (Address) Virginia Sabine 1610 E Pratt St

15 Filed Aug 19 31 Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 31

17 I HEREBY CERTIFY, That I attended deceased from Aug 17 19 31 to Aug 17 19 31

that I last saw h[illegible] alive on Aug 17 19 31

and that death occurred, on the date stated above, at 3:55 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Bond

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed: William R Young M. D.

19 (Address) 1610 E Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL AUG 17 19 31

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

HAMPTON-JOHNS M. F.

TION is very important See instructions on back of certificate

Spec.—9-30—A. A Co.—250 Blks

E 71402 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23 E 71402

REGISTERED NO.

1 PLACE OF DEATH 5

CITY OF BALTIMORE: (No. 510 ~~N. Broadway~~ East St. 9-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Roxie Simmons

(a) RESIDENCE NO. 510 N. East ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	M

6a If married, widowed, or divorced (or) WIFE of George Simmons

6 DATE OF BIRTH (month, day, and year) Aug 16, 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Waverly, Va.

PARENTS

10 NAME OF FATHER Wm. Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Waverly Va

12 MAIDEN NAME OF MOTHER Annie Glee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Waverly Va

14 Informant Jos. Simmons (Address) JOHNS HOPKINS HOSPITAL

15 AUG 17 1931 C. HAMPSON JONES, M. D. Registrar

A. B. [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 15 (?) 1931, to Aug 16 1931

that I last saw h[illegible] alive on August 14 1931

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pulmonary tbc.

Pulmonary hemorrhage

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum exam.

(Signed) John W. Parsons M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Int Calvary Cem	8-18 1931

20 UNDERTAKER Jas. Wm. Skinner ADDRESS 1625 E. Fast St

1-30—M. & T.—100 B—50L

E 71403

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71403

CERTIFICATE OF DEATH

REGISTERED NO. 119

1-PLACE OF DEATH
CITY OF BALTIMORE, No. Hospital Hosp ST., 7-12 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jos. Brudzinski

(a) RESIDENCE NO. 931 S. Belnord ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Mal

4 COLOR OR RACE White

5 Single, Married, Widowed or Divorced (write the word) Single

6 If married, widowed, or divorced (HUSBAND of (or) WIFE of) No

6 DATE OF BIRTH (month, day, and year) Jan 23 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Jos Bridzinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary McNultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Jos. Bridzinski

(Address) 931 S. Belnord

15 Filed 1 7 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jany 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows

Acute Nutritional Disturbance

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Autopsy

(Signed) Coroner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cemetery — DATE OF BURIAL 8/18 1931

20 UNDERTAKER Stephen J. Fitkowski Sr. — ADDRESS 1000 E. Kennard

TION is very important See instructions on back of certificate.

1-30—M & T—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71404 (upper right)

REGISTERED NO. E 71404

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 71404

1-PLACE OF DEATH St Joseph Hosp 27-43 WARD

CITY OF BALTIMORE: (No.) ST.,

2-FULL NAME Ida Effel

(a) RESIDENCE NO. 5910 Sefton Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bernard E Effel

6 DATE OF BIRTH (month, day, and year): Feb 6 1868

7 AGE: Years 63 Months 6 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Yukon. Yukon

PARENTS

10 NAME OF FATHER: Yukon.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Yukon

12 MAIDEN NAME OF MOTHER: Yukon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Yukon

14 Informant: Bernard E Effel

(Address): 5910 Sefton Rd

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (Death) on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

CONTRIBUTORY (Secondary) (duration) Diabetes mos 3 ds

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Bacteriological

(Signed) J. Hamilton Booze, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: aug 18 1931

20 UNDERTAKER: George W. Zurbuch.

ADDRESS: 1737 E Eager

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 71405 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 71405

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 1614 N. Gay ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elmira E Fatham

(a) RESIDENCE NO. 1614 N Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

3a If married, widowed, or divorced HUSBAND of or) WIFE of Daniel Fatham

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Charles Nevatt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Nevatt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George Brown (Address) 1614 N. Gay St.

15 Filed 8-17 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-16-1931

17 I HEREBY CERTIFY, That I attended deceased from July 6th, 1931, to Aug 16, 1931, that I last saw her alive on Aug 16, 1931, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Int. Nephritis (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) David Miller M. D.

8/16, 1931 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL Aug 18th 1931

ADDRESS

20 UNDERTAKER Leo D. Cook 1723 Pratt Ave

Spec.—9 30—A. & Co.—250 Blks

B 71406 HEALTH DEPARTMENT—CITY OF BALTIMORE + 1225 71406

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital ST 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Mary Sedlacek

(a) RESIDENCE NO. Lawson, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Joseph Sedlacek

6 DATE OF BIRTH (month, day, and year) Nov 29th 1877

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant (Address) Joseph Sedlacek 1625 E. Monument & Marwood Rd

15 Filed Aug 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1931, to Aug. 17, 1931

that I last saw her alive on Aug. 17, 1931

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis Heart

Pulmonary Edema 6 days

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 17, 31

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) [illegible] M. D.

8/17 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Prospect Hill Cemetery Newark	8/20/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501,

Dr Cromwell 201 Patapsco Ave Curtis 0746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71407

E 71407

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 864 Carroll St. 21-29 (WARD)

2-FULL NAME John A. Smith

(a) RESIDENCE NO 864 Carroll ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lillian Smith

6 DATE OF BIRTH (month, day, and year) May 24th 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	41	2	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): Clothing
(c) Name of employer: A. Jacobs

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant Lillian Smith

(Address) 864 Carroll St

15 Filed Aug 19 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by Illuminating Gas

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) Guy N. Cromwell, M. D.
Coroner

8/17, 1931 (Address) 201 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Aug 20th 1931

20 UNDERTAKER: Wm Cook 1217 St Paul St — ADDRESS

TION is very important! See instructions on back of certificates.

Spec.—9-30—A. A Co.—200 Blks

71408 HEALTH DEPARTMENT—CITY OF BALTIMORE 71408

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No Baltimore ST 14-59 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Isaac Epps

(a) RESIDENCE NO 2311 Division Street ST. Baltimore Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	widowed

5a If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-25-74

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 years	11	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitor

(b) General nature of industry, business, or establishment in which employed (or employer): Do

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Isaac ?

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: Margaret Paterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Records Baltimore City Hospital

15 Filed . 19 Registrar

T. C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-16-31

17

I HEREBY CERTIFY, That I attended deceased from 7-30-31, 1931, to 8-16, 1931

that I last saw h[illegible] alive on 8-16, 1931

and that death occurred, on the date stated above, at 9:15 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elmer Hightower M. D.

8-16-1931 (Address) Baltimore City Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	8/18 1931
20 UNDERTAKER: Thomas E. Kelson	ADDRESS 1303 Pressman St

TION is very important. See instructions on back of certificate.

Spec—9 30—A. A Co.—250 Blks

E 71409 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

131 E 71409

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto md

CITY OF BALTIMORE. (No. 2020 Penn ave WARD) 17-20

2. FULL NAME Solomon Easton

(a) RESIDENCE NO. (Usual place of abode) 2020 Penna. ave ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
male	Colord	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Easton

6. DATE OF BIRTH (month, day, and year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country) Calvert co md

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Martha Brown

13. BIRTHPLACE OF MOTHER (city or town) (State or country) md

14. Informant (Address) Mary Easton 2020 Penna ave

Filed 8-18 1931 Registrar

MEDICAL CERTIFICATE OF DEATH 8-14-31

16. DATE OF DEATH (month, day, and year) 8/14/31

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 31 to 8-14-1931

that I last saw h[illegible] alive on 8-14-1931

and that death occurred, on the date stated above, at 9:20 Am

The CAUSE OF DEATH* was as follows:

Myo-Carditis

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Nephritis

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Balto

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL 8/18 1931

(a) UNDERTAKER Thomas E Kelson — ADDRESS 303 Presstman St

T7-1031

C. HAMPSON JONES, M. D.

AdCo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

71-410

CERTIFICATE OF DEATH

71-410

Registered No. E 71-410

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 45-54 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Anthony Palmer

(a) Residence: No. 2326 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/4/27

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	4		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Daniel Palmer
14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.
15. MAIDEN NAME Geneva Hawkins
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Father (Daniel Palmer)
(Address) 2326 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 8/18 1931

19. UNDERTAKER Thomas E. Kelson
(Address) 303 Preston St.

20. FILED 8/18 1931 C. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1931 to 8/16 1931

I last saw h alive on 8/16 1931 death is said to have occurred on the date stated above, at 2:30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	5 weeks ago
Bronchial Pneumonia	5 days ago

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hospital

OCCUPATION is very important. See instructions.

Spec.—9-30—A. A. Co.—250 Blks.

7141E HEALTH DEPARTMENT—CITY OF BALTIMORE 7141E

V 23

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (TBC.) 21-29

CITY OF BALTIMORE: (No ST. WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rose McGlotten

(a) RESIDENCE NO. 212 Amity st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Buckstown Maryland

PARENTS

10 NAME OF FATHER: Leven McGlotten

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Henry

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hospital Records

AUG 18 1931

G. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1931

17
I HEREBY CERTIFY, That I attended deceased from July 30, 19 31, to Aug. 15, 19 31

That I last saw h er alive on Aug. 15, 19 31

and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Acute tuberculous pneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Seman M. D.

8-15-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johns Hopkins

DATE OF BURIAL: 8-18 1931

20 UNDERTAKER: Byrow Knight

ADDRESS: 1218 McElderry St

1-30—M & T—100 B—50L

E 71412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71412

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1308 Ashland ST. 16-14 (WARD)

2-FULL NAME Lizet Johnson

(a) RESIDENCE NO 1308 Ashland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day and year) May 14 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Clayton Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa.

12 MAIDEN NAME OF MOTHER: Dorothy Whitney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Dorothy Johnson
(Address) 1308 Ashland Pl

15 Filed Aug 19 1931 WILLIAM H. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Disturbance (duration) yrs. 1 mos. 2 dys.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Heinrich M. D. Coroner

(Address) Aug 18 1931

*State the Disease Causing Death, or in deaths from Violent Causes, (1) state the Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Evergreen Cemetery

DATE OF BURIAL: Aug 18 1931

20 UNDERTAKER: Mrs Chas G. Bailey

ADDRESS: 1421 Jefferson

TION is very important See instructions on back of certificate.

Spec.—4-12-29—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71413

CERTIFICATE OF DEATH.

119 E 71413

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1219 (Street) Durst alley (WARD) 20-4-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John T. Wheelton

(a) RESIDENCE NO. 1219 (Street) Durst alley WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 4 mos 27 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar. 19, 1931

7 AGE: Years — Months: 4 — Days: 27 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Leonard T. Wheelton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md

12 MAIDEN NAME OF MOTHER: Mary C. Duvall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Anne Arundel Co. Md

14 Informant: Leonard T. Wheelton (Address) 1219 Durst alley

15 Filed AUG 18 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 9 1931 to Aug. 16 1931

that I last saw him alive on Aug. 16 1931

and that death occurred, on the date stated above, at 3:05 A. m.

The CAUSE OF DEATH* was as follows:

Ilio Colitis

(duration) yrs mos 8 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) T. R. C. Campbell M. D.

8/17 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Harford Co. — DATE OF BURIAL: 8/18 1931

20 UNDERTAKER: Cusky & Co — ADDRESS: 29 E. Mulberry St

THIS is very important! See instructions on reverse side.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71414

CERTIFICATE OF DEATH

E 71414

REGISTERED NO. E 71414

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2566 (Street) Druid Park Drive (Ward) 15-58

2 FULL NAME Hyman Goldberg

(a) RESIDENCE NO. 2566 Druid Park Drive (Usual place of abode) WARD

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lena Goldberg

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 57 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hebrew Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Isac

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Interment (Address): Le Levy Cor Eutaw & Fayette sts

15 Filed 19 Registrar

G. HANSON JONES, M.

G 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1931 to Aug 17, 1931

that I last saw him alive on Aug 17, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Coronary thrombosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical sign

(Signed) S C. Feldman M. D.

19 (Address) 1422 E Balto st

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Young Men Wash Rd — DATE OF BURIAL: 8 18 1931

20 UNDERTAKER: Jack Lewis — ADDRESS: 1439 E Balto St

TION is very important. See instructions on back of certificate

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71415

E 71415

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 18-29 WARD

2-FULL NAME John A Harper

(a) RESIDENCE NO 1005 Boyd St ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs 1 mos 8 ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Harper

6 DATE OF BIRTH (month, day, and year) Nov 9 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	88	9	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Pp
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Harper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary A Harper

(Address) 1005 Boyd St

15 Date received AUG 18 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? 1005 Boyd St

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. McGinty M.D. (Coroner)

Aug 17, 1931 (Address) 305 N Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Gdns

DATE OF BURIAL 8/19/1931

20 UNDERTAKER John F Cowan & Son

ADDRESS 901 Hollins St

TION is very important! See instructions on back of certificate.

AdCo. 5-31 2500

E 71416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 71416

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kennedy Hospital St., 11 Ward)

Length of residence in city or town where death occurred 37 yrs. 8 mos. 11 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Watkins, Henry

(a) Residence: No. 1212 So Stricker St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5th 1893

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
37	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry W Henry
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary P Langan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Milton S Henry
(Address) 212 So Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 8/14/ 1931

19. UNDERTAKER John J Edwardston
(Address) 901 W Lanvale St

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to Aug 12, 1931

I last saw h[illegible] alive on Aug 9 1931 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Chronic Nephritis	
Contracted Bladder	
Cancer of Bladder	?
Uremia	?
Bronchopneumonia	

Other contributory causes of importance:
Uremic Coma — 6-14-31

Name of operation None. Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J A Hornbaker, M. D.
(Address) Univ. Hosp.

Spec.—9-30—A. & Co.—250 Blks

71417

HEALTH DEPARTMENT—CITY OF BALTIMORE

71417

CERTIFICATE OF DEATH

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE (No. Wolkens & Eastern Ave) WARD 19-27

2 FULL NAME Mrs Frances Morris

(a) RESIDENCE NO. 1721 Hollins St City WARD

(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 31V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Clayton Morris.

6 DATE OF BIRTH (month, day, and year): June 7th 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): Louisville Ky

PARENTS

10 NAME OF FATHER: Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kentucky

14 Informant (Address): Clayton Morris 1721 Hollins Street

15 Filed Aug 22 1931 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/17/1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8, 191 , to Aug. 17 1931

that I last saw h alive on Aug. 17 , 1931

and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Glomerular Nephritis

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (secondary): Uraemia.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes. Physicians Signature

What test confirmed diagnosis? Autopsy, Laboratory Findings.

(Signed) Hyalmar S. Gundersen M. D.

8 11 31 (Address) St Agnes Hospital

*State the Disease Causing Death, or by deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 8/20/1931

25 UNDERTAKER: John F. Cowan & Son

ADDRESS: 90 Hollins St.

TION is very important. See instructions on back of certificate.

C 18 1931

1-30—M. & T.—100 B—50L

B 71418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151-003

REGISTERED NO. B 71418

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 S Washington ST. 2-4 WARD)

2-FULL NAME Francis Siegmund

(a) RESIDENCE NO. 209 S. Washington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 17 1931

7 AGE	Years	Months	Days	If LESS than 1 day 12 hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph E Siegmund

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Schoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Joseph Siegmund

(Address) 209 S Washington St

15 Filed [illegible] 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H S Herzog M D Coroner, M. D.

8/18, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 8/18 1931

UNDERTAKER Tilley & Zukendraes ADDRESS 400 S Wolfe St

TION is very important. See instructions on back of certificate.

AUG 19 1931 HAMPSON JONES, M. D.

Spec.—6-30—A. & Co.—250 Blks

251693
Ped.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71419

E 71419

7 13002

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) JOHNS HOPKINS HOSPITAL (St.) 7-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Pearl Simms

(a) RESIDENCE NO. Ferguson Road, Fullerton, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Child

5a If married, widowed, or divorced
~~HUSBAND of~~
~~or~~ WIFE of

6 DATE OF BIRTH (month, day, and year) 7/31/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6		

8 OCCUPATION OF DECEASED

~~(a) Trade~~, profession or particular kind of work do

(b) General nature of industry, ~~business, or establishment~~ in which employed (or employer)

~~(c) Name of employer~~

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Thomas Simms

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Agnes Simms

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed 19 Registrar

C. HAMDEN JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 17 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 5th, 19 31, to Aug 17, 19 31

That I last saw h~~e~~r alive on Aug 17th, 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos 1 ds.

18 Where was disease contracted if not at place of death? at home do

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) N. E. Anderson M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Vaughs chapel

DATE OF BURIAL Aug 19 31

20 UNDERTAKER Wetzel Lassahn & Son

ADDRESS 7461 Belair Rd

TION is very important. See instruction on back of certificate

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71420 +208 E 71420

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 71420

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 12-49 WARD)

2-FULL NAME George A. Riley (Reilly)

(a) RESIDENCE NO. White Marsh, Md. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie N. Riley

6 DATE OF BIRTH (month, day, and year) Oct. Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Electrical Contr.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Buffalo, N.Y.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Frank Gambrill

(Address) White Marsh, Md.

15 Filed ..... 192 ..... C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Due to he was driving turned into path of moving street car which collided with it. (Duration) yr. mos. ds.

CONTRIBUTORY (Secondary) Crushed Chest (duration) yr. mos. ds. Fract Skull

18 Where was disease contracted if not at place of death? Harford Rd + 32nd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) H. Grauer M. D.

8/18, 1931 (Address) 2939 W. Eldeny Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Aug 9 1931

20 UNDERTAKER Frank Trost

ADDRESS 7401 Belair Rd

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V.001

82 E 7142L

7142L

CERTIFICATE OF DEATH

REGISTERED NO. 1568

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Maryland Ave ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George Washington Fleagle

(a) RESIDENCE NO. 2806 Presbury St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Molly Fleagle

6 DATE OF BIRTH (month, day, and year) Sept 27, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76 yrs	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 15

(b) General nature of industry, business, or establishment in which employed (or employer): For Himself.

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Emmitsburg Md.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER Mary Shoemaker

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Md.

14 Interment John Ellis Cemetery

(Address) 2120 Maryland Ave

Filed Aug 18 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Aug 16, 1931

that I last saw h in alive on Aug 15, 1931

and that death occurred, on the date stated above, at 4 40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Recurrence)

(duration) yrs. 2 mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) O. W. Spurrier, M. D.

8-16 1931 (Address) 3300 Walbrook Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem	Aug 18 1931
20 UNDERTAKER	ADDRESS
Wm J Tichnor & Sons	North & Pa

Spar.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71422

CERTIFICATE OF DEATH

71422

2-4 92-

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 S. Ann St ST. 2-4 WARD)

2 FULL NAME Elizabeth Wasik

(a) RESIDENCE NO. 532 S. Ann St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ignatius Wasik

6 DATE OF BIRTH (month, day, and year) Unk.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Michael Wojciechowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs M. Dombrowska
(Address) 236 S. Chapple St.

15 Filed 1931 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/ 15/ 31

17
I HEREBY CERTIFY, That I attended deceased from Jan. 1926 to Aug 14 1931
that I last saw h alive on Aug 11 1931
and that death occurred, on the date stated above, at 8 P. m.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy, Arterio Sclerosis Renal Regurg
(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Laboratory Clinical Exam.

(Signed) A. Flies M. D.

Aug 15 1931 (Address) 24 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Aug. 19 DATE OF BURIAL 19 31

20 UNDERTAKER F. W. Gazewski ADDRESS 930 Eastern Av.

TION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

71423

CERTIFICATE OF DEATH

13 E 71423

Registered No. ▶

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal. Md. Hosp. St., 1876 (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Dennis

(a) Residence: No. 734 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Ma	Col	Mar

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Dennis.

6. DATE OF BIRTH (month, day, year) Feb. 18, 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	49	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Gdn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Robert Dennis
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Annie Johnson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Estelle Dennis
(Address) 738 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Pet-Interment Cemetery Date Aug 19, 1931

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder Ste.

20. FILED Aug 19, 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/5/31, 19, to 8/16, 1931

I last saw him alive on 8/16, 1931 death is said to have occurred on the date stated above, at 11:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis	?

Other contributory causes of importance:

Uraemia	8/13/31

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mamie James Johnson M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 71424

(Goodwin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71424

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Provident Hosp. ST. 14-20 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thos. Goodwin

(a) RESIDENCE NO. 1935 McCulloh ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Goodwin

6 DATE OF BIRTH (month, day, and year) Nov 4 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bottle washer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Haushalter Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Anthony Goodwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Sally Rayben

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Beatrice Goodwin (Address) 1930 McCulloh

15 Filed AUG 18 1931 C. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 15 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Abscess of Liver

Acute Epilepsy — (duration) yrs. 2 mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) H. Leuth, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Aug 18 19 31

20 UNDERTAKER Capital Co. Inc.

ADDRESS 1 W. Fayette St.

TION is very important See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks.

E 71425

E 71425 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1 PLACE OF DEATH Baltimore City Hospitals. ST 10-14 WARD

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO

2 FULL NAME SUSIE BREEDEN

(a) RESIDENCE NO 718 N. Gay (Usual place of abode) ST WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Morgan

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Walenton N.C.

PARENTS

10 NAME OF FATHER John Squire

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? N.C.

12 MAIDEN NAME OF MOTHER Elizabeth Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? N.C.

14 Informant (Address) Records of Baltimore City Hosp.

15 Filed AUG 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/10/31, 19 to 8/15/31, 19 that I last saw her alive on 8/15/31, 19 and that death occurred, on the date stated above, at 3 A. M.

The CAUSE OF DEATH* was as follows:

Lung abscess

June, 1930 (duration) yrs 2 mos ds

CONTRIBUTORY (Secondary) pulmonary hemorrhage (duration) yrs mos 2 ds

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery DATE OF BURIAL: Aug 18 1931

UNDERTAKER: Robt K Williams 1110 Mc Elderry St

TION is very important. See instructions on back of certificate.

Louis F Andrae

E 71426 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71426

13/V

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE } NO. 4220 Dolphin St. 26-4-2 WARD)

2—FULL NAME Louis F Andrae

(a) RESIDENCE NO. 4220 Dolphin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs 0 mos 12 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lana V. Andrae

6 DATE OF BIRTH (month, day, and year) Aug 3rd 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
✓	58	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William Andrae

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Lana V. Andrae (Address) 4220 Dolphin Ave

Filed AUG 18 1931, HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 14 1931

17 I HEREBY CERTIFY, That I attended deceased from May 2 1931 to Aug 14 1931

that I last saw him alive on Aug 14 1931

and that death occurred, on the date stated above, at 1:45 P M

The CAUSE OF DEATH* was as follows:

Bright's Kidney Disease

(duration) yrs 6 mos ds

CONTRIBUTORY (Secondary) Hypertrophy of Heart (duration) 1 yrs mos ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. E. Beall M.D.

8/17 1931 (Address) 99 W. Hamilton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Aug 18th 1931
UNDERTAKER Eschbmans Son Fawcett	ADDRESS 1059

THIS is very important. See instructions on back of certificate

E 71427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71427

CERTIFICATE OF DEATH

1082

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 3503 Belvidere Av (or) 27-56 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma L. Figue

(a) RESIDENCE No. 3503 Belvidere Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs 9 mos 29 ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John L. Figue

6 DATE OF BIRTH (month, day, and year): Oct 17 1867

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
63	9	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Ports Md

PARENTS

10 NAME OF FATHER: John C Roming

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER: Hinkemeyer

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germy

14 Informant (Address): Miss Minnie L. Figue 3503 Belvidere Ave

15 Filed AUG 18 1931 Registrar C. HAMPTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1931, to Aug 16, 1931,

that I last saw h[illegible] alive on Aug 16, 1931,

and that death occurred, on the date stated above, at 12 m

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs mos ds

CONTRIBUTORY (Secondary): Coke Vale Heart Dis

(duration) 7 yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Sydney Vollrath, M. D.

, 19 (Address) 2042 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ivy Hill Cem Cremation

DATE OF BURIAL: Aug 19 1931

20 UNDERTAKER: E Schloman & Son

ADDRESS 1939 Pennsylvania Ave

THIS is very important See instructions on back of certificate

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71428

REGISTERED NO. E 71428

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 71428

1-PLACE OF DEATH

City of Baltimore: (No. 226 S. Fremont Ave. Ward) 21-29

2-FULL NAME Emma Bercher

(a) RESIDENCE NO. 226 S. Fremont Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Bercher

6 DATE OF BIRTH (month, day, and year) July 5 - 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	57	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Julius Bercher (Son)
(Address) 226 S. Fremont Ave

15 Filed AUG 18 1931 Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, on-inquiry (coroner or inquirer) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feltz, M. D.

Aug 18. 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Aug 19, 1931

20 UNDERTAKER Mrs A. A. Elliott

ADDRESS 1425 Aisquith

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

G

Cor.—11-9-31—A Co.—200 Bks.

KATHERINE HAAS

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71429

E 71429

CERTIFICATE OF DEATH

186-V-00V

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1411 No. Henry St. 19-28 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Katherine Haas.

(a) RESIDENCE NO. 1411 No. Henry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female.

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Andrew Haas.

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 57. Months Days IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria Hungary

PARENTS

10 NAME OF FATHER: Dont know.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria Hungary.

12 MAIDEN NAME OF MOTHER: Dont know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria Hungary.

14 Informant (Address)

15 Filed 19 REGINALD JONES, M. D. Registrar

By:

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Fell down 1st Floor Stairway—Accidental

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

Probable Fracture of Skull

Guy N. Bromwell M. D.

(Signed) (Corner)

8/18. 1931 (Address) 303 Patapsco Ave, Brooklyn

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery Date of Burial Aug 20 1931

UNDERTAKER: Board Evans ADDRESS 35 E Pratt

AUG 19 1931

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-29-31—1. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71430

CERTIFICATE OF DEATH

93-003 E 71430

REGISTERED NO.

1—PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. 11-24 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pearl Tracy

(a) RESIDENCE NO. Upperco Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1st 1915

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework int.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Silas E. Troy

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Co Md.

12 MAIDEN NAME OF MOTHER Rose B Hurinelle

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Co Md

14 Informant Hospital Record

(Address)

15 Filed , 19 Registrar

E. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-18-31

17 I HEREBY CERTIFY, That I attended deceased from 3/24/31, 19 , to 8-18-, 1931.

that I last saw h alive on 8-18-, 1931

and that death occurred, on the date stated above, at 6:15 Am.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
(rheumatic in Origin)
(duration) 1 yrs. 6 mos. (?) ds.

CONTRIBUTORY (Secondary) Myocardial failure
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What tests confirmed diagnosis? Clinical

(Signed) Robert F. Chenoweth, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Balto Co

DATE OF BURIAL aug 20 1931

20 UNDERTAKER Edw C Tipton

ADDRESS Hampstead Md

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71431

CERTIFICATE OF DEATH

95402 E 71431.

1 PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. 27-54 WARD) REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nathan Levin

(a) RESIDENCE NO. Belvedere & Greenspring Ave ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	95			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hotel Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) None Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Abraham
11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia
12 MAIDEN NAME OF MOTHER Esther
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Superintendent Levindale Hebrew Home for Aged (Address)

15 Filed [illegible] 1931 W. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-18-31

17 I HEREBY CERTIFY, That I attended deceased from 8-16-31, 1931, to 8-18, 1931

That I last saw h[illegible] alive on 8-17, 1931

and that death occurred, on the date stated above, at 8 11 m.

The CAUSE OF DEATH* was as follows:
Chronic valvular disease

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Edmund Levin M. D.

, 19 (Address) Levindale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Woodlawn Rd DATE OF BURIAL 8/18 1931

20 UNDERTAKER Jack Lewis Inc ADDRESS 1439 E. Baltimore St

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71432 HEALTH DEPARTMENT—CITY OF BALTIMORE

12/E 71432

CERTIFICATE OF DEATH.

1 PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No 36-C St. WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John A Muse, Jr.

(a) RESIDENCE NO 210 S. Smallwood ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 18, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	14	9	29 30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) Maryland

PARENTS

10 NAME OF FATHER John A. Muse

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Agnes Mohiser

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mr. John A. Muse
(Address) 210 S. Smallwood St.

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 17, 1931

17
I HEREBY CERTIFY, That I attended deceased from August 13 1931 to August 17 1931
that I last saw h/m alive on August 17 1931
and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

abdominal contents

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Ruptured Gangrenous appendicitis (duration) yrs. mos. 1 ds. (?)

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 13, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Lachman M. D.

8/17 1931 (Address) West Balto. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Aug. 20 1931

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

TION is very important. See instructions on back of certificate.

Spec.—9-M—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71433

CERTIFICATE OF DEATH

54 E 71433

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2506 E. Preston St 8-16 WARD)

2 FULL NAME Joseph W. Herbert

(a) RESIDENCE NO 2506 E. Preston ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Herbert

6 DATE OF BIRTH (month, day, and year) Aug 14 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Window Rep.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Geo. M Herbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co Md

12 MAIDEN NAME OF MOTHER Rhoda Cooksey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Elizabeth Herbert wife
(Address) 2506 E Preston St.

15 Filed AUG 18 1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/16/31

17

I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1928 to Aug 16, 1931

that I last saw h[illegible] alive on Aug 16, 1931

and that death occurred, on the date stated above, at 4:45 P. M.

The CAUSE OF DEATH* was as follows:

Myocardial decompensation.

(duration) ___ yrs. ___ mos. 1 ds.

CONTRIBUTORY (Secondary) Cardiac Tumor

(duration) 3 yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Thos Fu Stearns M. D.

8/17/31 (Address) 2878 Hartsdale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Bath cemetery	8/19/31
20 UNDERTAKER J. A. Moran	Address 3 E Balto

TION is very important. See instructions on back of certificate.

Spec—9-30—A & Co—250 Blks

251438

Ped

E 71434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71434

CERTIFICATE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST 7-9 (WARD)

2 FULL NAME Nellie May O'Shea

(a) RESIDENCE NO 208 E ~~4~~ Ft. Spariow Pt. Md WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married, Widowed, or Divorced~~, (write the word)
Female	White	Child

5a If married, widowed, or divorced
HUSBAND of
~~WIFE~~ of

6 DATE OF BIRTH (month, day, and year) Dec. 4, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5	14	

8 OCCUPATION OF DECEASED

(a) ~~Trade, profession~~ or particular kind of work none

(b) General nature of industry, ~~business~~ or establishment in which employed (or employer)

(c) ~~Name of employer~~

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Robert Jack O'Shea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wyoming

12 MAIDEN NAME OF MOTHER Beatrice Pritchett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records

(Address) JOHNS HOPKINS HOSPITAL

15 Filed ... 19 ... Registrar C. HAMPSON JONES, M. D.

AUG 18 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 18 1931

17

I HEREBY CERTIFY, That I attended deceased from

8-10-31, 19..., to 8-18-31, 19 31

that I last saw h~~er~~ alive on 8-18, 19 31

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia - Pertussis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY ..... (Secondary)

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? Yes

What (est confirmed diagnosis)? Blood count

(Signed) W. J. Anderson M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Aug. 20 19 31
20 UNDERTAKER John F. Connelly	ADDRESS Essex

TION is very important. See instructions on back of certificates.

E 71435
E 71435

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 71435

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) S 3-4 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.

2. FULL NAME James Powell

(a) RESIDENCE NO. 244 S. Bethel st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 1, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	26	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): LaCrosse Virginia

PARENTS

10 NAME OF FATHER Henry Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Minnie King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 8 18 1931

16 C. HAMPSON JONES, M. D. Registrar

No. 1818

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Mch. 27, 19 31, to Aug. 17, 19 31

that I last saw him alive on Aug. 17, 19 31

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence F. Sands M. D.

8-17 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Aug 19 19 31

DATE OF BURIAL

20 UNDERTAKER: John C. Miller 2-30 E Pratt

ADDRESS

(Spec.—9-30—A. & Co.—250 Blks.)

See instructions on back of certificates. ATION is very important.

Spmt.—1-12-23—3&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71436

CERTIFICATE OF DEATH

127 E 71436

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 132 N. Belnord Ave. (St.) 6-10 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura L. Glass

(a) RESIDENCE NO. 132 N. Belnord ST. 6 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of: Thomas Glass

6 DATE OF BIRTH (month, day, and year): Sept. 3 1877

7 AGE: Years 53 | Months 11 | Days 13 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm H. Harblon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Benetta Ruley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Thomas Glass

(Address): 132 N. Belnord Ave

17 Filed AUG 18 1931, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1931, to Aug 16, 1931, that I last saw h[illegible] alive on Aug. 16, 1931, and that death occurred, on the date stated above, at 9 A. M.

The CAUSE OF DEATH* was as follows:

Acute Gastro Enteritis.
Hernia R. Ing (Strangulated)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Gustav C. Thieme M. D.

, 19 (Address) 16 N. Kenwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: W.D. Laurel Cem. — DATE OF BURIAL: Aug. 19 1931

20 UNDERTAKER: Wm. C. Miller & Son — ADDRESS: 2004 E. Monument St

TION is very important See instructions on back of certificates.

Size—5-29-08—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71437.

CERTIFICATE OF DEATH

11-002 E 71437

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Calhoun St. Ward) 16-7a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Bernice Gant

(a) RESIDENCE NO. 613 N. Calhoun St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, (or) WIFE of: Lloyd Gant

6 DATE OF BIRTH (month, day, and year): Apr 22. 1900

7 AGE: Years 31 Months 3 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: Wm B. Cohn

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Dan Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ala.

12 MAIDEN NAME OF MOTHER: Lucy Gunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Son Mrs Nurse

(Address): 613 N Calhoun St

15 Filed: AUG 18 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 15th 1931

17 I HEREBY CERTIFY, That I attended deceased (from Aug. 14th 1931. to Aug 15th 1931.

that I last saw her alive on Aug 15th 1931.

and that death occurred, on the date stated above, at 3:45 A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of Heart (duration) yrs. mos. 1 hr ds.

CONTRIBUTORY (Secondary) Influenza (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. E. Bell, M. D.

19 (Address) 1918 N Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Aug 19 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 303 Forstman St

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 71438

71438

REGISTERED NO. E 71438

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Neil Hos, ST., 15-63 WARD)

2-FULL NAME Stannie Louisa Klingeline

(a) RESIDENCE NO 4042 Kateleine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs 0 mos 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 6, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	0	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Trained nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Ballo.

9 BIRTHPLACE (City or town) (State or country): Md.

PARENTS

10 NAME OF FATHER George Klingeline

11 BIRTHPLACE OF FATHER (City or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER Mary L. Hepperd

13 BIRTHPLACE OF MOTHER (City or town) (State or country): N.Y

14 Informant: Mr. George N. Klingeline

(Address) 3413 Andrew Ave.

15 Filed Aug 19 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Fall in which she was a pdn collided with another auto overturn

(Duration) Fract 5th Cervical mos ds

CONTRIBUTORY Cerebral — (duration) subsequent Paralysis mos ds

18 Where was disease contracted if not at place of death? Madison & Preston

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin & Xray

(Signed) L. D. Frame M. D. Coroner

19 (Address) 2933 W. Eldere

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cem

DATE OF BURIAL Aug 19 1931

UNDERTAKER: Wm Gardner & Son

ADDRESS Howard & Fa

CAUSE OF DEATH is very important. See instructions on back of certificate.

Spec.—12-9-31—A Co.—200 Blks.

71439

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 ✓ E 71439

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH 1236 Scott St.

City of BALTIMORE: (No.) St. 21-29 Ward

2-FULL NAME Elizabeth Flynn

(a) RESIDENCE NO. 1236 Scott St St. Ward

(Usual place of abode)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Robert Flynn

6 DATE OF BIRTH (month, day, and year): June 8. 1892

7 AGE: Years 39 | Months 7 | Days 9 | If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

637

9 BIRTHPLACE (City or town): Baltimore
(State or country): Md.

PARENTS

10 NAME OF FATHER: Henry Dunlevy
11 BIRTHPLACE OF FATHER (City or town): Balto
(State or country): Md.
12 MAIDEN NAME OF MOTHER: Mary Meisenholder
13 BIRTHPLACE OF MOTHER (City or town): Balto.
(State or country): Md.

14 Informant (Address): Robert Flynn 1236 Scott St

15 Filed ___ 19___ H. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17th 19 31

17 I HEREBY CERTIFY, That I attended deceased from July 15 19 31 to Aug. 17 19 31
that I last saw her alive on Aug. 17 19 31
and that death occurred, on the date stated above, at 8.15 p m.

The CAUSE OF DEATH* was as follows:

Secondary Anaemia.

CONTRIBUTORY (Secondary) Carcinoma of uterus. (duration) ___ yrs. 2 mos. ___ ds.

(duration) ___ yrs. 19 mos. ___ ds.

18 Where was disease contracted? —
If not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No — necessary
What test confirmed diagnosis? —

(Signed) Harry Yates, M. D.
. 19 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — Date of Burial: Aug. 20 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: Belmont St & Broadway

AUG 1931 G. HAMILTON JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

E 71440

108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 397 N. Chapel ST. 8-17 WARD)

2-FULL NAME Esther Clark

(a) RESIDENCE No. 307 N. Chapel St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Apr 2-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Russell Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Estelle Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): 1309 Chapel St

15 Filed ____ 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia 4 ds.

(duration) yrs. mos.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Herbert Elliott, M. D. (Coroner)

(Address) 1911 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary

DATE OF BURIAL: Aug 20 1931

20 UNDERTAKER: Herb. E. Elliott

ADDRESS: 1911 Eastern Ave

CAUSE OF DEATH to be given by physician, coroner, or other person authorized by law to certify. See instructions on back of certificate.

TION is very important!

1-36—M. & T.—100 B—501.

E 71443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71443

54-007

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John A Hopkins Hosp (St.) K-7-13 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Emma Carter

(a) RESIDENCE NO. 726 N. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Spencer.

6 DATE OF BIRTH (month, day, and year) Feb 19-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5	31	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Lonnie Watts

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: Spencer Carter

(Address): 726 N Bond

15 Filed AUG 19 1931 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 16th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tumor on Brain

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Reynolds Hitchcock

(Signed) By Coroner, M. D.

(Address) Aug 16 Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathay Cemetery — DATE OF BURIAL: Aug 26 1931

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1725 [illegible]

CAUSE OF DEATH to be filled in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—9-31—A & Co.—250 Blks

E 71442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71442

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 335 Washburn Ave STREET WARD 25-75 122-002

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah A. Ireland

(a) RESIDENCE No. 335 Washburn ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard Ireland

6 DATE OF BIRTH (month, day, and year) Feb 25 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr Richard Ireland

(Address) 335 Washburn Ave

15 Filed AUG 19 1931 HAMILTON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 10. 1931. to Aug 17. 1931

that I last saw h alive on Aug 17 1931 9.05 P m.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

Signed A. B. Campbell M. D.

Aug 18 1931 (Address) 1644 Hanover

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

20 UNDERTAKER Harry L. Storm

DATE OF BURIAL Aug 20 1931

ADDRESS 1300 E Fort Ave

AUG 19 1931

TION is very important. See instructions on back of certificates.

Rpwt.—9-30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71443

E 71443

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hebrew home for aged Division NUMBERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Belvedere & Greenspring aves.

2 FULL NAME anna Kaplan

(a) RESIDENCE NO. Belvedere & Greenspring Aves. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced, (write the word) W.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Harris

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Velvel —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Winston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment (Address) Hebrew Home for aged Infirm

15 Aug 19 1931 M. D. Registrar

19 1024

TION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19-31

17

I HEREBY CERTIFY, That I attended deceased from 8-16, 19 31, to 8-19, 19 31

that I last saw h.. alive on 8-19, 19 31

and that death occurred, on the date stated above, at 5.30 A. M.

The CAUSE OF DEATH* was as follows:

Chr. card. valvular disease

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wedmund Heerm M. D.

Aug 19 1931 (Address) Lorndale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holomon Herring Rum

20 UNDERTAKER Sol Levinson & Bro

DATE OF BURIAL Aug 19 1931

ADDRESS 1627 E Balto St

Spec.—130—M. & T.—250 Blks

E 71444 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71444

46

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 E Monument St. 5-E Ward)

2-FULL NAME Josiah Fisher

(a) RESIDENCE NO. 1309 E Monument St. Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

5a If married, widowed, or divorced, HUSBAND of ~~or WIFE of~~ Belle Fisher

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, __ hrs or __ min.
	67	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber Wagon

(c) Name of employer Linkwood Md.

9 BIRTHPLACE (city or town) (State or country) Linkwood Md.

PARENTS

10 NAME OF FATHER James Fisher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lillian S. Fisher. (Address) 1309 E Monument St

15 Filed AUG 19 1931 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1930. to Aug 18. 1931.

that I last saw him alive on Aug 17. 1931.

and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows:

Chr. Cardio- Renal disease

(duration) (Primary) mos ds.

CONTRIBUTORY (Secondary) Carcinoma (Rectum) (metastasis)

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. H. Jarrett M. D.

8/19. 1931 (Address) 1429 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. DATE OF BURIAL Aug 21 1931

20 UNDERTAKER Chas F. G. Locke ADDRESS 1302 Jeffers St.

TION is very important See instructions on back of certificates.

Spec.—9-26—A. & Co.—250 Blks.

E 71445

E 71445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2242 E. Hoffman St. 8-16 WARD)

2 FULL NAME Cordelia A. Plummer

(a) RESIDENCE NO. 2242 E. Hoffman ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6a If married, widowed, or divorced (HUSBAND) (or) WIFE of: Late Geo. W. Plummer

6 DATE OF BIRTH (month, day, and year): Mar 25 58

7 AGE: Years 73 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: John F. Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Christ. Busick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Alice E. Wright

(Address) 2242 E. Hoffman

15 Filed AUG 1 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 17/31

17 I HEREBY CERTIFY, That I attended deceased from July, 19 29 to August 17, 19 31

That I last saw h alive on 19

And that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

nature (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Penner M. D.

1931 (Address) 3725 Holmes Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem

DATE OF BURIAL: Aug 19 31

20 UNDERTAKER: Philip Herwig

ADDRESS 2016 Orleans St

CAUSES OF DEATH: Write plainly with ink. See instructions on back of certificate. TION is very important.

E 7146 HEALTH DEPARTMENT—CITY OF BALTIMORE E 7146

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) University Hospital St. 13-9 (Ward)

2-FULL NAME Benjamin Herman

(a) RESIDENCE NO. 1611 Sheffield Apts St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie

6 DATE OF BIRTH (month, day, and year) Dec 31 - 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	48	7	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Ladies Ready to Wear
(c) Name of employer Self

9 BIRTHPLACE (city or town) Russia
(State or country) Russia

PARENTS

10 NAME OF FATHER Louis

11 BIRTHPLACE OF FATHER (city or town) Russia
(State or country) Russia

12 MAIDEN NAME OF MOTHER Hollis

13 BIRTHPLACE OF MOTHER (city or town) Russia
(State or country) Russia

14 Informant K. Hocking
(Address) 2433 Eutaw Pl

15 Filed AUG 19 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 205 N. Eutaw St.

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Arthur Fetter, M. D.

8/18. 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL 8/19 1931

20 UNDERTAKER Jack Lewis Jr

ADDRESS 1439 E Balto St

AUG 19 1931 C. HAMPSON JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 71447 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71447

CERTIFICATE OF DEATH. 121

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE: (NO. 623 East 25 ST., 4th WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William H. Pinkney

(a) RESIDENCE NO. 623 East 25 ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Helen Pinkney

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Penn Germantown

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Helen Pinkney 623 East 25 St

15 Filed . 19 Registered .

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1931

17 I HEREBY CERTIFY, that I attended deceased from Aug. 6 , 1931 , to Aug. 16 , 1931 ,
that I last saw her alive on Aug 16 , 1931 ,
and that death occurred, on the date stated above, at 5-6 m.
The CAUSE OF DEATH* was as follows:
Appendicitis

(duration) yrs. 0 mos. 11 ds.
CONTRIBUTORY (Secondary) Intestinal obstruction
(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Operation Ex.
(Signed) Garland Griffith M. D.
Aug 18 1931 (Address) 1534 East Lee

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon County DATE OF BURIAL Aug 20-1931

20 UNDERTAKER Thos Geo. E. Holland ADDRESS 601 E Lee

C. HAMPSON JONES, M.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71448

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals S. 21-29 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME John Benges

(a) RESIDENCE NO. 1148 Ward ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) [redacted] 1865 B 1148

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66 6 8	[redacted]	[redacted]	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John H. Benges
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Caroline ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of
(Address) Baltimore City Hospitals

15 8-19-1931 Reg'r Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18/31

17 I HEREBY CERTIFY, That I attended deceased from 8/7/29, 19 . to 8/18/31 19
that I last saw him alive on 8/18/31 19
and that death occurred, on the date stated above, at 5:00 A.M.
The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum, et

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis, Chr. and Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) Jas Arnold Jr M. D.
, 19 (Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross C. & Co
20 UNDERTAKER William Cook
DATE OF BURIAL 8/19 1931
ADDRESS 121 St Paul

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—350 Blks

E 71449

E 71449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

1 PLACE OF DEATH Balto City Hospls. REGISTERED NO. 25-73

CITY OF BALTIMORE: (No.) Balto Md. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertie Ward

(a) RESIDENCE NO. 3414 Brayton ave ST. Lakeland WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter N. Ward

6 DATE OF BIRTH (month, day, and year) Mch 11-1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 69

(b) General nature of industry, business, or establishment in which employed (or employer) Seamstress

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Robert Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment (Address) Record Balto City Hospls

15 AUG 19 1931 REGISTRAR Reg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-18-31

17

I HEREBY CERTIFY, That I attended deceased from 11-7- 1929 to 8-18- 1931

That I last saw her alive on 8-15- 1931

and that death occurred, on the date stated above, at 11.20 A. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Cardiac Arrest

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Nephritis Complicated

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Harry A. Wetzke M. D.

(Address) Baltimore City Hospls

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 8/20/31

20 UNDERTAKER Harry A Wetzke

ADDRESS Edmondson

CAUSE OF DEATH must be plainly written. Do not use abbreviations or ditto marks. Make no erasures. Use no fluid on this certificate. Any person who knowingly makes a false statement on this certificate is guilty of perjury. See instructions on back of certificates.

TION is very important.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71450 / 31 E 71450

REGISTERED NO.

E 71450

1-PLACE OF DEATH

City of BALTIMORE: (No. 400 N. Fulton Ave. Ward 20-27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Della Spurrier

(a) RESIDENCE NO. Home for Aged M. E. Church Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year): Oct. 24, 1870

7 AGE: Years 60 | Months 9 | Days 24 | IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Wm Spurrier.

11 BIRTHPLACE OF FATHER (city or town): Baltimore,

(State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Frizzell

13 BIRTHPLACE OF MOTHER (city or town): Baltimore,

(State or country): Md

14 Informant (Address): Miss Etta Cuddy 400 N. Fulton Ave.

15 Filed ___ 19___ HAMPSON JONES, M. D. Registrar

By ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8 1931, to Aug. 18, 1931, that I last saw her alive on Aug. 17, 1931, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 7 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary): Chr. Nephritis

(duration) 7 yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ___

Was there an autopsy? No.

What lesion was found? Clinical.

(Signed) George E. Shannon, M. D.

8/18, 1931 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and, (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery Date of Burial: Aug 20 1931

20 UNDERTAKER: George J. Smith ADDRESS 422 Hollins

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificates.

Cor.—11-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71451

REGISTERED NO. E 71451

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1533 Ellamont St. Walbrook Ward 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A. Horgan

(a) RESIDENCE NO. 1533 Ellamont St. Walbrook Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CORONER'S CERTIFICATE (1) DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Horgan

6 DATE OF BIRTH (month, day, and year) June 15, 1861

7 AGE

Years	Months	Days	IF LESS than 1 day hrs. or min.
70	2	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John A. Bauer

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara A. Meyd.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant (Address) Katharine E. Linsenmeyer. 42 Melvin Ave., Catonsville.

15 Filed AUG 19 1931 19 Registrar

16 DATE OF DEATH (month, day, and year) Aug 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) And that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Thrombosis

Sudden

(duration)

CONTRIBUTORY (Secondary)

(duration)

(Signed) M. D.

(Address) Coroner

Aug 18th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery Date of Burial 8/20/31

20 UNDERTAKER Henry U. Mears ADDRESS 1205 N. Eutaw

AUG 19 1931 C. HAMPTON JONES M.

Be sure to be correct and complete in every detail. Write plainly in ink. Fill out all items. Do not abbreviate. Write out fully the word describing OCCUPATION in every case. Have statement of OCCUPATION be properly classified. Have statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Have statement of OCCUPATION in every case. Have statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Have statement of OCCUPATION in every case. See instructions on back of certificate.

AaCo. 5-31 2500

E 71452

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71452

CERTIFICATE OF DEATH

12-51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. (or Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Smith.

(a) Residence: No. 2418 Maie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1895

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Lucinda Moss

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Hospital Records

(Address)

[redacted] HOSPITAL

Date AUG 19 1931

19. UNDERTAKER

(Address)

20. FILED [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/14 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-11 1931 to 8-14 1931

I last saw him alive on 8-14 1931 death is said to have occurred on the date stated above, at 2-40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acquired Hemolytic Jaundice	8-9 (?)

Other contributory causes of importance:

Cholecystitis	8-11-31
Cholecystostomy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Geyer M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9-30—A. & A. Co.—250 Blks.

E 71453

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 71453

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (TBC.) 17-24

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

2 FULL NAME Nathan Reeves

(a) RESIDENCE NO. 622 George st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Sept. 29, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Sims Reeves

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 8-19-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1931 to Aug. 15, 1931

that I last saw him alive on Aug. 15, 1931

and that death occurred, on the date stated above, at 10.30 a.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence F. Sera, M. D.

8-15-31 Address Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS

DATE OF BURIAL AUG 19 1931

20 UNDERTAKER

ADDRESS

Register

TION is very important. See instructions on back of certificate.

6056

Spare—12-9-25—A Co.—200 Blks.

E 71454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-23

E 71454

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home Infirmary St. [illegible] Ward)

2-FULL NAME Miss Phoebe Stait

(a) RESIDENCE NO. Church Home St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 87 | Months — | Days — | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Philadelphia

(State or country): Penna

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town): unknown

(State or country)

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address): Records of the Home

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: aug 18 1931

17 I HEREBY CERTIFY, That I attended deceased from 8-16 1931, to 8-18 1931,

that I last saw h.e alive on 8-18 1931,

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (secondary): arterio-sclerosis

(duration) 16 yrs. mos. ds.

18 Where was disease contracted if not at place of death? C1

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Callum R Cheeta, M. D.

19 (Address) Church Home Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: Interment Greenmount and cemetery

Date of Burial: aug 20 1931

20 UNDERTAKER: Chas. S. Black

ADDRESS: 742 W Fayette ave

19 1931

Don't fail to be careful and accurate in answering every question. Blanks should be carefully supplied. Ages should be stated in YEARS, MONTHS and DAYS. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 71455 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71455

CERTIFICATE OF DEATH

82-004

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2010 E Eager ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary R Smith

(a) RESIDENCE NO. 2010 E Eager ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 single, Married, Widowed, or Divorced (write the word) Widow

6a If married, widowed, or divorced, WIFE of John D Smith

6 DATE OF BIRTH (month, day, and year) June 1877

7 AGE Years 54 Months 2 1 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 37

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Balt

PARENTS

10 NAME OF FATHER Francis Ogle

11 BIRTHPLACE OF FATHER (city or town) (state or country) Balt

12 MAIDEN NAME OF MOTHER Eliz Hartman

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Balt

14 Informant (Address) Mrs Caldwell 2010 E Eager St

15 1 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17-31

17 I HEREBY CERTIFY, That I attended deceased from augt 1925 to augt 1931 that I last saw her alive on augt 17 1931 and that death occurred, on the date stated above, at 11.30 pm

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

2 hrs attack 1 Day

CONTRIBUTORY (Secondary) Hyp B Pneum Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No Consid

What test confirmed diagnosis? —

(Signed) J F K Formad M. D.

19 (Address) 117 W Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Holy Rood Aug 20 1931

20 UNDERTAKER J A Hilan ADDRESS 3000 E Balto St

GIVE CAUSE OF DEATH IN PLAIN TERMS. DESCRIPTIVE TERMS OF DISEASE ARE NOT SUFFICIENT. See instructions on back of certificate. CAUSE OF DEATH IN PLAIN TERMS. DESCRIPTIVE TERMS OF DISEASE ARE NOT SUFFICIENT. See instructions on back of certificate.

AaCo. 5-31 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

71456 71456

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 95-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Dellor

(a) Residence: No. 3100 Stafford St. St.. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
34	34	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Mariner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER
13. NAME Thomas H. Dillon
14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Albers
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. M. L. Vessler
(Address) 3100 Stafford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loud, Park Date 8/20/31 19

19. UNDERTAKER Richard Bruger
(Address) 1620 Ashburton St.

20. FILED ... 19 ... Registrar

19 1331

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to August 17, 1931
I last saw h[illegible] alive on August 17, 1931 death is said to have occurred on the date stated above, at 8 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	
(?) Sub-acute Bacterial endocarditis	2-1-2
Acute Cardiac Dilatation	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? A Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) J. H. Hornbaker, M. D.
(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71457 — 210 E 71457

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH (a) CITY OF BALTIMORE: (No.) Balto City Hosp ST. (WARD) 8-16

2-FULL NAME Gordon Connelley

(a) RESIDENCE NO 2526 E Oliver St / WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 8/10/24

7 AGE — Years: 7 — Months: — Days: 9 — If LESS than 1 day, hrs or min.: —

8 OCCUPATION OF DECEASED — (a) Trade, profession or particular kind of work: School — (b) General nature of industry, business, or establishment in which employed (or employer): — (c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Edw J Connolly

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Irene Perkins

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

14 Informant: Edw. J. Connolly

(Address) 2526 E. Oliver St

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8, 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

THE CAUSE OF DEATH* was as follows: Auto in which he was a rider ran off road overturning & struck tree

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Fract Skull Crushed Chest

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern & Mace

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) H. Tramm M. D. Coroner

8 19 31 (Address) 2139 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: 8/20/1931

20 UNDERTAKER: E. J. Fanning & Son

ADDRESS: 1956 Lafayette Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71458

CERTIFICATE OF DEATH

210-202

E 71458

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hosp ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ivald C Connolly

(a) RESIDENCE NO 2526 Elderslie ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Child

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7/15/1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edw. J. Connolly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Irene Ritzius

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Edw. J. Connolly

(Address) 2526 E. Chase St.

15 Filed [illegible] 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry.) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic nephritis which they were judging ran from food & contributing obj stuckey tuc

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Tract Stude

(duration) 6 yrs mos ds

18 Where was disease contracted if not at place of death? Eastern & Moca Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) [illegible] Coroner, M. D.

8/19, 1931 (Address) 1139 Wm St Elderslie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Crematory	8/20/1931
20 UNDERTAKER	ADDRESS
E. J. Fanning & Son	1938 E. Lafayette ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

G 1 1931 HARRISON JONES M

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 71459

186-001
186-E 71459

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hosp. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Slawinski

(a) RESIDENCE NO. 524 S. Curley ST. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Slawinski

6 DATE OF BIRTH (month, day, and year) May 23 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	58	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Iron Moulder

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Catherine Slawinski

(Address) 524 S. Curley St.

15 Filed C. HAMPSON JONES, M. D. Registrar

G 191931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull

accidental Fall (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) B. Pendergrass M. D.
(Coroner)

8/19. 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Moriah Date of Burial Aug 19 1931

20 UNDERTAKER John M. Weber ADDRESS 1 W Mulberry St

Don should be carefully supplied. Age should be stated correctly. Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 71460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71460

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) Johns Hopkins ST., 7-9 WARD)

2-FULL NAME Philip Johnson

(a) RESIDENCE Mc Kleesport Pa. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 6-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	41	11	13	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Mechanic (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer Mc Keesport Tube

9 BIRTHPLACE (City or town) (State or country) Mc Keesport Pa

PARENTS

10 NAME OF FATHER Frank W. Snyder

11 BIRTHPLACE OF FATHER (State or country) Sweden

12 MAIDEN NAME OF MOTHER Louisa Pattison

13 BIRTHPLACE OF MOTHER (State or country) Sweden

14 Informant Sophia Hopkins

(Address)

15 Filed ..... 192 ..... Registrar

S 1931 C. EMPSON JONES, M.D. A.C.N.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Autopsy thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Autopsy find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tumor on Brain

Local or operating table (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Aug 19th

Was there an autopsy? Yes

What test confirmed diagnosis? .....

(Signed) ..... M. D. (Coroner)

(Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mc Keesport Pa

DATE OF BURIAL 8/19/31

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Bway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-26—A. & Co.—250 Blks.

L 71461 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 71461

1 PLACE OF DEATH — REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 918 Franklintown St. WARD 16 67

2 FULL NAME Katherine E. Dawley

(a) RESIDENCE No. 918 Franklintown Rd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. B. Dawley

6 DATE OF BIRTH (month, day, and year) July 4-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Thomas Dunn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. Mary Weber 918 Franklintown Rd

15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17

17 I HEREBY CERTIFY, That I attended deceased from Aug 15 1931 to Aug 17 1931

That I last saw her alive on Aug 15 1931

And that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis ?

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Dyspnea ?

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

8/19/31 (Signed) Roy O. McClenny M. D.

19 (Address) 400 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bio Institutional DATE OF BURIAL Aug 20 1931

UNDERTAKER J. J. Wappert ADDRESS 800 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be readily understood. TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71462

93-001

E 71462

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 6-9 WARD)

2. FULL NAME Mahalia Gilbert

(a) RESIDENCE NO 412 N Regester, ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Samuel Gilbert

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Rosetta Gray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sallie Gray

(Address) 412 N. Regester St

15 Filed ..... 19..

..... Registrar

AUG 20 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 412 N Regester St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D O Herzog M.D., M. D. Coroner

8/19, 1931 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem.	8 20 1931

20 UNDERTAKER Byron Wright ADDRESS 1218 Mc Elderry St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 71463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1001

E 71463

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Johns Hopkins

CITY OF BALTIMORE, (No.) _____ ST. 5-8 (WARD)

2-FULL NAME Robert Thomas

(a) RESIDENCE NO. 7 N. Eden ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Helper on Tobacco Wagon

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Richmond Va

9 BIRTHPLACE (city or town) (State or country) Mckenney Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) _____

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) _____

14 Informant Edward Thomas

(Address) 7 N. Eden

15 Filed AUG 20 1931 19 C. HAMPTON JONES, JR. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) May 16 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above. (autopsy or inquiry)

The CAUSE OF DEATH was as follows:*

Fractured Skull

(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (Secondary) Fell out window

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Holbrook Coroner, M. D.

May 16 19 31 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. National Cem DATE OF BURIAL 8-20 19 31

20 UNDERTAKER Byrn Haught ADDRESS 1218 McElderry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spar.—9 30—A. & Co.—250 Blks

Harry Jenkins

E 71464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71464

457-E 71464

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No JOHNS HOPKINS HOSPITAL ST 817 WARD)

2 FULL NAME Baby Jenkins (Harry)

(a) RESIDENCE NO 1632 E. Federal St ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. H.D.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Jenkins

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Annie Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 20 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 19 1931

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1931 to Aug 19, 1931

that I last saw h[illegible] alive on Aug 19, 1931

and that death occurred, on the date stated above, at 1.05 A. m.

The CAUSE OF DEATH* was as follows:

Heart disease, congenital.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) R. O. Warren M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Rd DATE OF BURIAL Aug 22 1931

20 UNDERTAKER Elmer W. Conklin ADDRESS 3245 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of BECAUSE. TION is very important. See instructions on back of certificates.

JOHNS HOPKINS HOSPITAL

Spec.—9-30—A. A Co.—250 Sht.

E 71465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82 E 71465

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2208 Ruskin ave ST. 15-60 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sarah Freeman

(a) RESIDENCE NO. 2208 Ruskin Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

6. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Geo. W. Freeman

7. DATE OF BIRTH (month, day, and year) Nov. 12 1847

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	9	16	

9. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10. BIRTHPLACE (city or town) (State or country) Massachusetts

PARENTS

11. NAME OF FATHER Geo. Medley

12. BIRTHPLACE OF FATHER (city or town) (State or country) Mass

13. MAIDEN NAME OF MOTHER Unknown

14. BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

15. Interment (Address) Woodlawn

16. Aug 26 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH (month, day, and year) Aug 18-31

18.

I HEREBY CERTIFY, That I attended deceased from Aug 14, 1931, to Aug 18, 1931

that I last saw h[illegible] alive on Aug 17, 1931

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Senile Degen

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 4 ds.

Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Charles L. Tyler M. D.

Aug 24 1931 (Address) 2764 Park Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem.	Aug 21 1931
20. UNDERTAKER Harry W. Ehlen	ADDRESS 1944 W. North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

D5-0636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71466

CERTIFICATE OF DEATH

131 E 71466

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL ST. 14-20 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha McBride

(a) RESIDENCE NO. 1526 Penn. Ave — ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chambermaid

(b) General nature of industry, business, or establishment in which employed (or employer) Ø

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md —

PARENTS

10 NAME OF FATHER Edward Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md —

12 MAIDEN NAME OF MOTHER Mary Goss

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md —

14 Interment (Address) Woods —

15 Filed AUG 20 1931 19 HH Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 17-31

17

I HEREBY CERTIFY, That I attended deceased from July 16 1931 to Aug 17 1931

That I last saw her alive on Aug 17 1931

and that death occurred, on the date stated above, at 2 50 P. M.

The CAUSE OF DEATH* was as follows:

Hypertension, Nephritis
Uremia Arteriosclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Benj. Rose Baker M. D.

Aug 18 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL Aug 20 1931

Mt. Calvary Cem

20 UNDERTAKER Samuel Hedsley ADDRESS 2128 Pa Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave statement of occupation TION is very important. See instructions on back of certificate.

AaCo. 5-31 1500

Carey

E 71467

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

1331 71467

Registered No. 8-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelius J. Carey

(a) Residence: No. 1820 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Carey

6. DATE OF BIRTH (month, day, year) July 27th 1855

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
✓	76		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman (ret)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Pimna

FATHER

13. NAME John Carey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sr. M. Jerome

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem. Date Aug 21 1931

(Cemetery)

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. AUG 20 1931 19 Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5" 1931, to Aug. 18 1931

I last saw him alive on Aug. 18 1931 death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

~~Cerebro-vascular hemorrhage~~

Peri nephritis Abscess 3 weeks

Other contributory causes of importance:

Pulmonary Edema 1 day

Acute Interstitial Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) J Leyko M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that a correct classification may be properly assigned. Fill out OCCUPATION as completely as possible. See instructions on back of certificate. Especially important.

Spec.—9 30—A. & Co.—250 Blks

71468

HEALTH DEPARTMENT—CITY OF BALTIMORE

71468

CERTIFICATE OF DEATH.

1918

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) # 126 So. Schroeder St. Ward 18-29

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Milton P. Snoops

(a) RESIDENCE NO. # 126 So. Schroeder St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 4 mos. 9 ds. How long in U. S., if not foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaretha P. Knefp-Snoops

6 DATE OF BIRTH (month, day, and year) Aug 4 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	35	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Product dealer

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Geo Snoops

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md

12 MAIDEN NAME OF MOTHER: Margaret Yinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md

14 Informant: Mrs Margaretha Snoops

(Address) # 126 So. Schroeder St.

15 AUG 20 1931 19 M.C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/18/1931

17

I HEREBY CERTIFY, That I attended deceased from July - 20 1931 to Aug - 18 - 1931

that I last saw h — alive on Aug 17 — 1931

and that death occurred, on the date stated above, at 12 05 P. M.

The CAUSE OF DEATH* was as follows:

Sub Acute Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Hart Exhaustion

(duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) Frank H. Bruner M. D.

19 (Address) 123 W. Mt. Royal

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	8/21/1931
20 UNDERTAKER	ADDRESS
John J. Conway & Son	901 N. Gilmor St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71469 — 107-001 — E 71469

1—PLACE OF DEATH Md. Gen. Hospital — REGISTERED NO. 11-15

CITY OF BALTIMORE: (No. FANNY — ST. — WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fanny R. Ertz

(a) RESIDENCE NO. Stafford Hotel — ST. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6 DATE OF BIRTH (month, day, and year): 2-9

7 AGE: About 78 Years — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John W. Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Frances McCubbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital records. (Address)

15 Filed AUG 26 1931 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/19/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1930, to Aug 19, 1931, that I last saw her alive on 8-19, 1931, and that death occurred, on the date stated above, at 5.40 P.M.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(generalized)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchial pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert F. Chenoweth M. D.

(Address) Md. Gen. Hos

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Mount — DATE OF BURIAL: Aug. 21 1931

20 UNDERTAKER: W. J. Lucken Sons — ADDRESS: N. Pa

Important. See instructions on back of certificates.

AaCo. 5-0 2/08

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71470

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 E. Federal St. 8-17 Ward)

Length of residence in city or town where death occurred 17 yrs — mos. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Arthur Edgerton Bowling

(a) Residence: No. 1716 E. Federal St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. E 71470
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Carr Bowling
6. DATE OF BIRTH (month, day, year): Apr 14 1868
7. AGE — Years: 62 — Months: 10 — Days: 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna. RR
10. Date deceased last worked at this occupation (month and year): Aug 18 1931
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER
13. NAME: Thos James Bowling
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Marguerite Bowling
(Address): 1716 Federal St

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Olivet Cem Date: 8/21/31

19. UNDERTAKER: Thos Kirkwood Son
(Address): 1600 E

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 18 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 0 1931 to Aug 18 1931

I last saw h. alive on Aug 17 1931 Death is said to have occurred on the date stated above, at 2—1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Aug 4/31
Other contributory causes of importance: Arteriosclerosis	3.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edwin B Lemmon, M. D.
(Address) 710 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

John W. Heimert

L 71471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 L 71471

1 PLACE OF DEATH at Mercy Hospital
CITY OF BALTIMORE (No.) Lombard (St.) x Aisquith (Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dudley boy Heimert

(a) RESIDENCE NO. 2 St Edmonds WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 16 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Albert E Heimert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Dorothea Blondell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Jennie Blondell
(Address) 322 S Clinton Ave

15 Filed , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 31

17

I HEREBY CERTIFY, That I attended deceased from Aug 12 31, 19 , to Aug 16 31, 19

That I last saw h alive on Aug 14 31, 19 at 6 P.M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pyelitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm H Jones M. D.

(Address) 1 Wells Hopkins 19

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rood Cem Aug 20 1931

DATE OF BURIAL

20 UNDERTAKER for J Stenson 156 Eugene

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WM. H. JONES, M. D.

Spec.—9-30—A & Co.—250 Blks

E 71472 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71472

CERTIFICATE OF DEATH.

82-004
REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 3216 Avon Ave ST.) 9-46 (WARD)

2 FULL NAME Stella Frisby Bell

(a) RESIDENCE No. 3216 Avon Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Widow.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. L. Bell

6 DATE OF BIRTH (month, day, and year) Mar. 19 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	81	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delhi N.Y.

PARENTS

10 NAME OF FATHER Marcus Frisby

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.Y.

12 MAIDEN NAME OF MOTHER Susan Mitchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delhi N.Y.

14 Informant Mr. Marcus L. Bell
(Address) 3216 Avon Ave.

15 Filed AUG 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19 1931

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1931, to Aug 19, 1931

that I last saw h[illegible] alive on Aug 19, 1931

and that death occurred, on the date stated above, at 11.25A m.

The CAUSE OF DEATH* was as follows:

Cerebral Paraplegia

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bilateral cerebral tumor

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Term

(Signed) H. G. Crentes M. D.

19 (Address) 634 Gorsuch Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Deposit N.Y. DATE OF BURIAL Aug 20 1931

UNDERTAKER Wm. J. Tiekner Sons North & Pa ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—12-9-26—A Co.—200 Bks.

71473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X213 E 71473

36-36

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. SS Mexicano, Pier 3, Canton St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Egil Rosenblad

(a) RESIDENCE NO. SS Mexicano, Pier 3, Canton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)
June 27, 1912

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	19	1	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ordinary Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer SS Mexicano

9 BIRTHPLACE (city or town)
(State or country) Norway

PARENTS

10 NAME OF FATHER Oivind Rosenblad

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Norway

12 MAIDEN NAME OF MOTHER Jennie ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Norway

14 Informant Captain Evensen
(Address) SS Mexicano

AUG 20 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 18, 1931 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Skull
Accidental
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

(Signed) B. P. Hergenrod M. D.
(Coroner)

8/19 .193/ (Address) 1305 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL
Lorraine Cemetery

Date of Burial
Aug. 20 19 31

20 UNDERTAKER
Vaughn & Cook

ADDRESS
1003 West Baltimore St.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71474

CERTIFICATE OF DEATH

131 ✓ E 71474

1—PLACE OF DEATH

REGISTERED NO. 16-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1109 N. Monroe ST. WARD)

2—FULL NAME Henry F. Hildebrandt

(a) RESIDENCE NO. 1109 N. Monroe ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Husband of Emma V. Hildebrandt

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt md

PARENTS
10 NAME OF FATHER Henry Hildebrandt
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.
12 MAIDEN NAME OF MOTHER Unknown maiden name
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Kentucky

14 Informant Miss Bertha Hildebrandt
(Address) daughter

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1931, to Aug 17, 1931,
that I last saw him alive on Aug 15, 1931
and that death occurred, on the date stated above, at 10 a. m.
The CAUSE OF DEATH* was as follows:

Senility & Bronchitis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis and nephritis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) John H. Evans, M. D.

8/19, 1931 (Address) 612 W 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Cem	Aug 21 1931
20 UNDERTAKER Joseph W. Cook	ADDRESS 1003 West Baltimore St.

Important. See instructions on back of certificates.

C 20-1931 C. HUMPHREY JONES, M. D.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71475 — 13 — E 71475

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 N. Lafayette Ave. 16-68 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME H. Rowland Taylor

(a) RESIDENCE NO. 2323 N. Lafayette Ave. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva E. Taylor

6 DATE OF BIRTH (month, day, and year): May 19-1895

7 AGE: Years 36 | Months 3 | Days 29 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesman Agent

(b) General nature of industry, business, or establishment in which employed (or employer): Household Soaps

(c) Name of employer: P. Ballinger, Md

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: H. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Belt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford County, Md

14 Interment (Address): Eva E. Taylor 2323 N. Lafayette Ave

15 Registrar: H. M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 18/31

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 18, 1931

that I last saw him alive on Aug 18, 1931

and that death occurred, on the date stated above, at 9.40 A.M.

The CAUSE OF DEATH* was as follows:

Uraemia

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis, Chronic Cardiac Disease

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) George K. Weaver M. D.

, 19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Aug 20 1931

20 UNDERTAKER: H. M. Routson — ADDRESS: Walbrook

AUG 20 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks

251440

E 71476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 E 71476

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St.) 9-18 (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lena Tyler

(a) RESIDENCE NO 1921 Augusta St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, ~~Married, Widowed, or Divorced~~, (write the word): Child

5a If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11, 1931

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER George Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Lena Austin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records JOHNS HOPKINS HOSPITAL

15 Filed AUG 20 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Aug 17, 1931

that I last saw her alive on Aug 17, 1931

and that death occurred, on the date stated above, at 9 30 P m.

The CAUSE OF DEATH* was as follows:

Diarrhea & enteritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) W. S. Anderson M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Aug 20 31

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1220 Ashland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71477

CERTIFICATE OF DEATH

23 E 71477

1 PLACE OF DEATH Baltimore City Hospitals (Inc.) 19-27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2 FULL NAME Edith White

(a) RESIDENCE NO. 1721 W. Saratoga st. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Dennis White

6 DATE OF BIRTH (month, day, and year) Oct. 24, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine McQuay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed OCT 20 1931 19 C. HARRY JONES, M.D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 30, 19 31, to Aug. 17, 19 31

that I last saw her alive on Aug. 17, 19 31

and that death occurred, on the date stated above, at 7.45 a.m.

The CAUSE OF DEATH* was as follows:

Acute tuberculous pneumonia

(duration) yrs. 1½ mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Laurence A. Scott M. D.

8-17 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 8/22 19 31

20 UNDERTAKER Wm. Peter R. Williams & Sons

ADDRESS 322

Spec.—1-30-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71478

REGISTERED NO. 71478

1.-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 5615 Belair Rd., Raspeburg ST.. Md. 26th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Charles Baromeo Lewis

(a) RESIDENCE NO. 5615 Belair Rd., Raspeburg, Md ST.. 26th WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Scharf

6 DATE OF BIRTH (month, day, and year) Jan. 14, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	76	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Wheelwright (retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Lewis

11 BIRTHPLACE OF FATHER (City or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Frances Stuart

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ireland

14 Informant (Address) Miss Irene Lewis 5615 Belair Rd., Raspeburg, Md.

15 Filed Aug 20 1931 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-19-1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1930, to August 19, 1931, that I last saw him alive on August 19, 1931, and that death occurred, on the date stated above, at 12: 15 P m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis

(duration) Many years yrs mos ds.

CONTRIBUTORY (Secondary) Progressive Paralysis (duration) 2½ yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. L. Hitchinson M. D.

8/20 1931 (Address) 5713 Belair Rd., Raspeburg, Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Catholic Cem

DATE OF BURIAL (month) 22 1931

20 UNDERTAKER Leonard J Roach

ADDRESS 6403 Sefton

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 20 1931

Spec.—9-30—A. & Co.—200 Blks.

Ciemna

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71479

CERTIFICATE OF DEATH

82-00 E 71479

1 PLACE OF DEATH

CITY OF BALTIMORE (No 813 S. Glover ST 1-3 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Amelia Ciemna

(a) RESIDENCE NO 813 S. Glover ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): Sept. 1817

7 AGE: Years 83 | Months 11 | Days 17 | If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: J. Schaffer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Leopold Ciemny 5614 Luzerne Ave.

15 Filed: E. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/18/31

17 I HEREBY CERTIFY, That I attended deceased from 8-7-31, 19... to 8-18-31, 19...

that I last saw her alive on 8-17-31, 19...

and that death occurred, on the date stated above, at 5:20 a.m.

The CAUSE OF DEATH* was as follows:

Apoplexy (hemiplegia, right) due to arterio-sclerosis.

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) I. B. Bronushas, M. D.

8-19-31 (Address) 3037 O'Donnell St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: Aug 21 1931

20 UNDERTAKER: Stephen J. Fuhrmann

ADDRESS: 1008 S. Kenwood Ave.

CAUSE OF DEATH to be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71480

CERTIFICATE OF DEATH

93-003

E 71480

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (NO

2 FULL NAME Wm. J. Struth

(a) RESIDENCE NO. 2709 Louise Ave. (Hamilton) ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of May Struth

6 DATE OF BIRTH (month, day, and year) Jan. 8. 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	59	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Herman Struth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Schrodd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records of (Address) Baltimore City Hospitals

Filed AUG 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19. 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/15/31, 19, to 8/19/31, 19, that I last saw him alive on 8/19/31, 19, and that death occurred, on the date stated above, at 1:30 A. M.

The CAUSE OF DEATH* was as follows:

Myocarditis, chr

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) H. Schmidt M. D.

(Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Linden Park

DATE OF BURIAL 8/22/31

20 UNDERTAKER Wm Cook

ADDRESS 1211 Park St

Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-02 L 71481

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3616 Maiden St. 28-63 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie E. Smith

(a) Residence: No. 3616 Maiden St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 1 1873

7. AGE: Years 58 | Months 7 | Days | If LESS than 1 day: hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Louisa L. Smith

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Marietta Graham

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Theresa L. Smith

(Address) 3616 Maiden St

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Olivet Date: Aug 22 1931

19. UNDERTAKER: William Cook

Address: 219 St Paul Street

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931 to Aug 19, 1931

I last saw him alive on Aug 4, 1931 death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 8 7 31

Other contributory causes of importance: Arteriosclerosis

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X If so, specify

(Signed) W. Lan Neilrinus, M. D.

(Address) 3205 Seymour Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31-2000

E 71482

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71482

Registered No. 462 E 71482

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3001 Clermont Ave (Ward) 46-51

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Albert Wilson Knowles

(a) Residence: No. 3001 Clermont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara Frederick Knowles

6. DATE OF BIRTH (month, day and year): Aug 29 1854

7. AGE: Years 76 Months 11 Days 19 If LESS than 1 day hrs or min

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Sales manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Jos. Hopkins

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Edmund Knowles

14. BIRTHPLACE (city or town) (State or country): Ga.

15. MAIDEN NAME: Anna Williams

16. BIRTHPLACE (city or town) (State or country): Ga. Md

17. INFORMANT (Address): Mrs. R. Thomas Jacksonville Fla

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Date Aug 22 1931

19. UNDERTAKER (Address): The Geo. Lee Co Gay St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): Aug 18 1931

22. I CERTIFY, That I attended deceased from Feb 1931 to Aug 18 1931 that I last saw him alive on Aug 18 1931 death is said to have occurred on the date stated above, at 6:30 AM

The principal cause of death and related causes of importance were as follows:

Cancer of liver — Date of onset Feb 1931

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry Gassell M. D.

(Address) 3902 Groveland Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 71433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 71433

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 420 E. 28th St. (Ward) G-46

2 FULL NAME Thomas G. Barnes

(a) RESIDENCE NO. 420 E. 28th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Barnes

6 DATE OF BIRTH (month, day, and year) June 27-1874

7 AGE: Years 57 | Months 2 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumber Yard

(b) General nature of industry, business, or establishment in which employed (or employer) whse inspr

(c) Name of employer City

9 BIRTHPLACE (city or town) (State or country) City

PARENTS

10 NAME OF FATHER Alexander Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ind.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Lillian Barnes (Address) 420 E 28th

15 Date AUG 20 1931 19 Registrar C. HAMPTON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17/31

17

I HEREBY CERTIFY, That I attended deceased from April 1 19 31 to Aug 17 19 31

that I last saw h.. alive on Aug 16 19 31

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Contributory (duration) yrs. mos. 14 ds.

Arteriosclerosis - Nephritis - chronic

Contributory (duration) yrs. 4 mos. 7 ds.

Endocarditis

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Ann E. Bruesan M. D.

8/19 19 31 (Address) 2457 Pat Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 8/20 19 31

20 UNDERTAKER J. J. Moran ADDRESS 3900 E Balto

Spec.—1-12-23—M&T—500 Blks.

E 71484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71484½

94-002

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Lyndhurst Rd. 15-62 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank R. Young,

(a) RESIDENCE NO. 3409 Lyndhurst Rd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Addie Young

6 DATE OF BIRTH (month, day, and year): January 30 1871

7 AGE: Years 60 Months 6 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Salesmanager

(b) General nature of industry, business, or establishment in which employed (or employer): Fleischman Yeast Co

(c) Name of employer: Standard Brands Inc

9 BIRTHPLACE (City or town) (State or country): Trenton N.J.

PARENTS

10 NAME OF FATHER: Richard Young

11 BIRTHPLACE OF FATHER (City or town) (State or country): Bordentown N.J.

12 MAIDEN NAME OF MOTHER: Sarah Gillston

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Bordentown N.J.

14 Informant (Address): Mrs Frank R Young 3409 Lyndhurst Road

15 Filed AUG 20 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 19, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1931. to Aug 19, 1931.

that I last saw him alive on Aug 19, 1931.

and that death occurred, on the date stated above, at 9.10 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis.

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Wm A. Strauss, M. D.

8/20, 1931 (Address) 1901 Griffiss Ave.

*State the Disease Causing Death, (If from deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood Cemetery Trenton N.J. DATE OF BURIAL: Aug 22nd 1931

20 UNDERTAKER: Harry H Amsacker ADDRESS: 204 Ridgewood Ave

AUG 20 1931

mation should be carefully supplied. Age should be stated EXACTLY in years, months and days if under one year. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 71485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 71485

1 PLACE OF DEATH Baltimore City Hospitals (5-8 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Bertha Smith

(a) RESIDENCE NO. 1122 Comet St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Smith

6 DATE OF BIRTH (month, day, and year) 10/3/1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wilson Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Eliz. Barber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) D.C.

14 Informant Records of (Address) Baltimore City Hospitals

15 AUG 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18/1931

17 I HEREBY CERTIFY, That I attended deceased from 6/26/31 19... to 8/18/31

that I last saw her alive on 8/18/31

and that death occurred, on the date stated above, at 9:10 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) ...

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Thos. Girard Ellis M. D.

19 (Address) City Hospt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Crem

DATE OF BURIAL 8-20 19 31

20 UNDERTAKER Byron Knight 1218 McElderry St.

ADDRESS

AUG 20 1931 C. HAMILTON JONES, M. D. Registrar

AGE should be stated EXACTLY. PHYSICIANS should be particular. Records must be carefully supplied. Information should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on CAUSE OF DEATH on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 71486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71486

CERTIFICATE OF DEATH

93-603

1 PLACE OF DEATH Baltimore City Hospitals 28-63 REGISTERED NO.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Mackin

(a) RESIDENCE NO. 4117 Sherbrook Ave. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Mackin

6 DATE OF BIRTH (month, day, and year) April 1, 71

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 ?	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Donald McLane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Catherine Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Records of
(Address) Baltimore City Hospitals

15 Aug 20 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19, 1931

17
I HEREBY CERTIFY, That I attended deceased from 2/9/31, to 8/19/31
that I last saw her alive on 8/19/31
and that death occurred, on the date stated above, at 10:15 P.M.
The CAUSE OF DEATH* was as follows:

Myocarditis, Chr.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis + Hypertension (duration) unknown mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
(Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral DATE OF BURIAL May 22 1931

20 UNDERTAKER Philip Hennig ADDRESS 206 Aliceanna

E. HAMPSON JONES, M. D.

AGE should be stated EXACTLY. PHYSICIANS should see that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. CAUSE OF DEATH in plain terms, so that information is very important. See instructions on back of certificate.

Spec.—2-20-28—L. F. S.—500 Blks.

E 71487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1144 001 E 71487

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mabel Elizabeth Hanson

(a) RESIDENCE NO. 2304 E Federal ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles Elmer Hanson

7 DATE OF BIRTH (month, day, and year): Aug 16 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Edward Kadler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt Md.

12 MAIDEN NAME OF MOTHER: Mary Regina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt Md.

14 Informant: Nadia Elmer Hanson

(Address): 2304 E Federal

15 AUG 20 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1931, to Aug 20, 1931, that I last saw her alive on Aug 20, 1931 and that death occurred, on the date stated above, at 6:15 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

7

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremia Hemorrhage

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Robert V. Clements, M. D.

(Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: AUG 22 1931

20 UNDERTAKER: Geo W Little

ADDRESS: 2706 EDMONDSON AVE

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 71488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71488

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. Hopkins Hosp. ST. 7-9 WARD)

2-FULL NAME Jas McClure

(a) RESIDENCE NO. unknown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year) about 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Police Dept Record (Address)

15 Filed ——— 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 13th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted? if not at place of death? Rec'd at Hosp. St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) Ros Faust, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — JOHNS HOPKINS HOSPITAL — DATE OF BURIAL 19

20 UNDERTAKER — Department of Health — ADDRESS AUG 20 1931

AUG 20 1931 G. HAMPSON JONES, M. D.

CDSS:

301

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

71489

HEALTH DEPARTMENT—CITY OF BALTIMORE

71489

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE (No. 11-24 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm. A. Washington

(a) RESIDENCE NO. 1219 McCulloh St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy Washington

6 DATE OF BIRTH (month, day, and year) 3/17/1890

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	41	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va.

PARENTS

10 NAME OF FATHER George Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Emma Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records of (Address) Baltimore City Hospitals

Filed AUG 20 1931, 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/17/31

17 I HEREBY CERTIFY, That I attended deceased from 8/14/31, 19 , to 8/17/31

that I last saw h im alive on 8/17/31

and that death occurred, on the date stated above, at 8:25 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chr.

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M.D.

19 (Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Commissioner Health

ADDRESS

AUG 20 1931

AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. S-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71490

CERTIFICATE OF DEATH

X-78 E 71490

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Length of residence in city or town where death occurred 7 mos ds How long in U.S. If of foreign birth? yrs mos ds

Non-resident

2. FULL NAME Kendell Ring

(a) Residence: No. Whitehall, Md. St., Balto. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	8	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Hall, Md. Balto. Co.

MOTHER FATHER

13. NAME Frank Ling
14. BIRTHPLACE (city or town) (State or country) Hungary
15. MAIDEN NAME Barbara Yeskyn
16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Frank Ling
(Address) White Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL
St. Johns R C Cemetery Aug 22 1931
New Freedom Pa

19. UNDERTAKER Harbaugh Mortuary
(Address) New Freedom Pa

20. FILED AUG 20 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1931, to 8/20, 1931
I last saw him alive on 8/20, 1931, death is said to have occurred on the date stated above, at 4:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (Simple)	8/13/31

Other contributory causes of importance:
Respiratory Paralysis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Sydenham Hosp.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-26—M. & T.—100 B—50L.

E 7149 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 19 E 71491

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (St.) 7-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sterling Fryfogle.

(a) RESIDENCE NO. Woodlawn Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred few years ...ing in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 27-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Fryfogle

11 BIRTHPLACE OF FATHER (City or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Hannah V. Bleakney

13 BIRTHPLACE OF MOTHER (City or town) Baltimore
(State or country) Md.

14 Informant Henry Fryfogle
(Address) Woodlawn Md

15 Filed AUG 20 1931 Registrar C. BAMPSON JONES M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) July 14 thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Marasmus and acute Nutritional Disturbance (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) C. Bampson Jones M. D. Coroner

(Address) July 20 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olive Cem	July 22 1931
20 UNDERTAKER Easton Sons	ADDRESS Edmondson Ave

...mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—9-35—A. & Cu.—250 Blks.

E 71492 HEALTH DEPARTMENT—CITY OF BALTIMORE 71492

CERTIFICATE OF DEATH

REGISTERED NO. 46

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Balto City Hospitals (Ward) 9-28
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Geo. Rigby

(a) RESIDENCE NO. 220 S. Vincent ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	white	Wid.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Maude

6 DATE OF BIRTH (month, day, and year) 3-1-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS
10 NAME OF FATHER Henry Rigby
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Maudy Bachman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Information given by Mrs. Maude Rigby
(Address) 220 S. Vincent

15 [illegible], 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-19-31

17
I HEREBY CERTIFY, That I attended deceased from 9-10, 19 30, to 5-19, 19 31
that I last saw h[illegible] alive on 5-19, 19 31
and that death occurred, on the date stated above, at 3:30 P.M.
The CAUSE OF DEATH* was as follows:
Carcinoma of Rectum
2 Tumor of Abdominal
metastasis - Arterio sclerotic Cardio
Vascular Renal disease (duration) yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Anemia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes.
What test confirmed diagnosis? Clinical
(Signed) Luther E. Linen M. D.
19 (Address) Balto. City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery DATE OF BURIAL Aug 14 1931
21 UNDERTAKER George L. Schwartz 2216 Back St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AUG 20 1931

Sex

1-30—M & T—100 B—50L

E 71493

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71493

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) (Street) (WARD)

2-FULL NAME

(a) RESIDENCE NO. (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year)

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Coroner, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

UNDERTAKER — ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 20 1931

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71494

CERTIFICATE OF DEATH

87-002 E 71494

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1458 Patapsco St., 23-33 Ward)

2-FULL NAME John J. Smith

(a) RESIDENCE NO. 1458 Patapsco St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
M	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E.

6 DATE OF BIRTH (month, day, and year) March 25, 1867

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	64	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) ---
(c) Name of employer ---

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Martin Smith

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophia Brandt

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant (Address) Mrs. Mary E. Smith (wife) 1456 Patapsco St.

15 Filed G 20 1931 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Embolism

(duration) Stat yrs. mos. ds.

CONTRIBUTORY ----- (Secondary)

--- (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D.

8/20, 1931 (Address) 203 Patapsco Ave Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem DATE OF BURIAL Aug 22 1931

20 UNDERTAKER Margaret E. Flynn ADDRESS 142 English Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 71495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71495

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1714 Lorman 15-21 (WARD)

2-FULL NAME Pindley Henry Young

(a) RESIDENCE No. 1714 Lorman st ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1-29-1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	31	6	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): contractor

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Frank Young

11 BIRTHPLACE OF FATHER (City or town) (State or country): Talbot Co, Md.

12 MAIDEN NAME OF MOTHER: Ellen Brayton

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Essex Co, Va.

14 Informant: Ellen Young

(Address): 1714 Lorman st

15 G 20 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-17- 1931

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to Aug. 17, 1931, that I last saw him alive on Aug 18, 1931, and that death occurred, on the date stated above, at 11:25 a. m.

The CAUSE OF DEATH* was as follows: Pulmonary T. B.

Personal knowledge

Previous (duration) 32 yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? no Date of /

Was there an autopsy? no

What test confirmed diagnosis? /

(Signed) George C Page M. D.

, 19 (Address) 516 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: MA Auburn Cemetery

DATE OF BURIAL: 8/22 1931

20 UNDERTAKER: Thomas E Kalson

ADDRESS: 1303 Presstman st

WRITE PLAINLY. WITH LEAD PENCIL. AGE should be stated EXACTLY. PHYSICIANS should be careful in filling AGE, CAUSE OF DEATH, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71496

REGISTERED NO. 87-E 71496

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3614 Mohawk Ave (St.) WARD 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary H Kraft

(a) RESIDENCE NO. 3614 Mohawk Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Kraft

6 DATE OF BIRTH (month, day, and year): Jan 12, 1856

7 AGE: Years 75 Months 7 Days 7

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Belleville Md

PARENTS

10 NAME OF FATHER: John L Enoch[illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co Md

12 MAIDEN NAME OF MOTHER: Lucy Hardy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Eugene T. Enoch

(Address): 1208 Mohawk Ave

15 (Filed) AUG 20 1931 19 (Registered) 1931 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 19 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 19, 1931, that I last saw h[illegible] alive on Aug 19, 1931, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Palsy

Hemiplegia Paraplegia

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary): Sepsis from bed sores

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Examination

(Signed) Joseph Gichner M. D.

19 (Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Belleville. Md.

DATE OF BURIAL: Aug 21 1931

20 UNDERTAKER: Wm. J. Tuckers Son

ADDRESS: N o Ra

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 71497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1641 001 E 71497

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Bunker ST., 7-11 WARD)

2-FULL NAME Carey Stokes

(a) RESIDENCE NO. 513 W. Bunker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6 DATE OF BIRTH (month, day, and year) June 29-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stockyards
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER J. D. Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Lutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fanny Stokes

(Address) 513 Bunker

15 Filed 2 0 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death by Suicide on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Asphyxia
(duration) hrs. min.

CONTRIBUTORY (Secondary) Immaturity Edema
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leland Taylor M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Aug 22 1931

20 UNDERTAKER John C. Miller ADDRESS 435 E Monument

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—17-0-25-A(C)—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 71498 186-501 E 71498

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. South Baltimore General Hospital St. 23-31 Ward)

2-FULL NAME George H. Smearman

(a) RESIDENCE NO. 102 W. Fort Ave St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred E. Smearman

6 DATE OF BIRTH (month, day, and year) Aug 31 1902

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	28	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. md
(State or country)

PARENTS

10 NAME OF FATHER John Smearman
11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)
12 MAIDEN NAME OF MOTHER Louise Cramer
13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant (Address) Mrs. Smearman 102 W. Fort Ave

15 Filed AUG 21 1931 19 C. HAMPSON JONES M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 18, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fell on Drug Store Floor, Hanover Street and Fort Ave.-Accidental.

(duration) __ yrs. __ mos. __ ds.

CONTRIBUTORY (secondary) Probable fracture of SKULL (duration) __ yrs. __ mos. __ ds.

(Signed) Geo. H. Cromwell M. D.
(Corner)
8/20, 1931 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death __ yrs. __ mos. __ ds. In the State __ yrs. __ mos. __ ds.
Where was disease contracted, if not at place of death? In drug store
Former or usual residence 102 W. Fort Ave.

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial 8/21 1931

20 UNDERTAKER J. F. McCully — ADDRESS 130 E. Fort

(Fill out all items carefully and legibly. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

Spec.—9-30—A. & Co.—250 Blks.

1499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 96-37 St. WARD 107-0015 71499

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Josiah Nicholas

(a) RESIDENCE NO. None St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/31/1863

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
✓	68	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Varnisher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Springfield
(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Henry Nicholas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Rachel Bolt

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Carroll Co. Md.

14 Informant Records of
(Address) Baltimore City Hospitals

15 Filed UC 21 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20, 1931

17

I HEREBY CERTIFY, That I attended deceased from 12/6/29, 19, to 8/20/31

that I last saw h im alive on 8/20/31

and that death occurred, on the date stated above, at 4:20 A.M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ballo Cem — DATE OF BURIAL: Aug 22nd 1931

20 UNDERTAKER: A. Jones — ADDRESS: 11 S. Gilmor

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71500 — 93-6-2-71500

1 PLACE OF DEATH Baltimore City Hospitals — (No. 22-30 ST. — WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Annie Harvey

(a) RESIDENCE NO. 119 Race St. (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Alfred Harvey

6 DATE OF BIRTH (month, day, and year) Mar. 1, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	49	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Greensboro N.C.

PARENTS

10 NAME OF FATHER: Henry Moss

11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C.

12 MAIDEN NAME OF MOTHER: Rebecca Bergers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant: Records of (Address) Baltimore City Hospitals

15 Filed: C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from 6/30/31, 19 , to 8/18/31

that I last saw her alive on 8/18/31

and that death occurred, on the date stated above, at 7:10 P.m.

The CAUSE OF DEATH* was as follows: Myocarditis, Ch.

(duration) yrs. 4½ mos. ds.

CONTRIBUTORY (Secondary): Myocardial insufficiency

(duration) yrs. 9½ mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. B. Strayer M. D.

19 (Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	8/21/31
20 UNDERTAKER: Isaiah L. Bowen & Son	ADDRESS: 108 Montgomery St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-70--M. & T.—100 B—50L.

E 71501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 208 E 71501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. ST. 12-46 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carrie N. Riley Reilly

(a) RESIDENCE No White Marsh, Md. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 4 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of George A. Riley

6 DATE OF BIRTH (month, day, and year) Jan. 7, 1887.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Chas. T. Keepler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lydia Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Frederick Gambrill,

(Address) White Marsh, Md.

15 Filed _____ 192 C. HAMILTON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 20, 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute [illegible] which she was a patient [illegible] Bath of street car when she collapsed Duration yrs. mos da

CONTRIBUTORY (Secondary) Fract Skull (duration) yrs. mos. 32 ds

18 Where was disease contracted if not at place of death? Harford

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clin

(Signed) L. D. Braun M. D. Coroner

8/24, 1931 (Address) 2939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Aug. 22, 1931

20 UNDERTAKER Frederick Lasenby & Sons

ADDRESS 7401 Belair Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER... mation should be carefully supplied. AGE should be stated EXA... CAUSE OF DEATH in plain terms, so that it may be properly classi... TION is very important. See instructions on back of certificate. ...ERTIFICATE OF OCCUPA... ...ect statement of OCCUPA... ...of certificate.

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71502

V 151-003

REGISTERED NO. E 71502

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1122 Peach Alley St., 23-31 Ward)

2-FULL NAME Ruth Brookes

(a) RESIDENCE NO. 1122 Peach Alley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
F	Colored	Baby

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) Jan. 9th. 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
		7	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ----
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer ----

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Henry Brookes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Robinson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

14 Informant Mary Brookes
(Address) 1122 Peach Alley

15 Filed ---- 19-- ---- Registrar

AUG 21 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) --

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? --

Did an operation precede death? No Date of

Was there an autopsy? No

What (test confirmed diagnosis)? --

(Signed) Guy N. Cromwell M. D.

8/20, 1931 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	8/21/31
20 UNDERTAKER	ADDRESS
Frank L Burns & Son	138 Montgomery

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

71503

HEALTH DEPARTMENT—CITY OF BALTIMORE

71503

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals 3-5 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Taylor

(a) RESIDENCE NO. 816 E. Pratt St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Taylor

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stevedore

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster County Pa.

PARENTS

10 NAME OF FATHER Daniel Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lucinda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Records of Baltimore City Hospitals

15 AUG 21 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19.1931

17 I HEREBY CERTIFY, That I attended deceased from 8/17/31, 19 to 8/19/31 that I last saw h i m alive on 8/19/31 and that death occurred, on the date stated above, at 8:25 A.M. The CAUSE OF DEATH* was as follows:

Myocarditis, Chr.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes Clinical & Autopsy

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery DATE OF BURIAL: Aug 24, 1931

20 UNDERTAKER: Kendall & Offutt ADDRESS: 1200 E. Baltimore St.

INK—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2229-28—6 F No—800 Blks.

E 71504

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71504

94-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 Orkney Road ST.) 27-48 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr Edward A Schultz

(a) RESIDENCE NO. 519 Orkney Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

(a) If married, widowed, or divorced HUSBAND of ~~her~~ M. Florence Meisner

6 DATE OF BIRTH (month, day, and year) July 18th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	67	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Schultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christine Kalbfleisch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs M. Florence Schultz

(Address) 519 Orkney Rd

15 Filed ..., 19... Registrar

C. HAMPSON JONES, M.D.

AUG 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19th, 1931

17 I HEREBY CERTIFY, That I attended deceased from November 24th, 1919, to Aug 16, 1931, that I last saw h(im) (er) alive on Aug 16th, 1931 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris

about (duration) 11 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis about (duration) 11 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Not to my knowledge

What test confirmed diagnosis? History & Physical Exam

(Signed) Thomas B. Dutcher, M. D.

19 (Address) 1201 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Aug 22nd 1931

20 UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument St

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 lots

E 71505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-9 E 71505

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 632 Scott St. WARD) 21-29

2 FULL NAME George Thomas Haney

(a) RESIDENCE NO. 632 (Usual place of abode) ST. Scott St WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 7 mos. c ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced. (write the word): Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Abbie Haney

6 DATE OF BIRTH (month, day, and year): Jan 20 1877

7 AGE — Years: 54 — Months: 7 — Days: c — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stationy Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Shell oil Co

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Homer E. Haney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Virginia McKnew

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs Abbie Haney 632 Scott st

15 Filed AUG 21 1931

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 20 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1 31 to Aug 20 1931

that I last saw him alive on August 20 1931

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthma

Cerebral Hemorrhage

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary): High Blood Pressure

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Blood Pressure 260

(Signed) Winfred Dragn M. D.

19 (Address) 1-32 E Lafayette Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Aug 22 1931

20 UNDERTAKER: Jos Jacobs and Son — ADDRESS: 217 S. Ca...

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—7-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71506

CERTIFICATE OF DEATH.

92-6 107 E 71506

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (Ward)

2 FULL NAME Floyd Alonzo

(a) RESIDENCE NO. 3 E. Lee St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 22 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chestertown Md.

PARENTS

10 NAME OF FATHER John Alonzo

11 BIRTHPLACE OF FATHER (city or town) ? (State or country) ?

12 MAIDEN NAME OF MOTHER Louisa ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country) Penna.

14 Informant Records of (Address) Baltimore City Hospitals

Filed AUG 21 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19, 1931

17

I HEREBY CERTIFY, That I attended deceased from 8/14/31, 19 , to 8/19/31

that I last saw him alive on 8/19/31

and that death occurred, on the date stated above, at 11:20 A.M.

THE CAUSE OF DEATH* was as follows:

Arteriosclerosis, Cerebral

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas G Arnold Jr M. D.

19 (Address) City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

AUG 21 1931

N B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 71507 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH.

154 E 71507

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Mongold St. 21-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Brooks

(a) RESIDENCE NO. 806 Mongold ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4½ hrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 10 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Walter L. Brooks.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Lillian Kohlenberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant (Address) Walter L. Brooks 806 Mongold St. City

15 Filed AUG 21 1931, 19 . . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10, 19 31, to Aug 10, 19 31, that I last saw her alive on Aug. 10, 19 31, and that death occurred, on the date stated above, at 8.40 A.M.

The CAUSE OF DEATH* was as follows:

Prematurity

24 WKS.

1 hour, Tancous

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) [illegible] M.D.

8/11, 1931 (Address) Mid. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER [redacted]

ADDRESS AUG 21 1931

CLAYTON C. JONES, M.

AUG 21 1931

IMPORTANT—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PENALTY—Any person who shall wilfully make any false statement in this certificate shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding $100.00 or by imprisonment not exceeding 30 days, or both.

Spec.—1-30—M. & T.—250 Blks.

E 71508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

E 71508

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 536 N. Fulton Ave. (Hospital, Inst. or R.D.)

2-FULL NAME Vivian Johnson Valentine

(a) RESIDENCE NO. 536 N. Fulton Ave., WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day and year): Jan 20 1906

7 AGE: Years 25 Months 6 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 637

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Richard Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lottie Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Emma Harris

(Address): 536 N. Fulton

15 Filed _____, 19____ E. HAMPTON JONES, M. D. Registrar

AUG 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 18 1931

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1931 to Aug 18, 1931

that I last saw h alive on Aug 18, 1931

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) _____ M. D.

(Address) Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Aug 22 1931

20 UNDERTAKER: Joseph A. Lucky

ADDRESS: 408 N. Mount St

H—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be p TION is very important. See instructions on back of c

Spec.—8-16-29—L. P. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71509 ✓ 93-093 E 71509

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 E North Ave ST. 12-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Catherine Bull

(a) RESIDENCE NO. 331 E North Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

5a If married, ~~widowed, or divorced~~
~~Husband of~~
(or) WIFE of Charles H. Bull

6 DATE OF BIRTH (month, day, and year) Dec 1st 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bedford Pa

PARENTS

10 NAME OF FATHER: Samuel James

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bedford Pa

12 MAIDEN NAME OF MOTHER: Mary Gump

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bedford Pa

14 Informant: Mrs Charles H Bull
(Address): 331 E North Ave

15 Filed ____ 19__ C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 21st 1931

17 I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to Aug. 20, 1931, that I last saw h Sr alive on Aug. 20, 1931, and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage.

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 1 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? No.

(Signed) Hugh Forsythe, M. D.

7.21.1931 (Address) 424 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Altoona Pa	Aug 23 1931
20 UNDERTAKER: Henry H Jenkins Sons & McCall	ADDRESS: Cathedral & Mt Vernon Pl

2. PHYSICIANS: WRITE PLAINLY, with ink. All questions should be answered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71510

CERTIFICATE OF DEATH.

122-002 71510

1 PLACE OF DEATH President Hospital 9-30 WARD

CITY OF BALTIMORE. (No.) ST.

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lena Johnson

(a) RESIDENCE No. 520 W Barney ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
♀	colored	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George Johnson

6 DATE OF BIRTH (month, day, and year) March 9 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	41 40	5	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 637
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charles County Md. Madison Drakeville.

PARENTS

10 NAME OF FATHER Julius Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md.

12 MAIDEN NAME OF MOTHER Susan Cromwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) George Johnson 580 Conway St.

15 Filed DEC 2 1931 G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20/31

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1931, to Aug 20, 1931
(that I last saw h[illegible] alive on Aug 20, 1931
and that death occurred, on the date stated above, at 12 00 m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. 1 mos. — ds.

CONTRIBUTORY (Secondary) Intestinal Adhesions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 22, 1931

Was there an autopsy? No

What (est confirmed) diagnosis? Clinical & Operative

(Signed) L. Bradshaw Higgins M. D.

, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug 22, 1931
20 UNDERTAKER Mrs. Kate R. Williams	ADDRESS 372 Schroeder St

NOTE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 71511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-54 93-E 71511

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No) St. (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dora Wilhelm

(a) RESIDENCE NO. 5704 Falls Rd. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Finland

6 DATE OF BIRTH (month, day, and year) 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	54			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Jesse U. Dailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lydia Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of (Address) Baltimore City Hospitals

15 Filed C. HAMPSON JONES, M. D. Registrar

AUG 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from 9/17/29 19 , to 3/21/31 19

that I last saw h er alive on 3/21/31 19

and that death occurred, on the date stated above, at 7:30 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum, left
Myocarditis. Chr.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) C & NRR

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. F. Zorn Balto Co	Aug 23 19 31
20 UNDERTAKER Chas Wilson	ADDRESS 1645 Pontiac Ave

IN INK—THIS IS A PERMANENT RECORD. Every item must be filled in. Where information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—130—M. & T.—250 Blks

E 71512 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71512

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2923 Bernard Pl ST. 12-51 WARD)

2-FULL NAME Johnzie A. Easton

(a) RESIDENCE NO. 2923 Bernard Pl ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs ____ mos ____ ds How long in U. S., if of foreign birth? ____ yrs ____ mos ____ ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Sarah L. Easton

6 DATE OF BIRTH (month, day, and year) March 8, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) unknown

14 Informant (Address) Effie M. Lemmon 2923 Bernard Pl

AUG 21 1931 Filed C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1931 to Aug 19 1931

that I last saw h alive on Aug 19 1931

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

I Thrombosis Cerebral

DURATION: (Primary) ____ yrs. ____ mos. ____ ds.

(Secondary) Uremic Asthenia yrs. ____ mos. 5 days

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. E. Richardson M.D.

(Address) 1107 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Aug 24, 1931
20 UNDERTAKER Thomas Lynch	ADDRESS 3615 Clifton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

E 71513

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 71513

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hosp. ST., 7-11 WARD)

2. FULL NAME Mildred Sepinski

(a) RESIDENCE NO. 514 N. Stricker ST., WARD

(Usual place of abode)

(Length of residence in city or town where death occurred 18 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6 DATE OF BIRTH (month, day, and year): Oct 12 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Basil Holden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Gertrude Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Gertrude Holden

(Address): 406 S. Collington Ave

15 [illegible] 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (Death) on the day stated above.

The CAUSE OF DEATH* was as follows: Homicide Hemorrhage due to pistol wound of chest involving Heart and Lung

CONTRIBUTORY (Secondary): (duration) yrs. mos.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Circumstance

(Signed) H. C. Quick, M. D. Coroner

, 19 (Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: 8 22 1931

20 UNDERTAKER: J. J. Mohan & Bro

ADDRESS 3000

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN's should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks.

71514 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59 71514

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO) ST 1-2 WARD)

2 FULL NAME Casper Milke

(a) RESIDENCE NO 11 S. Potomac St. ST. WARD (If non-resident give city or town and State) (Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife dead

6 DATE OF BIRTH (month, day, and year) 3/26/1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Collector

(b) General nature of industry, business, or establishment in which employed (or employer) Ofr

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Henry J. Milke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Records of (Address) Baltimore City Hospitals

15 Filed AUG 21 1931 16 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/15/31 to 8/19/31

that I last saw him alive on 8/19/31

and that death occurred, on the date stated above, at 9:15 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chr

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

19 (Address) City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt. Carmel Cem. 8/21/31

20 UNDERTAKER J. A. Wilson ADDRESS 3000 E. Balto.

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A A Co.—250 Blks

251268
Col.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71515

131 E 71515

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. JOHNS HOPKINS HOSPITAL St. 111-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha Wade

(a) RESIDENCE No. 1625 Brunt St. St. WARD 13

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	Black	married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Lee Wade

6 DATE OF BIRTH (month, day, and year) Jan 28, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Columbus Baugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Mary Pitts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed AUG 21 1931 19 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) AUG 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Aug 19, 1931

that I last saw h~~er~~ alive on Aug 19, 1931

and that death occurred, on the date stated above, at 9 55 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis, advanced Uremia, Cardiac Hypertrophy with Relative Mitral Insufficiency

contributory (duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? BP Blood chem, Urinalysis

(Signed) Franklin F. Snyder M. D.

Aug 21 1931 (Address) JHH

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion — DATE OF BURIAL Aug 22 1931

20 UNDERTAKER Adam W. Chase — ADDRESS 1688 N. Gilmor

A—WRITE PLAINLY, WITH UNFADING INK. Should be stated EXACTLY. PHYSICIAN should be careful to see that information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPA CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of certificate.

AUG 21 1931

Spec.—1-10-21—M&T—1500 Blks.

E 71516

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71516

CERTIFICATE OF DEATH.

54V

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3612 Windsor Mill Road ST. 15-61 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William N. Briest

(a) RESIDENCE NO. 3612 Windsor Mill Road ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Briest

6 DATE OF BIRTH (month, day, and year) September 14, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Trenton New Jersey

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Miss Margaret E. Briest
(Address) 3612 Windsor Mill Road

AUG 21 1931

15 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1 . 1931 . to Aug 30 . 1931 .
that I last saw him alive on Aug 29 . 1931 .
and that death occurred, on the date stated above, at 4 15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic myocarditis (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C V Meyer Dr . M. D.

8/31 . 1931 (Address) 1520 E. 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Aug. 22 1931

20 UNDERTAKER Cook

ADDRESS 1003 West Baltimore St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71517

Dr. Hughes 1,00 2 Cl'd

124-002 E 71517

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 O'Donnell St. 1-1 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A Batchelor

(a) Residence: No. 2922 O'Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of William R. Batchelor

6. DATE OF BIRTH (month, day, year) Dec 9, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER FATHER

13. NAME Mc Abee
14. BIRTHPLACE (city or town) (State or country) not known
15. MAIDEN NAME Elizabeth - not known
16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mary Wills
(Address) 924 East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Aug 20 1931

19. UNDERTAKER Nelson Cash
(Address) 1217 E Fort Ave

20. FILED AUG 21 1931 C. HAMPSON JONES, M. D. Registrar.
By Pabst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1931 to Aug 19, 1931
I last saw h er alive on Aug 18, 1931 death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial hepatitis — intestinal toxemia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Wright, M. D.
(Address) 814 S. Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

E 71518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 71518

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 615 N. Fulton St. 16-27 WARD

2-FULL NAME Dail. L. Blessing.

(a) RESIDENCE NO. 615 N. Fulton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Blessing

6 DATE OF BIRTH (month, day, and year) Sept 1 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Dail. Blessing

11 BIRTHPLACE OF FATHER (city or town) (State or country) md.

12 MAIDEN NAME OF MOTHER Mary Eckelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Mabel Blessing
(Address) 615 N. Fulton St

15 Filed AUG 21 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Brown, M. D. Coroner

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Aug 24 1931

20 UNDERTAKER Chas. H. Grace & Son ADDRESS 1121 W. Mt. Royal Ave

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9.30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71519

CERTIFICATE OF DEATH

71519

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Union Mem. Hosp. St. 11-12 Ward) -1931

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles P. Dunn

(a) RESIDENCE No. 909 N. Charles Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. 8 mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 13, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	38	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk (Bookkeeping)

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Va.

PARENTS

10 NAME OF FATHER Marshall Dunn.

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Va.

12 MAIDEN NAME OF MOTHER Lucy Powell.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Va.

14 Informant Miss Alice K. Hartley. (Address) Same address.

15 [illegible] 19 [illegible] Registrar

G 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21/31

17

I HEREBY CERTIFY, That I attended deceased from 8/6, 1931, to 8/21, 1931

that I last saw him alive on 8/21, 1931

and that death occurred, on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows:

Hypertension and hypertensive heart disease

(duration) 14 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Richard Trune M. D.

19 (Address) Union Mem. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL
Pikesmount W. Va.	8/24 19 31
20 UNDERTAKER	ADDRESS
John C. Miller	135 E. Lanvale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-30—A. & Co.—250 Blks

71520 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 71520

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 820 Harford Ave (Ward) 10-14

2 FULL NAME William P. Curley

(a) RESIDENCE NO. 820 Harford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE: Years: about 57 Months: — Days: — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Guard at City Jail

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Thomas Curley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Delia Gaught

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Miss Margaret Curley

(Address): 820 Harford Ave

15 Filed AUG 22 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 21 1931

17 I HEREBY CERTIFY, That I attended deceased from July 3 1931 to Aug 20 1931

that I last saw h[illegible] alive on Aug 20 and that death occurred, on the date stated above, at 2.25 A. m.

The CAUSE OF DEATH* was as follows:

Ch Nephritis (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Ch Hypertrophied Prostatitis (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) A. L. Bloomberg M. D.

8/21 1931 (Address) 732 Augusta St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Aug. 24 1931

20 UNDERTAKER: Henry Hoeck Sons, Inc.

ADDRESS: 1501 E. Eager

Spec.—1-30—M. & T.—250 Blks

71521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 71521

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 683 Pierce St. 17-25 WARD)

2-FULL NAME Emma Parker

(a) RESIDENCE NO. 683 Pierce ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

be stated EXACTLY. PHYSICIANS should state
be properly classified. Exact statement of OCC
of certificates.

mation should be carefully supplied. AGE should
CAUSE OF DEATH in plain terms, so that it may
TION is very important. See instructions on back

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	C	Single.

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Memphis Tenn

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Priscilla Johnson (Address) 683 Pierce St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1931 to Aug 20 1931 that I last saw h e alive on Aug 19 1931 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstial Nephritis

(duration) yrs. 2 mos da.

CONTRIBUTORY (Secondary) Mitral insufficiency & Anasarca (duration) yrs. 2 mos da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R J Spurry M. D.

8/20 1931 (Address) 1729 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 8-23 1931

20 UNDERTAKER Bryan Wright ADDRESS 1218 McElderry St

1-30—M. & T.—100 B—50L

L 71522

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 71522

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Johns Hopkins Hosp. St., 1-1 WARD)

2-FULL NAME John J. Fleischmann

(a) RESIDENCE NO 919 S. Bloomac ST., _____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (Write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 16 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or-employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John J. Fleischmann

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Eva Seboy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: John J. Fleischmann
(Address) 919 S. Bloomac

15 Filed Aug 22 1931, 192 _____ C. H. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said _____ (Coroner, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows: Typhoid & Lobar Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Bruce Jones, M. D. (Coroner)

(Address) 1 Troy Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem. DATE OF BURIAL: Aug 22 1931

20 UNDERTAKER: Lilly & Zeiler inc ADDRESS: 403 S. Wolfe St

AFFIRMANT, WITH UNDERSTANDING OF THE PENALTY, WHICH IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

E 71523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1312 71523

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Fulton Ave. St., 1428 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel J. Handy

(a) Residence: No. 106 S. Fulton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Charles C. Handy

6. DATE OF BIRTH (month, day, year) Jan. 19, 1841.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
90	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton, Md.

FATHER

13. NAME James Mathews

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Tenver

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Harry J. Handy
(Address) 106 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug. 24, 1931

19. UNDERTAKER Harry A. Fortt & Co.
(Address) 409 Edmondson Ave.

AUG 22 1931

....., 19 ..... C. HAWSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/21/31, 19

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Aug. 21, 1931

I last saw her alive on August 19, 1931 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Intestinal Nephritis — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

NOTE.—Name of deceased, with all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-36—M. & T.—100 B—50L.

E 71524

HEALTH DEPARTMENT—CITY OF BALTIMORE

10 Y-001
10 E 71524

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3129 Dillon ST. 1-1 WARD)

2-FULL NAME Olga Kurabczka

(a) RESIDENCE NO 3129 Dillon ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	—	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Kurabczka

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Theckla Kostek

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Joseph Kurabczka

(Address) 3129 Dillon St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ... yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Yes

Did an operation precede death? ... Date of ...

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B P Kerzog M.D., M. D. Coroner

8/21, 1931 (Address) 3059 Patterson Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Polish National Cath. Cem. DATE OF BURIAL: Aug 22 1931

20 UNDERTAKER: John J Rueda ADDRESS: 2811 Hudson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 21 1931 C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

Abslum Ross

E 71525 HEALTH DEPARTMENT—CITY OF BALTIMORE 71525

CERTIFICATE OF DEATH

34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 615 N Bond St. 7-9 (WARD)

2 FULL NAME Abslum Ross

(a) RESIDENCE NO. 615 N. Bond St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	Colored	married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Rose

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): South Boston Va

PARENTS

10 NAME OF FATHER: Abslum Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Kate Parker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Annie Rose

(Address) 615 N. Bond St.

C 2 1931 L. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): Aug. 20-31

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 31 to Aug. 20, 31

that I last saw h[illegible] alive on Aug 20 31

and that death occurred, on the date stated above, at 7.50 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis - Acute myocarditis (duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary): Pulmonary Edema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed Diagnosis? Phys. Exam.

(Signed) William Lloyd Berry M. D.

19 (Address) 1420 Chase

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem. DATE OF BURIAL: Aug 23 31

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 416 N. Carolina St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71526

117-001

117 E 71526

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 912 Wagon alley Ward) 18-26

2-FULL NAME Effie Pannell

(a) RESIDENCE NO. 912 Wagon Alley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	30			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER James Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER Harriett Holden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mary Horsley 1702 Madison Ave

15 Filed . 19 . C. HAMPSON JONES, M. D. Registrar

AUG 22 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Telford M. D.

8/21. 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL 8/22/31

20 UNDERTAKER: Samuel Hamsley ADDRESS 1708 Bank

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

25-1407

E 71527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-E 71527

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL St 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Dennis

(a) RESIDENCE No 1825 Etting St - ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va - Va -

PARENTS

10 NAME OF FATHER George Colley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va -

12 MAIDEN NAME OF MOTHER Anna Patterson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va Va

14 Interment
(Address) Rivards -

FORD HOPKINS HOSPITAL

AUG 22 1931 C. HAMPSON JONES, M. D. Registrar

Filed ... 19 ...

Per ... B. S. L.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug - 19 - 31

17

I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931 to Aug 19, 1931

that I last saw h[illegible] alive on Aug 19, 1931

and that death occurred, on the date stated above, at 11 25 A.M.

The CAUSE OF DEATH* was as follows:

Hypertension, Myocardial Insufficiency, Chronic Interstitial Arteriosclerosis -

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchitis Terminal

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Roy M Baker, M.D.

Aug 19, 1931 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Aug 22 1931
20 UNDERTAKER	ADDRESS
Mrs. Geo K Holland	631 D. K.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

71528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

64. 71528

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 527 S. Bond ST. 12-4 WARD 1

2. FULL NAME Joseph Trzaska

(a) RESIDENCE NO. 527 S. Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Trzaska

6. DATE OF BIRTH (month, day, and year) March 19, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	52	5	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: None

9. BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10. NAME OF FATHER: Mathai Trzaska
11. BIRTHPLACE OF FATHER (city or town) (State or country): Poland
12. MAIDEN NAME OF MOTHER: Mary Kleczkowska
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14. Informant: Mary Trzaska
(Address) 527 S. Bond

15. Filed [illegible] 1931 16. C. HAMPSON JONES, M. D. Registrar
By: [illegible]

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH (month, day, and year) 8/21/-31

I HEREBY CERTIFY, That I attended deceased from Aug. 1 1931 to Aug 21 1931
that I last saw h[illegible] alive on Aug 21 1931
and that death occurred, on the date stated above, at 11:45 a.m.

The CAUSE OF DEATH* was as follows:
Myocarditis
Carcinoma of Stomach
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Kurkowski M. D.
8/24 1931 (Address) 7584 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Aug. 24 1931
DATE OF BURIAL

20. UNDERTAKER: J. W. Bazenta
ADDRESS 1900 Eastern

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 4 Z 1931

Spec.—1-12-28—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

~~A~~ 71529 — 46 A 71529

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1807 W. Lanvale St. 16-2nd WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry C. Becker

(a) RESIDENCE NO. 1807 W. Lanvale ST. WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. — mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Becker

6 DATE OF BIRTH (month, day and year): July 26 1856

7 AGE — Years: 75 — Months: 0 — Days: 26 — If LESS than 1 day, hrs. or min.: 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Music Teacher

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: August Becker

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Schumacher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Mary E Becker 1807 W. Lanvale St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 21 1931

17 I HEREBY CERTIFY, That I attended deceased from May 4 1928 to Aug 21 1931, that I last saw h alive on Aug 19 1931, and that death occurred, on the date stated above, at 3.15A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Sigmoid

Abt 4 yrs (duration)

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. H. Duvall, M. D.

Aug 21 1931 (Address) 1817 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Aug 24 1931

20 UNDERTAKER: Wm J Tschan & Sons — ADDRESS: North Ave

AUG 27 1931

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71530

Registered No. 53 E 71530

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. [illegible] Ward)

Length of residence in city or town where death occurred 45 yrs 0 mos 23 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Gordon L. Albaugh

(a) Residence: No. 2671 Fenmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Esther H. Albaugh

6. DATE OF BIRTH (month, day, year) July 25-1886

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	45	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Albaugh
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rose Smithcum
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Reads
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Aug 24 1931

19. UNDERTAKER J. E. Pickrum Sons
(Address) Saint Paul

20. FILED [illegible] 19 [illegible] Registrar

22793

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug-21, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1931, to Aug. 21, 1931
I last saw him alive on Aug 21 1931 death is said to have occurred on the date stated above, at 2.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Generalized carcinoma	1-29-?
Origin unknown.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Smith M. D.
(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

(BURKINS)

E 71531

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71531

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE. (a) No. 1017 Cross Spring Lane (Street) 27-49 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Elvira Emma Burkins

(a) RESIDENCE NO. 1017 Cross Spring Lane ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E Burkins

6 DATE OF BIRTH (month, day, and year) Oct 13 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	63	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Jno Andrew Truett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Tabitha Ann Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Savage Howard Co Md

14 Informant Burton May Burkins

(Address) 1017 Cold Spring Lane

15 Filed C. HAMPSON JONES, M. D. Registrar

G 22193

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24 1930

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1929 to August 24 1930

that I last saw her alive on August 24 1930

and that death occurred, on the date stated above, at 12.40 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Carcinoma

Hepatic (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) William J Todd, M. D.

, 19 (Address) 2217 Druid Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Aug. 27. 1930
20 UNDERTAKER	ADDRESS
Horace F. Burgee	3631 Fal. Road

mation should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 71532

HEALTH DEPARTMENT—CITY OF BALTIMORE

13 | E 71532

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Fulton Ave. WARD) 20-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Deets

(a) RESIDENCE NO. Home for Aged M. E. Church. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 3 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): May 7, 1856

7 AGE: ✓ Years: 75 Months: 3 Days: 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment(in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frederick Deets

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co. Md.

12 MAIDEN NAME OF MOTHER: Sirah North

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dorchester Co. Md.

14 Informant: Miss Etta Cuddy

(Address) 400 N. Fulton Ave.

15 Filed AUG 22 1931 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Aug 20, 1931, that I last saw her alive on Aug 19, 1931 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon, M. D.

8/21, 1931 (Address) 700 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet — DATE OF BURIAL: Aug 22 1931

20 UNDERTAKER: George J. Smith — ADDRESS: 1532 Hollins St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

UG 22 1931

Spec.—1-12-23—3T&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71533

93-003 E 71533

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 240 S. Chester St. 2-4 WARD)

2-FULL NAME Adolf Schaefer

(a) RESIDENCE No. 240 S. Chester St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Minnie Schaefer

6 DATE OF BIRTH (month, day, and year) April 18-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Harness-maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

14 Informant Minnie Schaefer

(Address) 240 S. Chester St.

15 Date AUG 22 1931, 19

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21, 1931.

17 I HEREBY CERTIFY, That I attended deceased from May, 1931, to Aug. 21, 1931.

that I last saw him alive on Aug. 15, 1931

and that death occurred, on the date stated above, at ? A. m.

The CAUSE OF DEATH* was as follows:

Chr. Arteri-Sclerosis
Bronchial Asthma
Chr. Myocarditis ?

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? residence

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Emil J. Steinler, M. D.

8/21, 1931. (Address) 1900 E. Pratt St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cemetery — DATE OF BURIAL Aug. 24, 1931

20 UNDERTAKER George W. Zinkler — ADDRESS 1737 E. Eager st.

If LESS than 1 day, hrs or min

mation should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 71534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

63 VE 71534

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. 8-17 WARD)

2-FULL NAME Carrie L. Lang

(a) RESIDENCE NO 2029 E. Ianvale St ST., ____ WARD ____
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Lang

6 DATE OF BIRTH (month, day, and year) July 9/1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	62	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Geo. H. Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Sarah E. Aplegarth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Frank Roberts
(Address) 233 S. Colington Ave

15 Filed AUG 22 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning

Suicide

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P. W. Oller, M. D.
Coroner

(Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pendella Springs Md

DATE OF BURIAL 8-24 1931

20 UNDERTAKER Albert J. Mills

ADDRESS 1606 Chestnut

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC... TION is very important. See instructions on ba...

Spec.—9-30—A. & Co.—250 Blks.

D 71535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 D 71535

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 Orlando Ave ST. 27-43 WARD)

2 FULL NAME Patricia McNally

(a) RESIDENCE NO. 3021 Orlando Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 21 31

7 AGE — Years: √ | Months: | Days: | If LESS than 1 day, 3 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Patrick McNally

11 BIRTHPLACE OF FATHER (city or town) (State or country): Western Pa Md.

12 MAIDEN NAME OF MOTHER: Ellen B. Boyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Patrick McNally 3021 Orlando Ave

15 Filed AUG 22 1931, 19 — C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 31

17 I HEREBY CERTIFY, That I attended deceased from 8/21/31, 19 , to 8/21 , 19 31

that I last saw her alive on 8/21 , 19 31

and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Holly M. D.

19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Aug 22 1931

20 UNDERTAKER: Leonard Rank — ADDRESS: 640 Lafa

INFORMATION should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks.

E 71536

HEALTH DEPARTMENT—CITY OF BALTIMORE

158 E 71536

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 W Hanvale St. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Bailey

(a) RESIDENCE NO. 1624 W Hanvale ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if at foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced, (write the word) ____

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) 8/17/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	—	—	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ____

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) (State or country) Baeto Md

PARENTS

10 NAME OF FATHER Wm Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) NC

12 MAIDEN NAME OF MOTHER Emmaly Sears

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Wm Bailey

(Address) 1624 W Hanvale

15 Filed AUG 22 1931, 19__ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931, to Aug 21, 1931, that I last saw her alive on Aug 21, 1931, and that death occurred, on the date stated above at 9.8 m.

The CAUSE OF DEATH* was as follows:

Congenital Weakness

(duration) ____ yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

Signed W. F. Howell, M. D.

8/22/31 (Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Aug 22, 1931
20 UNDERTAKER Mrs Katie R. W. Williams	ADDRESS 322 N Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Cor.—10-15-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71537 ✓ 168 E 71537

REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. 1109 S. Charles St., 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Max Berman

(a) RESIDENCE NO. 2 W. Clement St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	W	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Berman

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Butcher
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Isaac Berman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Rachel Chesivor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Harry Isenberg 3911 Wabash Ave

Filed 8/23 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy & inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab Wound of Chest Into Heart by Narrow Butcher Knife- held in the hand of somebody unknown to this Jury at this time (duration) -- yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemorrhage into Thoracic & Pericardial Cavities-- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Guy N. Thomsell M. D.

8/22 1931 (Address) 203 Patapsco Ex Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington DC	8/23 1931
20 UNDERTAKER	ADDRESS
Jack Lewis Inc	1429 E Balt St.

IMPORTANT—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. S-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 71538 + 9-B 71538

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital non-resident St. 9-45 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Lee Skiffer

(a) Residence: No. Hebster, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME William H. Skiffer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice L. Lidgely

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William H. Skiffer
(Address) Hebster, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Shuttle Co. Date Aug 22 1931

19. UNDERTAKER Easton Bros
(Address) Elkton City.

AUG 23 1931

19. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 21. 1931, to Aug. 22 1931

I last saw h.. alive on Aug. 22 1931 death is said to have occurred on the date stated above, at 4.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2 wks. ago
Gastro. enteritis	1 week

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

INFORMATION REQUIRED SHOULD BE GIVEN IN TERMS SUCH AS WILL ENABLE PHYSICIANS TO state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71539

CERTIFICATE OF DEATH

E 71539

1. PLACE OF DEATH Md General Hospital 93 003
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Howard & Madison St. 11-24 Ward)

Length of residence in city or town where death occurred yrs 19 mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Harry M Phelps

(a) Residence: No. Sherwood Rd Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Henrietta Phelps

6. DATE OF BIRTH (month, day, year): Feb 11, 1875

7. AGE: Years 56 | Months 6 | Days 11 | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Secretary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cooksville Md.

MOTHER

13. NAME: Richard B Phelps.
14. BIRTHPLACE (city or town) (State or country): Howard Co. Md
15. MAIDEN NAME: Margaret A Carr
16. BIRTHPLACE (city or town) (State or country): Howard Co Md.

17. INFORMANT: Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Boyds ville Md. Date Aug 25 1931

19. UNDERTAKER: Tree Sons Inc.
(Address) Ijamsville Md.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8/22/31

22. I HEREBY CERTIFY, That I attended deceased from July 13 1931 to Aug 22 1931
I last saw h. alive on Aug 22 1931 death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs.
Myocardial dilatation	4 days.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert F. Wilkinson M D
(Address) Ijamsville, Md.

If it may be properly classified. Exact statement of
See instructions on back of certificate.
CAUSE OF DEATH in plain terms, so that
OCCUPATION is very important.

Spec.—9-28—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71540

93-02 71540

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 15-58 WARD

2 FULL NAME Morris Frank

(a) RESIDENCE NO. 2532 Druid Hill Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sabina

6 DATE OF BIRTH (month, day, and year) June 15 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoemaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Hymar Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Libby Goldberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Israel Frank

(Address) 2532 Druid Hill Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 19, 1931, to Aug 21, 1931

that I last saw him alive on Aug 21, 1931

and that death occurred, on the date stated above, at 12-30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) M. L. Levin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 8/23 1931

20 UNDERTAKER Jack Levin

ADDRESS 1437 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2

A&Co. S-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71541

CERTIFICATE OF DEATH

59 E 71541

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 E Fairmont ave St. 6-4 Ward)

Length of residence in city or town where death occurred 36 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Lena Fox

(a) Residence: No. 1508 E Fairmont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mario Fox

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva Fox

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Funeral Inc
(Address) 1439 E Balto st

18. BURIAL, CREMATION, OR REMOVAL
Place Holan Heights Mem Date 8/13 1931

19. UNDERTAKER Jack Funeral Inc
(Address) 1439 E Balto st

20. FILED ..... 19.. HAMILTON JONES M D Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 21 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1928, to Aug. 21 1931

I last saw h alive on Aug 21 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coitis Senilis	
Chronic Myocarditis	
Diabetis Mellitus	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Nicholson M. D.

(Address) 2230 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

71542 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-6 E 71542

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Walnut Ave., Mt. Washington 27-54 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William J. Meagher

(a) RESIDENCE NO. 1810 Walnut Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. -- mos. --- ds. How long in U. S., if of foreign birth? --- yrs. --- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Coleman

6 DATE OF BIRTH (month, day, and year) Nov. 13, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: J. E. Hurst & Co.

9 BIRTHPLACE (city or town) (State or country): ------ Virginia

PARENTS

10 NAME OF FATHER: Thomas Meagher

11 BIRTHPLACE OF FATHER (city or town) (State or country): ----- Ireland

12 MAIDEN NAME OF MOTHER: Bridget Wahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ------ Ireland

14 Informant (Address): Annie C. Meagher, 1810 Walnut Avenue

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Aug 22, 1931

that I last saw him alive on Aug 22, 1931

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wells M. D.

19 (Address) 3276 Fait Hyde Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: 8/25 1931

20 UNDERTAKER: Henry H. Pearce & Son

ADDRESS: 805 N. Calvert St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REG'D SEP 2 1931 HAMPSON JONES, M.D.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71543 — 59 ✓ — E 71543

1-PLACE OF DEATH Franklin Square Hospital — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (ST.) 26 W (WARD) 12

2-FULL NAME Caroline Vogel

(a) RESIDENCE NO. 4306 Willoughby Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: White — 5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John L. Vogel

6 DATE OF BIRTH (month, day, and year): Nov 19 1869

7 AGE — Years: 61 — Months: 9 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Hickt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mrs Hickt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Geo. W. Vogel 4306 Willoughby Ave.

15 Filed , 19 — C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-20 1931

17 I HEREBY CERTIFY, That I attended deceased from 7-22 1931 to 8-20 1931

that I last saw him alive on 8-20 1931

and that death occurred, on the date stated above, at 10.10 P.m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Gangrene rt. foot

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8-15-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. W. Peake M. D.

, 19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwartz — DATE OF BURIAL: 8/23/31 19

20 UNDERTAKER: Philip Henry — ADDRESS: 216 Orleans St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 71544

B 71544

REGISTERED NO. 13 B 71544

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hospital 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Joseph Brabson

(a) RESIDENCE NO. 11 N. Stricker Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	Mo.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Braxon

6 DATE OF BIRTH (month, day, and year) 1846

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
85				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Mason

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Lydia Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Joseph Brabson 11 N. Stricker st

15 Filed ..... 19 ..... HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-21-31

17 I HEREBY CERTIFY, That I attended deceased from 8-18, 1931, to 8-21, 1931

that I last saw him alive on 8-21, 1931

and that death occurred, on the date stated above, at 5 45 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

Chronic myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic coma

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical & laboratory

(Signed) Andres G Calas M. D.

.19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cem. — DATE OF BURIAL Aug 24 1931

20 UNDERTAKER C. Jones — ADDRESS 111 S. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. L 71545
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Eutaw place St.) (Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Nathans

(a) Residence: No. 2216 Eutaw place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of: Elizabeth

6. DATE OF BIRTH (month, day, year): 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Louis Nathans
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Maurice Robinson
(Address): 2216 Eutaw place

18. BURIAL, CREMATION, OR REMOVAL
Place: Zion Mt. Carmel Date: Aug 23 1931

19. UNDERTAKER: L. Feinson Bro
(Address): 1121 E. Baltimore

20. FILED: AUG 25 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 2 1931 to Aug 10 1931
I last saw him alive on Aug 10 1931 death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/22/31

Other contributory causes of importance:
Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer Muller, M. D.
(Address) 2410 Eutaw pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 71546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 71546

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3935 Edmondson Ave WARD) 20-71

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Koestner

(a) RESIDENCE No. 3935 Edmondson Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Joseph Koestner

6 DATE OF BIRTH (month, day, and year): Sept. 8 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	70	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Lawrence Sauer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Marie P Miller

(Address): 3935 Edmondson ave

15 Filed AUG 25 1931, 19 C. HAMILTON JONES, M. Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 21 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Aug, 1931,

that I last saw her alive on Aug 20, 1931,

and that death occurred, on the date stated above, at 3.15 A. m.

The CAUSE OF DEATH* was as follows: Nephritis, Interstitial

Uraemic Coma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) Fred A. Duvall, M. D.

, 19 (Address) 3523 University Hgts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cemetery

DATE OF BURIAL: Aug 24 1931

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1600 N Gilmor

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71547

CERTIFICATE OF DEATH.

119 E 71547

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Independant St. 9746 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ire. Weber

(a) RESIDENCE No. 3203 Independant ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 26 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	✓	10	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm H. Weber

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Maryland

12 MAIDEN NAME OF MOTHER Estella Faerber

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Wm. H. Weber
(Address) 3203 Independant St

15 Filed Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 20th 1931 to Aug 22nd 31

that I saw her alive on Aug 22nd 31

and that death occurred, on the date stated above, at 10-45 P. m.

The CAUSE OF DEATH* was as follows: Gastro - Enteritis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) George Longenecker M.D.

8/23/31 (Address) 401 E 20th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Aug 24, 31
20 UNDERTAKER	ADDRESS
Josiah Offer	1600 N. Nor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

AUG 25 1931

Spec.—9-30—A. & Co.—250 Blks

E71548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003 E 71548

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 20-64 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Bertha Elizabeth Wiegand

(a) RESIDENCE No. 330 S. Pulaski ST. WARD

(Usual place of abode) (If non-residence give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Theodore Wiegand

6 DATE OF BIRTH (month, day, and year) Oct. 8, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	65	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER Henry Stehr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas Germany

14 Informant (Address) Bertha M. Wagner 134 W. Lafayette Ave

15 Filed E. H. Page Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1931, to Aug. 21, 1931

that I last saw her alive on August 21, 1931

and that death occurred, on the date stated above, at 2.20 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Susanne Hesling M. D.

, 19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Aug 24 31

20 UNDERTAKER Steuart & Brown Company ADDRESS 108 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 71549.

E. 71549

HEALTH DEPARTMENT CITY OF BALTIMORE

82-00715 79 549

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 E. Fairmount Ave. St. 90-69 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A. Dwyer

(a) Residence: No. 2724 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marrietta Dwyer

6. DATE OF BIRTH (month, day, year) Sept. 6, 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	11	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Mason
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Thomas Dwyer
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER
15. MAIDEN NAME Elizabeth Duvelle
16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. E. B. Miller
(Address) 2724 E. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Aug. 24 1931

19. UNDERTAKER Wm. P. Cook
(Address) 1605 E. Baltimore St.

20. FILED ..... 1931 WILLIAM H. JONES, M. D. Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 22 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/1 1931 to 8/22 1931

I last saw him alive on 8/22/31 and death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Softening Hypostasis	
Other contributory causes of importance: Hemiplegia	

Name of operation Gynecological Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ernest A Carlson M. D.

(Address) 2145 E. Baltimore St.

AACo. 5-11 2168

E 71550 HEALTH DEPARTMENT CITY OF BALTIMORE E. 71550

E 71550 23 E 71550

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St. 1352 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah Hackley

(a) Residence: No. 3212 Kenwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Hackley

6. DATE OF BIRTH (month, day, year) Oct 3, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER FATHER

13. NAME Isaac Hackley

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Simpkins

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mayo Pennsylvania Date Aug 26, 1931

19. UNDERTAKER E Simmons & Sons

(Address) 36 S Chestnut Ave

20. FILED Aug 27 1931 19 T. M. JONES, M. D.

Registrar

AUG 27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Aug 22, 1931

I last saw her alive on Aug 22 1931 death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Generalized Tuberculosis (Primary in the lung)

Date of onset ?

Other contributory causes of importance:

Tuberculous peritonitis Intestinal obstruction 2 days ?

Name of operation Abdominal Paracentesis Date of Aug 21 31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. M. Jones, M. D.

(Address) Md General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—8-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7155 1 — E 7155 1

CERTIFICATE OF DEATH

V 46

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 3680 Ash St. 27-57 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Noah Buchman

(a) RESIDENCE NO. 3680 Ash St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Buchman

6 DATE OF BIRTH (month, day and year) Aug 17, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89		4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 68

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER George Buchman

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address) Mary A. Buchman. 3680 Ash St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 1st, 19 31 to Aug 21st, 19 31

that I last saw h[illegible] alive on Aug 21, 19 31

and that death occurred, on the date stated above, at 12:5 A m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senility. Paranoia of Late Onset

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) I. D. A. Israels M. D.

(Address) 264 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Mem.

DATE OF BURIAL: Aug 25 19 31

23 UNDERTAKER: Chenowith & Son

ADDRESS: 3615 Chestnut Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 24 1931 — [illegible] JONES, M. D.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71552

CERTIFICATE OF DEATH

E 71552

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Guglielizza

(a) Residence: No. 2905 Harlem Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~wife~~ of Teresa Guglielizza

7. DATE OF BIRTH (month, day, year) Mar 6 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	48	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil tester

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Civilian Camp Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Rosario Guglielizza

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Sarah Lantieri

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Sarah Tracy

(Address) 608 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Forest Lawn Cemetery Date Aug 25th 1931

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 15th, 1931, to August 22nd, 1931

I last saw him alive on August 22, 1931 death is said to have occurred on the date stated above, at 8:55 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Sinus Thrombosis — Date of onset June 12th

Memphis - July 31st

Other contributory causes of importance:

Bronchial Pneumonia ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl L. Chambers, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

Dr France

HEALTH DEPARTMENT—CITY OF BALTIMORE

10-001

E 71553

CERTIFICATE OF DEATH

E 71553

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No.) Washington Blvd ST. Baltimore WARD 25-77

2-FULL NAME John R. Halfrich

(a) RESIDENCE NO Riverdale, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 10th 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 7th Day Adventist
(c) Name of employer Church

9 BIRTHPLACE (City or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John R. Halfrich

11 BIRTHPLACE OF FATHER (City or town) (State or country) Chicago Ill

12 MAIDEN NAME OF MOTHER Helen Hartley

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant Chesapeake Conference

(Address) 24 Eastern Ave

15 Filed AUG 2 1931 19 H. [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

While attempting to board freight train and was run down by rear wheels

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary)

Resp. Lac. into Scalpe's Triangle Left. Lac Frontal Art & Vein Fracture right Pat. Bladder & Kidney

18 Where was disease contracted if not at place of death? Wash Blvd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) J. R. France M. D.

Aug 22 1931 (Address) 2933 W Eden Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 8/12/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L. Dr Link

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71554

71554

95-002

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) Broadway & Monument ST 22-31 WARD)

2-FULL NAME Harry G. Eyerly

(a) RESIDENCE NO 818 S. Charles ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Hattie Scully

6 DATE OF BIRTH (month, day, and year) July 17th 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Building
(c) Name of employer: John B. Eyerly

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Charles Eyerly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Harry T. Eyerly

(Address) 521 N. Bouldin St

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 20th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to ~~his~~ death (autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows: Carcinoma of Liver

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. Wm. H. Gill, M. D. Coroner

Aug 23 1931 (Address) Boro

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: 8/24 1931

20 UNDERTAKER: Williams Cook

ADDRESS: 1217 Sx Ca

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71555

REGISTERED NO. 159 E 71555

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 432 N Carrollton St. (Ward) 18-26

2-FULL NAME Leonne Morris

(a) RESIDENCE No. 432 N Carrollton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: B.

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): aug 18 1931

7 AGE — Years — Months 4 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charles Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Greenville S.C.

12 MAIDEN NAME OF MOTHER: Gladys Stockton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Monroe N.C.

14 Informant: Mrs. Gladys Morris (Address): 432 N. Carrollton

15 Filed AUG 24 1931 19 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 18th, 1931, to Aug. 22, 1931, that I last saw her alive on Aug. 22, 1931, and that death occurred, on the date stated above, at 6:20 A.m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Maternal Lues

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Lewis H. Douglass M. D.

(Address) Mid West

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Aug 24th 1931

20 UNDERTAKER: Wm. H. Evans Son — ADDRESS: 638 N. Gilmor

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71556

CERTIFICATE OF DEATH

34 E 71556

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Baltimore City Hospitals ST. WARD)

2 FULL NAME William Fenn

(a) RESIDENCE No. 1097 Durham, St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	54	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron Worker & rigger

(b) General nature of industry, business, or establishment in which employed (or employer) 074

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Lemon Fenn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Friend 1 John St.

15 Date AUG 24 1931 Registrar H. M. JONES, M. D.

16 Burial Permit

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to Aug. 21, 1931

that I last saw him alive on Aug. 21, 1931

and that death occurred, on the date stated above, at 5:00 P. m.

The CAUSE OF DEATH* was as follows:

Syphilis Cardiovascular of the Aneurism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Wassermann

(Signed) Harry McDaniel M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Aug. 24 1931
20 UNDERTAKER Wendell J. Klippel	ADDRESS 300 S. Paca St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-15-29—A Co.—100 Bks.

71557

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71557

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. Pier 4 Pratt St. 3-4 Ward)

REGISTERED NO. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Grand

(a) RESIDENCE NO. 240 S Bethel St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Common
(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C.
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Washington D.C.

14 Informant Ella Grand
(Address) 432 E 2nd St Washington D.C.

15 Filed ..... 19.. HAMPSON JONES M. D. Registrar
AUG 24 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Accidental Drowning

Instantaneous (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hanson M. D.

Aug 23. 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cem	Aug 26 1931
20 UNDERTAKER	ADDRESS
Kendall & Heppe	1001 Eden

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2MR

251510
Ped.
E 71558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 71558

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1900 E. St., 19-27 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Thomas Smith or Short

(a) Residence: No. 1725 Edmondson Ave., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	Black	Child

5a. ~~Married~~, Widowed, or Divorced
~~HUSBAND OF~~
~~WIFE OF~~

6. DATE OF BIRTH (month, day, year) Oct. 28, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	5	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at: this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME David Gross

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elsie Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 8-24 1931

19. UNDERTAKER David Easton
(Address) 916 Pennsylvania Ave.

20. FILED 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 20 1931 19

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to Aug 20, 1931

I last saw him alive on Aug 20 1931 death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, primary chronic parenchymatous	
Pericardial effusion, acute, complete	~~2/20/31~~ 6/22/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. E. Cotton M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 E 71559

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE (No St. Agnes Hospital St. 25-72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna K. Clarke

(a) RESIDENCE No. 2327 Washington, Blvd. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William O. Clarke

6 DATE OF BIRTH (month, day, and year) May 1st, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Rider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Shipley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant William O. Clarke
(Address) 2327 Washington, Blvd.

15 Filed C. HAMPSON JONES, M. D. Registrar

By:

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 20, 1931 to Aug 19, 1931

that I last saw her alive on Aug 19, 1931

and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Cervix

(duration) 1 yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

8/23, 1931 (Signed) Wm. A. Thaeuer M. D.
(Address) 1901 Eutaw Pl

*State the Disease Causing Death, or If deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Park

DATE OF BURIAL 8/25 1931

20 UNDERTAKER Frederick A Pole

ADDRESS 1280 W. Lombard St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71560

CERTIFICATE OF DEATH

107 E 71560

1 PLACE OF DEATH Provident Hosp.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 514 Division ST. C WARD) 16 70

2 FULL NAME Sallie Gray.

(a) RESIDENCE NO 1838 Division ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 1/4 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4½		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Lucie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Lucie Jones 1838 W. Preston St.

15 Filed [illegible] 19 [illegible] Registrar

AUG 24 1931 [illegible] JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-23-31

17

I HEREBY CERTIFY, That I attended deceased from 8-19, 1931, to 8-23, 1931

that I last saw her alive on 8-23, 1931

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald, M. D.

8-24, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Aug 24 1931

20 UNDERTAKER Virginia G. Brooks — ADDRESS 1463 N. Carey

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71561

CERTIFICATE OF DEATH

16 4 60 E 71561

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 223 N. Calhoun ST. 14-26 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Anna Bikuls

(a) RESIDENCE No. 223 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 12, 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Bikuls

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Anna Kasekvich

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Joseph Bikuls

(Address) 223 N. Calhoun

15 Filed AUG 24 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows

Suicide by Illuminating Gas

(duration) --- yrs. mos. ds.

CONTRIBUTORY (Secondary) ----

(duration) -- yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ---

(Signed) Guy N. Cromwell, M. D. Coroner

8/22, 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Aug. 25. 31
20 UNDERTAKER John Grabhamber	ADDRESS 423 S. Paca St.

mation should be carefully supplied. Write plainly. Spell names in full. Do not use abbreviations. Ditto marks should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 71562

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71562

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins 21-79 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Pearl Ross

(a) RESIDENCE NO. 230 S. Fremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 15 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Nathanial Ross

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Maggie Faulkner

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant: Nathaniel Ross

(Address) 230 S. Fremont

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 22 nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colitis Ulceration of bowel, probably Typhoidal and Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) Coroner, M. D.

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct — DATE OF BURIAL: 8/24/31

20 UNDERTAKER: Isaiah L Burns & Son — ADDRESS: Montgomery St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

E 71563 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71563

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 2219 Gough St. Ward 13)

2 FULL NAME Pauline Jegierski

(a) RESIDENCE NO. 2219 Gough St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 30 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced (or) WIFE of John Jegierski

6 DATE OF BIRTH (month, day, and year) Not. Known

7 AGE: Years 36 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: At Home

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Frank Kendzyna

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Przybylka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address): John Jegierski 2219 Gough St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 23rd 1931

17

I HEREBY CERTIFY, That I attended deceased from April 4th, 1931 to Aug 23rd, 1931

that I last saw h[illegible] alive on Aug 22nd, 1931

and that death occurred, on the date stated above, at 12 45 P M

The CAUSE OF DEATH* was as follows:

Cancer of Breast

(Duration) yrs. 3 mos. ... ds.

CONTRIBUTORY (Secondary) ...

(Duration) yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) Peter L Skinner M. D.

... 19... (Address) 308 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: 8/26/1931

20 UNDERTAKER: William Fiaschetti

ADDRESS: 168 Eastern

INFORMATION should be carefully supplied. AGE and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 71564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71564

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 N. Milton Ave ST. 7-10 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Ann Dorman

(a) RESIDENCE NO. 512 N Milton Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John M. Dorman

8 DATE OF BIRTH (month, day, and year): Nov. 7, 1852

7 AGE — Years: 78 — Months: 9 — Days: 15 — If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Woolford Dorchester Maryland

PARENTS

10 NAME OF FATHER: William Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Woolford Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Sard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: J. William Dorman

(Address) 2200 Jefferson St

15 Filed Aug 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8 1931. to Aug 22 1931.

that I last saw h(e) alive on Aug 22 1931

and that death occurred, on the date stated above, at 3:40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) ? yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Vincent V. Dorka, M. D.

, 19 (Address) 845 N. Jefferson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 24 1931
20 UNDERTAKER	ADDRESS
Geo E. Pritchett	2034 Jefferson

Important. See instructions on back of certificate.

Spec.—6-30—A. & Co.—250 Blks.

E 71565 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71565

CERTIFICATE OF DEATH

251

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2359 (Street) Druid Hill Ave (Ward) 19

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elsie Mackay Chakeman

(a) RESIDENCE NO. 2359 (Street) Druid Hill Ave (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Chakeman

6 DATE OF BIRTH (month, day, and year): DEC 6 1911

7 AGE: Years 20 Months 8 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: at home

9 BIRTHPLACE (City or town) (State or country): City Of Mackay

PARENTS
10 NAME OF FATHER: Thos Mackay
11 BIRTHPLACE OF FATHER (City or town) (State or country): City
12 MAIDEN NAME OF MOTHER: Mable Henson
13 BIRTHPLACE OF MOTHER (City or town) (State or country): City

14 Informant (Address): Thos Mackay 2359 Druid Hill Ave

15 Date 19

Registrar

AUG 24 1931 E. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 23 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug 8th 1931 to Aug 23rd 1931
that I last saw h[illegible] alive on Aug 23 1931
and that death occurred, on the date stated above, at 10.1 m.

The CAUSE OF DEATH* was as follows:

Acute Miliary Tuberculosis
(Exhaustion)

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos F. Magruder M. D.

8/24/31 (Address) 1st E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville

DATE OF BURIAL: Aug 25 1931

UNDERTAKER: Clarence E. Wright

ADDRESS: 2015 Eutaw Pl

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 71566 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 71566

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Westwood Apts - Cathedral St. 25 Ward) 182-081

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles F. Delaney

(a) Residence: No. Westwood Apts Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa N. Delaney

6. DATE OF BIRTH (month, day, year) Dec 23 - 1884

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
47	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attorney

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

MOTHER FATHER

13. NAME Charles F Delaney

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Fahy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Theresa N. Delaney

(Address) 311 Cathedral - Westwood Apts

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Aug 27th 1931

19. UNDERTAKER E. J. Tucker & Co

(Address) 1726 Eutaw Street

AUG 24 1933 HAMPSON JONES, M. D. Registrar

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 24 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1931 to Aug 24 1931

I last saw h[illegible] alive on Aug 24 1931 death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	8-23-31

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard Cohen, M. D.

(Address) 701 Medical Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spec.—0-30—A. A Co.—250 Blks.

E 71567 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71567

CERTIFICATE OF DEATH

461

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ST. 7-13 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dr. William Wolf.

(a) RESIDENCE NO. Sinai Hospital ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie B. Wolf

6 DATE OF BIRTH (month, day, and year) Apr. 10, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS
10 NAME OF FATHER Bernard Wolf
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER Theresa Bettenheimer
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment (Address) Myer C. Wolf Sinai Agudath House

15 Died ..., 19 ... Registrar

AUG 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23, 1931

17
I HEREBY CERTIFY, That I attended deceased from 8/14, 1931, to 8/23, 1931
that I last saw h. alive on 8/23, 1931
and that death occurred, on the date stated above, at 9-10 A m.

The CAUSE OF DEATH* was as follows:
Carcinoma of colon

(Duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Broncho pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of 8/18/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Dunglinson M. D.
19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Hebr. Cem.	8/25, 1931
20 UNDERTAKER: David Headlemeadow	ADDRESS: 1902 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates

AACo. 5-11-2MR

E 71568

HEALTH DEPARTMENT CITY OF BALTIMORE E 71568

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Marlborough Apts. 4E (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie I. Lowenstein

(a) Residence: No. Marlborough Apts. 8E Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaac Lowenstein

6. DATE OF BIRTH (month, day, year) Oct. 30, 1852

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	9	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Michael Straus
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Yetta —
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. H. Hamburger
(Address) Marlborough Apts.

18. BURIAL, CREMATION, OR REMOVAL.
Place Ark. Friendship Date Aug. 24 1931

19. UNDERTAKER David Sondheimer & Son
(Address) 1102 Eutaw Place

20. FILED ..... 19 ..... Registrar.
Date .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1931, to Aug. 22, 1931.
I last saw her alive on Aug. 22, 1931 death is said to have occurred on the date stated above, at 12⁴⁵ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Myocardial Insufficiency	Aug 19/31
Other contributory causes of importance: Hypostatic Pneumonia	10 yrs.
→ Hypertension	2 wks.
Cholecystitis	

Name of operation No Date of ...

What test confirmed diagnosis? 0 Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph W. Kelly M. D.
(Address) 1207 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M.

1-30—M. & T.—100 B—501.

E 71569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 71569

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 124 S. Poppleton ST. 18-7h (WARD)

2-FULL NAME Solomon Fine

(a) RESIDENCE NO 886 W. Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Fine

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Samuel Fine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant

(Address)

15 Filed AUG 24 1931, 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Eugene Feller, M. D. Coroner

8/24, 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL 8/24 1931

20 UNDERTAKER Jack Lewis Inc. ADDRESS 1439 E. Balto. St

mation should be carefully supplied. AGE should be stated in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 71570 HEALTH DEPARTMENT—CITY OF BALTIMORE B 71570

V 131

CERTIFICATE OF DEATH

1 PLACE OF DEATH 22 Days Hospital REGISTERED NO.
CITY OF BALTIMORE: (No.) Caroline St (ST.) (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Walter Malecki (MALECKI)

(a) RESIDENCE NO. 2030 Hanover ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 9 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Malecki

6 DATE OF BIRTH (month, day, and year) Nov. 21st 1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chemist for Co
(b) General nature of industry, business, or establishment in which employed (or employer) W. E. Robinson Co
(c) Name of employer Oils
Baltimore Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER William Malecki
11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)
12 MAIDEN NAME OF MOTHER Elizabeth Jankowska
13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mary Malecki (Wife)
(Address) 2030 Bond St

15 DEC 24 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23-31

17
I HEREBY CERTIFY, That I attended deceased from Dec. 17-31 19 to Dec. 23-31 19
that I last saw h— alive on Dec. 23-31 19
and that death occurred, on the date stated above, at 5a m.

The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
& Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) W. Thomas M. D.
19 Address 2030 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cemetery	Dec. 27th 1931
20 UNDERTAKER	ADDRESS
Lilly & Zeiler Inc.	405 S. Hoyt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AAC— 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71571

CERTIFICATE OF DEATH

119, E 71571

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

E 71571

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Narzaxik

(a) Residence: No. 400 Dean St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME William Narzaxik
14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Eva Brown
16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT William Narzaxik
(Address) 400 Dean St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cem. Date Aug 24th 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 Aug Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1931, to Aug. 22, 1931

I last saw him alive on Aug. 22, 1931 death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-enteritis	July 22 31
Acute Otitis Media	Aug. 4, 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Sym. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Brownbaker, M. D.

(Address) University Hosp.

Information should be carefully supplied. All items should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks

E 71572 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 71572

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) (St.) (Ward)

2 FULL NAME

(a) RESIDENCE NO. 6038 Hartford (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda Reynolds

6 DATE OF BIRTH (month, day, and year) Sept 6 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman at 62
(b) General nature of industry, business, or establishment in which employed (or employer) Atlantic Coast
(c) Name of employer Ship Building Co.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS
10 NAME OF FATHER John F. Reynolds
11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amanda Reynolds
(Address) 6038 Hartford Ave.

15 E. RAMPLEY JONES, M. D.
Registrar

AUG 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-22-31

17
I HEREBY CERTIFY, That I attended deceased from 7-20-31, 19... to 8-23-31, 19...
that I last saw him alive on 8-23-31, 19...
and that death occurred, on the date stated above, at 8 A.M.
The CAUSE OF DEATH* was as follows:

Hypertrophic Prostatis 2 yrs
(duration)
CONTRIBUTORY (Secondary) Dysuria 1 ds.
(duration)

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of 8/22/31
Was there an autopsy? No
What test confirmed diagnosis? Dysuria
(Signed) Thos. Kennedy M. D.
19 (Address) City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery — DATE OF BURIAL: Aug 27 1931

20 UNDERTAKER: Kelly Baker Inc. — ADDRESS: 403 N. Gay St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 71573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75 E 71573

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 154 Irving ST. 6-4 WARD)

2-FULL NAME Joseph Hockman H.

(a) RESIDENCE NO 154 Irving ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Rohing

6 DATE OF BIRTH (month, day, and year) May 3, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): ----
(c) Name of employer: ---

9 BIRTHPLACE (city or town) (State or country): Cumberland Md.

PARENTS

10 NAME OF FATHER Henry Hockman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cumberland Md,

12 MAIDEN NAME OF MOTHER Catherine Frost

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Cumberland Md.

14 Informant Mrs. Lena Hockman
(Address) 154 Irving St.

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Alcoholism

I6 hrs.
(duration) yrs. mos. ds.

CONTRIBUTORY ----
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy N. Thornwell M. D.
Coroner

8/23 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pikesville Cemetery	Aug 25 1931
20 UNDERTAKER	ADDRESS
F. B. Wiseburt	30 Eutaw Place

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks

E 71574

E 71574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

1 PLACE OF DEATH 4 c/s. La Trinus Home 1729 ST. 16-17 (WARD) REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

2 FULL NAME Mr. William Bandell

(a) RESIDENCE NO Odd Fellows Home, Frederick St Md WARD (If non-resident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs 1 mos 18 ds 1 month How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed or divorced, HUSBAND of (or WIFE of) Trinus Bandell

6 DATE OF BIRTH (month, day, and year) July 8, 85

7 AGE Years 79 | Months 1 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER Samuel Bandell
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Emily Keyser
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Edgar Beard Odd Fellows Home

15 Filed 2 1931 19 HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/22/31

17 I HEREBY CERTIFY, That I attended deceased from 7/1/31 to 8/22 19 31
that I last saw h alive on 8/22 19 31
and that death occurred, on the date stated above, at 8:25 P m.
The CAUSE OF DEATH* was as follows:
Cerebral - Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Harry Feldman M. D.
19 (Address) 4 E Balto St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant Cemetery | DATE OF BURIAL Aug 25 1931

20 UNDERTAKER W. M. Rentzel Inc. ADDRESS Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 71575

E 71575 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71575

CERTIFICATE OF DEATH

V 127-002

1 PLACE OF DEATH Union Memorial Hospital. (No. 11-15 ST.) (WARD)

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mary E.

2 FULL NAME Mrs. ~~Henry~~ Harrison

(a) RESIDENCE NO. 1010 St. Paul st. (Usual) place of abode) Balto. (WARD) Md (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: Mr. Henry Harrison

6 DATE OF BIRTH (month, day, and year): Aug. 16, 1869

7 AGE: Years 62 yrs. | Months — | Days 6 days. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Linwood, Md.

PARENTS

10 NAME OF FATHER: Jacob Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Caroline Tarza

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Hospital Records

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 20 1931, to Aug. 22, 1931

that I last saw her alive on Aug. 22, 1931

and that death occurred, on the date stated above, at 6 10 P. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (secondary) Toxemia & shock following Op. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? Yes Date of Aug. 22. 1931

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam. & Lab.

(Signed) Richard J. Shankman M. D.

8-22 19 31 (Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn cem

DATE OF BURIAL: Aug 24 1931

20 UNDERTAKER: H. G. Wickwire & Son

ADDRESS: Baltimore

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 24 1931

Spec.—0-30—A A Co.—250 Blks

E 71576 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71576

CERTIFICATE OF DEATH

1 PLACE OF DEATH Union Memorial Hospital (REGISTERED NO. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. ~~W. M. H.~~ ST. ____ WARD 10)

2 FULL NAME ~~Mrs George A Manner~~ Eulalia H. MANNER

(a) RESIDENCE NO. Randallstown, ST. ____ WARD OR ~~Balto Co.~~ Randallstown Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of George A Manner

6 DATE OF BIRTH (month, day, and year) 10/2/1892

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	38	10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co.

PARENTS

10 NAME OF FATHER Samuel O. Mellon (D)

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Virginia Harriman (D)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co.

14 Informant (Address) George A Manner Randallstown Balto Co Md

15 Filed ____ 19 ____ C. HARRISON JONES, M. D. Registrar

AUG 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/23/31

17 I HEREBY CERTIFY, That I attended deceased from July 8th, 1931, to Aug. 23, 1931
That I last saw her alive on Aug. 22, 1931
and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Commitged Circumstances

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) ____
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? ~~Autopsy~~ Autopsy

(Signed) Richard I Shankland M. D.
(Address) Union Memorial Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Aug 25 1931
UNDERTAKER: Wm J Tuckwell Sons — ADDRESS: N Y Pa

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 71577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73 E 71577

REGISTERED NO. 6577

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 21 S. Duncan St 43 St. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Frederick Robinson

(Residence in Baltimore: No. 21 S. Duncan St St.; yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single

6 DATE OF BIRTH: Aug 9, 1889 (Month) (Day) (Year)

7 AGE: 42 yrs. 11 mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Lat
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Balto

PARENTS

10 NAME OF FATHER: Jacob Robinson

11 BIRTHPLACE OF FATHER (State or country): Va

12 MAIDEN NAME OF MOTHER: Martha Ross

13 BIRTHPLACE OF MOTHER (State or country): Md

14 I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Arthur Robinson
(Address) 21 S. Bethel St.

15 [illegible] W. STATE HOSPITAL REGISTRAR

AUG 24 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 8 - 20, 1931 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8 - 1, 1931, to 8 - 20, 1931, that I saw h[illegible] alive on 8/20, 1931, and that death occurred, on the date stated above, at 11:30 p m.
The CAUSE OF DEATH* was as follows:
Pulm TB

(Duration) yrs. mos. ds.

Contributory (SECONDARY) Myocarditis

(Duration) yrs. mos. ds.

Filed 8/21, 1931 (Address) 1939 Mc Elderry

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mount Calvary — DATE OF BURIAL: Aug 23 1931

20 UNDERTAKER: M. J. A. Elliott — ADDRESS: 1725 Eastern Ave

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

E 71578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

07-001
07 E 71578

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 27-56 WARD)

2-FULL NAME William Ness

(a) RESIDENCE NO. 2814 Oakley Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Claudia Ness

6 DATE OF BIRTH (month, day, and year) April 13 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Robert Ness

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Emile Jamison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Informant Claudia Ness

(Address) 2814 Oakley Ave

15 Filed AUG 24 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. P. Sturgis M. D., Coroner

Aug 24, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Lawn — DATE OF BURIAL 8/26 1931

20 UNDERTAKER Warren Lemmon — ADDRESS 760 Patterson Park Ave

BEFORE SIGNING be sure you understand ALL QUESTIONS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71579 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71579

131

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 508 W. Conway ST 27-30 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas. P. Scully

(a) RESIDENCE NO. 508 W. Conway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced, (write the Word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B. Scully

6 DATE OF BIRTH (month, day, and year): Sept 7 1853

7 AGE: Years 75 Months 11 Days 16 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS
10 NAME OF FATHER: Thomas Scully
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs Mary B. Scully 508 W. Conways

15 Aug 24 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 23 1931

17
I HEREBY CERTIFY, That I attended deceased from May - 1 1931 to Aug 23 1931
that I last saw him alive on Aug 23 1931
and that death occurred, on the date stated above, at 9 30 A.M.

The CAUSE OF DEATH* was as follows:
Uraemia a.
Chronic Nephritis
Chronic Myocarditis
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clinical
(Signed) Wm J Francis M.D.
8-24 1931 (Address) 122 W Lee

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	Aug 26 1931
20 UNDERTAKER: Jos Jacobs & Son	ADDRESS: 217 S. Pine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—200 Blks.

E71580

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 71580

CERTIFICATE OF DEATH

45 VE 71580

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2500 E. Hoffman ST. 8-16 (WARD)

2 FULL NAME John Radwitch

(a) RESIDENCE NO. 2500 E. Hoffman ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced: HUSBAND of / WIFE of: Elizabeth Radwitch

6 DATE OF BIRTH (month, day, and year): Jan 5 1857

7 AGE: Years 74 Months Days 16 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Paints & Hardware

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant (Address): Mary G. Radwitch 2006 E Preston St.

15 Filed AUG 24 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 23 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Aug 23 1931

that I last saw him alive on Aug 8 1931

and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Cancerosma of the throat.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Undergone examination

(Signed) J. Neil Mac Murchy M.D.

19 (Address) 2147 Hanford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Aug 26 1931

21 UNDERTAKER: Henry Stoeck & Sons Inc.

ADDRESS: 301 E. Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 24 1931

Spec.—9-30—A. & Co.—250 Blks

E 71531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 - E 71531

1 PLACE OF DEATH

CITY OF BALTIMORE: (No City Hospital 10-14 8th WARD)

Mountain

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Newman

(a) RESIDENCE NO 1012 E. Chase ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Michael Zingl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland?

14 Informant (Address) Next Relative —

15 Filed AUG 24 1931 Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25/31

17

I HEREBY CERTIFY, That I attended deceased from 8/19, 19 31, to 8/25, 19 31

that I last saw h[illegible] alive on 8/23, 19 31

and that death occurred, on the date stated above, at 3:45 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum Left.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Osteosarcoma of Zygomatic (duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) City Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. DATE OF BURIAL: Aug 26 1931

20 UNDERTAKER: Henry Hoche & Sons Inc ADDRESS: 130 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2500

71582 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71582

CERTIFICATE OF DEATH

21-29 127

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1155 Ward St. (Ward)

Length of residence in city or town where death occurred 61 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Charles C. Stone

(a) Residence: No. 1105 Ward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Stone

6. DATE OF BIRTH (month, day, year) Aug 3. 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	-	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron foundry

10. Date deceased last worked at this occupation (month and year) 3 Mos

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John Stone

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Annie Dubarsk

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Mary M. Stone
(Address) 1155 Ward St

18. BURIAL, CREMATION, OR REMOVAL
Place Dem Catholic Date Aug 25. 1931

19. UNDERTAKER Robt Wilson
(Address) Hospitalian

20. FILED AUG 24 1931 C. HAMPSON MASON, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22. 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to Aug 22. 1931.
I last saw h— alive on Aug 22. 1931 death is said to have occurred on the date stated above, at 8:20 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	8/22/31.
Chronic Pulmonary Tuberculosis	May 1931.
Acute Myocarditis	8/18/31.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1155 Ward St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-21-28—L. F. S.—500 Bks.

E 71583

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 E 71583

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3408 Carlisle Ave ST. (WARD) 15-67

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie L. Burch

(a) RESIDENCE NO. 3408 Carlisle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 23 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Thaddeus A Burch

6 DATE OF BIRTH (month, day, and year): Jan 31 - 1867

7 AGE: Years 64 | Months 6 7 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: F. Edmond Kirby

11 BIRTHPLACE OF FATHER (city or town) (State or country): London England

12 MAIDEN NAME OF MOTHER: Rosa V Reiley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: F. J. Kirby

(Address): 110 E. North Ave.

Filed AUG 24 1931, 19 .. C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 23-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927 to August 22 1931.

that I last saw her alive on August 22, 1931

and that death occurred, on the date stated above, at 7. A m.

The CAUSE OF DEATH* was as follows:

Chronic endocarditis

Acute dilatation Heart

(duration) 6 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) F. J. Kirby, M. D.

Aug 23. 1931 (Address) 110 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Aug 25 1931
20 UNDERTAKER	ADDRESS
Chas P. Kraus & Son	11 E Mt Royal Ave

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71584 E 71584

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) St Joseph Hospital (WARD) 27-48

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Quintine Croce

(a) RESIDENCE NO. 45th. & Woodbrook Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Anna Croce

6 DATE OF BIRTH (month, day, and year) May 17-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Anna Croce
(Address) 45th & Woodbrook ave

15 Filed 2-4 1931 C. HAMPSON JONES, M. D. Registrar
By ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22-31

17

I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1931, to Aug 22, 1931 that I last saw h~~im~~ alive on Aug 22, 1931 and that death occurred, on the date stated above, at 11 ~~AM~~ P. M.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Cardio-vascular-Renal disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~~V~~

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) J. M. Bowman Gardiner M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Cem	8/26 19 31
20 UNDERTAKER J J Moran	ADDRESS Eutaw St

CAUSE OF DEATH is plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71585

CERTIFICATE OF DEATH

95-002 E 71535

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Allendale Rd ST. 15-61 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary C. Marston

(a) RESIDENCE NO. 2914 Allendale Rd ST.

WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82 years.	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work (own) Housework

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Fred. A. Marston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Mary Clotworthy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Dr. James [redacted] Marston

Address 2914 Edendale Rd

15 Filed — — , 19 Per Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 23. 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to Aug. 23, 1931, that I last saw h[illegible] alive on Aug 14th 1931 and that death occurred, on the date stated above, at 6-15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Arteri-Sclerosis (Old Age) (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dil. of Heart. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. J. Marston, M. D.

8.24. 1931 (Address) 836 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount

DATE OF BURIAL Aug 26 1931

20 UNDERTAKER George J. Smith

ADDRESS Hollins 6574

Important. See instructions on back of certificates.

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 71586 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71586

CERTIFICATE OF DEATH

REGISTERED NO. 137

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Balto City Hospitals 19-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry F. Kuehner

(a) RESIDENCE NO. 1537 Hollins St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) (1) Feb 15, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Fatty Kuehner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Caroline Fuchser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Charles F. Kuehner 1537 Hollins St

15 Filed 1-24 1931 C. HAMPSON JONES, M. D. Registrar

BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-22-31

17

I HEREBY CERTIFY, That I attended deceased from 8-18 1931 to 8-22 1931

that I last saw him alive on 8-22 1931

and that death occurred, on the date stated above, at 2:35 A m.

The CAUSE OF DEATH* was as follows:

Prostatic Hypertrophy (Benign)

Urinary Obstruction Bilateral Pyelo-Nephrosis.

(duration) yrs. unknown mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Fred E. Finke M. D.

19 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery DATE OF BURIAL Jan 25 1931

20 UNDERTAKER J. Vernon Kuehner ADDRESS 153 Hollins

CAUSE OF DEATH must be properly classified. Every certificate must be filled in in full. Use ink. Do not use pencil. Do not write in margin or on back of certificate. See instructions on back of certificate. IMPORTANT. See instructions on back of certificate.

AACo. 5-31 2500

E 71587

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71587

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hospital 1-54 54 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Linden & Madison Ward)

Length of residence in city or town where death occurred 30 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Ella Pasl Sundholm.

(a) Residence: No. 413 Reisterstown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) DIVORCED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of (?) Sundholm.

6. DATE OF BIRTH (month, day, year) May 21st 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
58y	58	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frankfort Indiana

MOTHER FATHER

13. NAME Feldman Deutschmacher

14. BIRTHPLACE (city or town) (State or country) (?) Pa.

15. MAIDEN NAME Sara (?)

16. BIRTHPLACE (city or town) (State or country) (?) Pa.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 8-25- 1931

19. UNDERTAKER Margaret E. Lynn
(Address) 422 Light St.

20. FILED 8-26 1931 WPH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/24 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1931, to 8-24 1931

I last saw her alive on 8-24 1931 death is said to have occurred on the date stated above, at 2.15 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	about 15y
Diabetes Mellitus	" 15y

Other contributory causes of importance

uremia	about 10 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenoweth M. D.

(Address) Md. General Hospital

INSTRUCTIONS: See instructions on back of certificate. OCCUPATION is very important.

Spoc—9-35—A. A Co.—250 Blks

71588 HEALTH DEPARTMENT—CITY OF BALTIMORE 71588

CERTIFICATE OF DEATH

1. PLACE OF DEATH [illegible] Lutheran Hospital REGISTERED NO
CITY OF BALTIMORE (No.) (Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John J. Cadden

(a) RESIDENCE No. 1238 Hull St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): April 17-1895

7. AGE: Years 36 | Months 4 | Days 6 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED:
(a) Trade, profession or particular kind of work: Police
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Balto. Md.

9. BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS:
10. NAME OF FATHER: Anthony P. Cadden
11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto. County
12. MAIDEN NAME OF MOTHER: Margaret Burns
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14. Informant (Address): Mrs. Margaret Cadden 1238 Hull St.

Filed AUG 24 1935 W. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (month, day, and year): August 23 1935

16. I HEREBY CERTIFY, That I attended deceased from Aug 20 1935 to Aug 23 1935
That I last saw him alive on Aug 23 1935
and that death occurred, on the date stated above, at 6.50 a.m.

The CAUSE OF DEATH* was as follows:
Ruptured appendix.
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) Appendicitis
(duration) yrs. mos. 1 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Aug 21 1935
Was there an autopsy? No.
What test confirmed diagnosis?
(Signed) [illegible] M. D.
(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 8/25/35
20. UNDERTAKER: Margaret E. Flynn — ADDRESS: 1422 Light St.

CAUSE OF DEATH is very important. See instructions on back of certificate. Copy of property claimed. Last statement of occupa

Spec.—9-30—A & Co.—250 Blks.

E 71589 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 71589

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3605 W. Fairmount Ave. Fire 69 WARD)

2 FULL NAME Henry Kirchner

(a) RESIDENCE NO. 3605 W. Fairmount Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan. 11-1858

7 AGE: Years 73; Months 7; Days 11; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Milk Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Valentine Kirchner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schaefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. Katherine Wagner 3605 W. Fairmount

15 [illegible] 1931

16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): aug 23 31

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to aug 23, 1931.

That I last saw he alive on aug 21, 1931

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

(Senility) Myocarditis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis, Chronic Colitis (duration) 12 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. Hoyt Johnson M.D.

19 (Address) 3320 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: Aug. 25 1931

20 UNDERTAKER: George L. Schnaut ADDRESS: 910 Eutaw Pl.

CAUSE OF DEATH MUST BE PROPERLY EXAMINED, AND CERTIFIED TO BY PHYSICIAN. SEE INSTRUCTIONS ON BACK OF CERTIFICATE. TION is very important. See instructions on back of

Spec—1-12-23—3&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71590

CERTIFICATE OF DEATH.

93 003 E 71590

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1710 Sexton St. WARD 25-72

2-FULL NAME Nannie W. Sasscer

(a) RESIDENCE No. 1710 Sexton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married, widowed, or divorced~~ or) WIFE of: Wm T. Sasscer

6 DATE OF BIRTH (month, day, and year): Dec 22nd 1858

7 AGE: Years 72 | Months 8 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At House

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Jesse P. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF ~~Mother~~: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): J. G. Sasscer 1710 Sexton St

15 Filed 8 28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to Aug 23, 1931,

that I last saw her alive on Aug. 23, 1931,

and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm A Sharrer, M. D.

8/24, 1931 (Address) 1901 Griffith St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Aug 25th 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 71591

1-PLACE OF DEATH

City of Baltimore: (No. 839 W. Fayette St. 18-2 (Ward)

2-FULL NAME Ludwig Dorderlein

(a) RESIDENCE NO. 839 W. Fayette St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

1631 71591

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Dorderlein

6 DATE OF BIRTH (month, day, and year) Nov 4-1863

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	67	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchmaker 034
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer M. Early

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Adolph Dorderlein

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Hermeth

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Louisa Dorderlein
(Address) 603 Springfield Ave

15 Filed 19 Registrar

C 24 1031

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, inquiry and/or inquisition find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Poisoned by potassium cyanide

Suicide (duration) yrs. mos. da.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Fillers M. D.

8/27 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	8/28/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71592

CERTIFICATE OF DEATH

59 V E 71592

REGISTERED NO. 15-66

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2739 Baker ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Grace A. Wells

(a) RESIDENCE NO. 2739 Baker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. 26 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced — (or) WIFE of George W. Wells

6 DATE OF BIRTH (month, day, and year): July 27-1875

7 AGE: Years 56 — Months — Days 25 26 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home.

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Charles F. Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Eleanora Ryan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Maryland

14 Informant: Geo. W. Wells

(Address): 2739 Baker St.

15 Filed — .19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 22. 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 20 .1931. to Aug. 22 .1931.

that I last saw h— alive on Aug. 22 .1931

and that death occurred, on the date stated above, at 8.45 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical & Laboratory findings

(Signed) Paul Brown, M. D.

8/22 193/ (Address) 1663 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 8/25/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71593

CERTIFICATE OF DEATH

93 E 71593

1 PLACE OF DEATH Baltimore City Hospitals

18-76 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (NO.

2 FULL NAME Katherine Mensinger

(a) RESIDENCE NO. 506 N. Schroeder ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ (or) WIFE of Charles Mensinger

6 DATE OF BIRTH (month, day, and year) Jan 17th 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10 NAME OF FATHER: Frederick Schlail
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Elizabeth ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 2 4 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24-31

17
I HEREBY CERTIFY, That I attended deceased from 1-11-30, 19, to 8-24-31, 19
that I last saw her alive on 8-24-31, 19
and that death occurred, on the date stated above, at 4:10 A. M.
The CAUSE OF DEATH* was as follows:

Myocarditis, Chr.

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Osteoarthritis & hypertension (duration) 2 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? Not known
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.
8/24/1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery — DATE OF BURIAL: 8/26/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

CAUSE OF DEATH must be plainly stated, so that it may be understood by a layman. See instructions on back of certificate.

Spec.—6-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71594 X47 #71594

E 71594

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2825 Baker ST. 15-68 WARD)

2—FULL NAME Alice Catharine Murdock

(a) RESIDENCE NO. 309 Rockland Terrace, Frederick, Md WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 5 mos. 9 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced — MUSBAND of (or) WIFE of R. Bruce Murdock

6 DATE OF BIRTH (month, day, and year) Jan 19-1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Monrovia Frederick Co. Md.

PARENTS

10 NAME OF FATHER Jesse Walker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Jemima Moxley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Co. Md.

14 Informant Jemima W. Mount.

(Address) 304 Rockland Terrace, Frederick Md

15 Filed AUG 25 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24-1931

17 I HEREBY CERTIFY, That I attended deceased from March 24 1931, to August 24, 1931, that I last saw h alive on August 24, 1931 and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Ovary (right) and Lymphatic Glands.

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Frederick, Md

Did an operation precede death? Yes Date of March 6-1928.

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic

(Signed) Chester Riland, M. D.

8-24. 1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Frederick Md — DATE OF BURIAL Aug 27 1931

20 UNDERTAKER C. E. Cline Son — ADDRESS Frederick Md

Important. See instructions on back of certificates.

Spec.—2-28-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71595

CERTIFICATE OF DEATH

97 E 71595

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (No.) 1615 Park ave ST. (or WARD) 14-26

2—FULL NAME Leonora R. Sheahy

(a) RESIDENCE NO. Baptist Home ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: William J Sheahy

6 DATE OF BIRTH (month, day, and year): May 14 1850

7 AGE: Years 81 | Months 3. | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Elwood Gaunt

11 BIRTHPLACE OF FATHER (City or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Eliza J Brown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

14 Informant: Record Baptist Home

(Address) 1615 Park ave

Aug 25 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 24 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1 1931, to Aug 24 1931, that I last saw her alive on Aug 24 1931 and that death occurred, on the date stated above, at 11.30 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H C Hoers, M. D.

8-24 1931 (Address) 5600 York Rd Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Aug 25 1931

20 UNDERTAKER: John O. Mitchell & Son — ADDRESS: 190 Eutaw Place

Important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71596

REGISTERED NO. E 71596

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hosp. St. 7-9 Ward)

2-FULL NAME Laura V. Sutton

(a) RESIDENCE NO. 1923 Mc Elderry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: late Sam'l W. Sutton

6 DATE OF BIRTH (month, day, and year): May — 1857

7 AGE: Years 74 | Months 3 | Days | IF LESS than 1 day hrs or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Robt. Mc Mechen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rosetta

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mrs Wm H. Cummings Due Funeral

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows: Auto in Which she was a rider forced from Road came into collision with Central Embalming Co truck

CONTRIBUTORY (Secondary) (duration) yrs. mos. dys

Senile Chronic Myocarditis

18 Where was disease contracted if not at place of death? Non Bowling Green Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) J. Frank Hall M. D.

(Address) 2939 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk — DATE OF BURIAL: Aug 25 19 31

20 UNDERTAKER: Phillip Herring — ADDRESS: 20 N Orleans

Information should be carefully supplied. All the items should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71597

CERTIFICATE OF DEATH

131 E 71597

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 910 S. Conklin St. 26-37 (Ward) (Kane)

2-FULL NAME Frederick W. Konigkremer

(a) RESIDENCE NO. 910 S. Conklin St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or WIFE of) Katie Konigkremer

6 DATE OF BIRTH (month, day, and year) June 22/69

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Batto
(State or country)

PARENTS

10 NAME OF FATHER Wm Konigkremer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ger.

12 MAIDEN NAME OF MOTHER Izetta

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ger.

14 Informant Katie Konigkremer
(Address) 910 S. Conklins

15 Filed AUG 25 1931 16 HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) S. Berger M.D. M. D.

8/24, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn DATE OF BURIAL Aug 27 1931

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans

Cor. should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71598

REGISTERED NO. 13 E 71598

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2229 E. Oliver St. 8-16 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frederick G. Kothe

(a) RESIDENCE NO. 2229 E. Oliver St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced — HUSBAND of ~~WIFE~~: Anna M. Kothe

6 DATE OF BIRTH (month, day, and year): Jan 10 79

7 AGE: Years 52 | Months 7 | Days 14 | If Less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): P. O. R. R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Wm. C. Kothe

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Amad...

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hagerstown Md.

14 Informant (Address): Anna M. Kothe 2229 E. Oliver St.

15 Filed 2 5 1931, 19 [illegible] Registrar

G [illegible] HAMSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 24/31

17 I HEREBY CERTIFY, That I attended deceased from October 1 1928 to Aug 24 1931

that I last saw h in alive on Aug 24 1931

and that death occurred, on the date stated above, at 11 30 A. M.

The CAUSE OF DEATH* was as follows:

Arthritis Deformans
Chronic Interstitial
Nephritis.

(duration) 2 yrs. 10 mos. 24 ds.

CONTRIBUTORY (Secondary): Myocardial Insufficiency and Uraemia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death? Unknown.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination Symptoms,

(Signed) Albert Schweitzer M. D.

12-24 1931 (Address) 6025 C. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — DATE OF BURIAL: Aug 27 1931

20 UNDERTAKER: Philip Henry — ADDRESS: 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rpac—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71599 — 12 — E 71599

REGISTERED NO.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (N) Lincoln St. (WARD) 14

2. FULL NAME Leah Chanson

(a) RESIDENCE NO. 1017 Pa ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2 SEX	3 COLOR OR RACE	4 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Isaac

6 DATE OF BIRTH (month, day, and year) Aug 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Max Lipsitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Ida -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Interment (Address): Isaac Chanson 1017 Penna ave

15 Embalmer:

UG 25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24-31

17 I HEREBY CERTIFY, That I attended deceased from 8-20-31, 19, to 8-24-31, 19

that I last saw h alive on 8-24-31, 19

and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of 8/21/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Lenhardt M. D.

8/25 19 31 Address 1017 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Hebrew Cemetery

20 UNDERTAKER: Sol Levinson & Bro

DATE OF BURIAL 8/25 19 31

ADDRESS 1127 E Balto St

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71600 165V

REGISTERED NO. E 71600

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1300 Myrtle Ave. 17-24 Ward)

2-FULL NAME Esther Shacks

(a) RESIDENCE NO. 1300 Myrtle Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	22			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Latvia

PARENTS

10 NAME OF FATHER Meyer Shacks

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Latvia

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Latvia

14 Informant Meyer Shacks
(Address) 1300 Myrtle Ave

15 Filed ..... 19.. ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest
(Inquest, autopsy or inquiry.)
find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Strangulation due to hanging: Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zellert M. D.

8/27 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel 91	8/25 1931
20 UNDERTAKER: Sol Levinson & Bro	ADDRESS 112 E Balto St

Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

71601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 C 71601

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1522 McCulloh St., 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Lincoln Gaines Jr.

(a) RESIDENCE. No. 1522 McCulloh ST. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Gillam Gaines

6 DATE OF BIRTH (month, day, and year): May 8-1865

7 AGE — Years: 66 Months: 3 Days: 14 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Minister
(b) General nature of industry, business, or establishment in which employed (or employer): Bishop of A.M.E. Church
(c) Name of employer: Washington, Ga

9 BIRTHPLACE (city or town) (State or country): Stephen Gaines

PARENTS

10 NAME OF FATHER: Stephen Gaines

11 BIRTHPLACE OF FATHER (city or town) (State or country): Washington, Ga

12 MAIDEN NAME OF MOTHER: Sophia Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington Ga

14 Informant (Address): Minnie G. Gaines 1522 McCulloh

15 Filed AUG 25 1931 19 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 22 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25 1931, to Aug 22 1931, that I last saw h alive on Aug 21 1931, and that death occurred, on the date stated above, at 3.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Anemia & Cardiac Failure

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Chronic Diffuse Nephritis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Wm N. Wright M. D.

8/22 1931 Address 1709 Preston ave St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

UNDERTAKER: Mrs Geo. H. Holland

DATE OF BURIAL: 8/25/31

ADDRESS: 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 25 1931

71602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71602

CERTIFICATE OF DEATH

23 v

1 PLACE OF DEATH Baltimore City Hospitals (Tbc. 13

CITY OF BALTIMORE: (NO ST. 7-13 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Smith

(a) RESIDENCE NO. 935 McDonough st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 20, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Petersburg Virginia

PARENTS

10 NAME OF FATHER: George Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Lucy Kellogg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant (Address): Hospital Records

15 AUG 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1931, to Aug. 21, 1931

that I last saw him alive on Aug. 21, 1931

and that death occurred, on the date stated above, at 12.05 a.m.

The CAUSE OF DEATH* was as follows:

Chronic fibroid pulmonary tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute tuberculous pneumonia

(duration) yrs. 3 weeks ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Sena M. D.

8-21-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: Augus 1931

20 UNDERTAKER: Mrs. R. A. Elliott — ADDRESS: 1735 Eastland ave

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 71603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71603

CERTIFICATE OF DEATH

REGISTERED NO 1622

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude E. Maith

(a) RESIDENCE NO 1028 N. Stricker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 6 mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb/1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Alonzo Maith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Leila Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Leila Maith

(Address) 1028 N. Stricker St.

15 Filed AUG 25 1931, 192 C. H. Parran Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia (Terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pertussis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Kaiser, M. D. Coroner

, 19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	August 25 1931

20 UNDERTAKER C. H. PARRAN JONES M.D. ADDRESS Virginia G. Brooks 1463 N. Carey

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

E 71604 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71604

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 Eutaw St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Lottie Davis

(a) Residence: No. 202 Eutaw St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Davis

6. DATE OF BIRTH (month, day, year) Mar 1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	54	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Va.

MOTHER FATHER

13. NAME Parker Robinson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Davis

(Address) 202 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL.

Place Fremont Va, Date 8-25 1931.

19. UNDERTAKER Mrs Lottie D. Bailey

(Address) 142 E. Jefferson St

[illegible] 19

(Signed) [illegible] Registrar

AUG 25 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1931 to Aug 23. 1931

last saw her alive on Aug 23 1931 death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and Bronchial Catarrh complicated with Uremia	7/6/31

Other contributory causes of importance:

Age and Diseased Condition

Name of operation [illegible], Date of [illegible]

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Hall, M. D.

(Address) 426 28 St, Baltimore

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71605

CERTIFICATE OF DEATH

157-S-31 71605

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital ST. 7-9 WARD 1

2 FULL NAME Baby Kropff

(a) RESIDENCE NO. Baldwin Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/2/31

7 AGE: Years | Months | Days: 22 | If LESS than 1 day, hrs. or min.: ✓

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Lawrence Kropff

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Vivian Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant (Address): Friends — Johns Hopkins Hospital

15 Filed 5 5 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/24/31

17

I HEREBY CERTIFY, That I attended deceased from 5/2, 1931, to 5/24, 1931

that I last saw him alive on 5/24, 1931

and that death occurred, on the date stated above, at 3:25 A m.

The CAUSE OF DEATH* was as follows:

Obstruction progressing Hydrocephalus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Termination pneumonia

(duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Franklin J. Snyder M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friend's Burial Ground DATE OF BURIAL: Aug 6 1931

20 UNDERTAKER: Harnberger, Gross Burns

ADDRESS

TION is very important. See instructions on back of certificates

Spec.—9-30—A. A Co.—250 Blks.

E 71606

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 71606

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals Tbc. 15-51 (WARD)

CITY OF BALTIMORE: (No. _____ St. _____ WARD _____)

2 FULL NAME Bailey Watkins

(a) RESIDENCE NO. 913 32nd st. (Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 3, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (state or country): Fairall Pennsylvania

PARENTS

10 NAME OF FATHER Travis Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rosa ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Hospital Records

Filed Aug 25 1931 19 Registrar

(6059)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 22, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14 19 31 to Aug. 22 19 31

that I last saw him alive on Aug. 22 19 31

and that death occurred, on the date stated above, at 8.45 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(signed) Laurence H. Sena M. D.

8-22 19 31 Address Baltimore City Hospitals

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER (Commissioner Health) J. HAMPSON JONES, M. D.

ADDRESS

AUG 25 1931

TION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 71607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71607

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute St. Joseph Hospital ST. 8-17 WARD)

2-FULL NAME Joseph G. Walter

(a) RESIDENCE NO. 1511 N. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lillian Walter

6 DATE OF BIRTH (month, day, and year): Dec 2/1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	75	8	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Groceries
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Geo. R. Walter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Lydia V. Newman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant: Joseph A. Walter (son) (Address): 1511 N. Caroline St

15 Filed ..... 192 ..... C. HAMPSON JONES, M. D. Registrar

G 25 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 22/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cardiac Vascular Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arteiosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. (Coroner)

8/25/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
LOUDON PARK CEMETERY	AUG 26 19 31
20 UNDERTAKER: E. M. Rutan	ADDRESS: [redacted] NORTH AVE BALTIMORE MD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71608

CERTIFICATE OF DEATH.

48 E 71608

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 324 Hawthorne St. WARD 53

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret J. Pope

(a) RESIDENCE, NO. 324 Hawthorne ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Lee Pope

6 DATE OF BIRTH (month, day, and year): July 13, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	84	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Edward Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Margaret Suter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs. Nellie P. Caldwell 324 Hawthorne Road

15 Filed 8 25 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/23 1931

17 I HEREBY CERTIFY, That I attended deceased from May 5 1930 to Aug. 23 1931

that I last saw h alive on Aug 23d 1931

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia - 24 hrs. prior to death

duration 1 yrs. Opinion

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Operation May 5 1930

Was there an autopsy? No

What test confirmed diagnosis? Clinical evidence

(Signed) Frank T. Caldwell, M. D.

8/24 1931 (Address) 1 Eff'ord Court

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: 8/26 1931

20 UNDERTAKER: Henry W. Meadows

ADDRESS: 505 N. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Guarino)

1-30—W. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71609 ✓ E 71609

CERTIFICATE OF DEATH

140

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Eastern Ave ST., 76-1 WARD)

2-FULL NAME Rose Guarino

(a) RESIDENCE NO 2041 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Guarino

6 DATE OF BIRTH (month, day, and year) June 11 1902.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28.	2	12.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Savvid Lavagetta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Louisa Andreuccetti

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Joseph Guarino

(Address) 2041 E. Baltimore

15 Filed AUG 25 1931, 192 E. LAWPSON JONES, JR. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 23/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Septicemia-Self induced abortion

(Passed bougie)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jos. Mace, M. D. (Coroner)

19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 8/26 1931

20 UNDERTAKER Dendell & Hespel

ADDRESS 1100 Eastern

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71610

CERTIFICATE OF DEATH

131-E 71610

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Guilford Ave 10-19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace J. Richardson

(a) Residence: No. 2001 Guilford Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Albin L. Richardson

6. DATE OF BIRTH (month, day, year) Feb 22-1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Alexander Horn
14. BIRTHPLACE (city or town) (State or country) Scotland
15. MAIDEN NAME Caroline ?
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Mildred Wenn
(Address) 1802 Bloomingdale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date August 27 1931

19. UNDERTAKER Wm. J. Tucknott & Son
(Address) North Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1931 to Aug 25th 1931

I last saw h er alive on Aug 25 1931 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvula Heart (Mitral) Endocarditis	
Chronic Nephritis (Brights Disease)	5 yrs.

Other contributory causes of importance:

Name of operation Not any Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? If so, specify Not any

(Signed) D. A. Waldran, M. D.
(Address) 210 East Preston St.

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31-2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71611 — 92 — E 71611

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4417 (St.) Underwood Rd (Ward) 27-49

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 9 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME George Von Eberhard

(a) Residence: No. 4417 Underwood Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Von Eberhard

6. DATE OF BIRTH (month, day, year) June 30, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15 yrs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frankfort Germany

MOTHER

13. NAME May Faul ? Von Eberhard
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME ? Siebert
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Egbert W Von Eberhard 4417 Underwood Rd

18. [illegible] CREMATION OR REMOVAL
Place [illegible] & Co Date Aug 29 1931

19. UNDERTAKER Wm. Purnell Sons
Address Nos. 1 & 3 Penna Ave.

20. FILED Aug 29 1931 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 24 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1931 to 8-24 1931

I last saw h[illegible] alive on 8-24 1931 death is said to have occurred on the date stated above, at 6.30 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Cerebral Sclerosis & old age	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell down stairs at home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. H. Forgeus M. D.

8-25-31 (Address) 117 W. Saratoga St.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71612

CERTIFICATE OF DEATH

125 7002 E 71612

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 13-29 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delores Hall

(a) Residence: No. 2401 Ettings St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 28, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓		2 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Hall
14. BIRTHPLACE (city or town) (State or country) Sweden,

MOTHER

15. MAIDEN NAME Margaret Snowden
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 8/30/31

19. UNDERTAKER George E. Pratt & Co.
(Address) 1532 Pennsylvania Ave

20. FILED AUG 25 1931, 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/12, 1931, to 8/25, 1931

I last saw her alive on 8/25, 1931 death is said to have occurred on the date stated above, at 10 30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abcess of Liver	7/30

Other contributory causes of importance:

Name of operation Gastro Enterostomy Date of 8/1-9

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marion James Abrams, M. D.
(Address) Univ. Hosp.

Spec.—9-30—A. & Co.—250 Blks

71613 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1331 71613

1 PLACE OF DEATH Provident Hospital 14-20

CITY OF BALTIMORE (No. ... St. ... WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Brisco

(a) RESIDENCE NO. 239 Robert St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Harriett Briscoe

6 DATE OF BIRTH (month, day, and year) [illegible] 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	10	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): C & S
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Mary's County Md

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's County Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary's County Md

14 Informant Mrs Harriett Briscoe
(Address) 1136 E. Fallsway

15 Filed ... 19 ... Registrar

25 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22, 31

17
I HEREBY CERTIFY, That I attended deceased from August 17, 1931, to August 22, 1931
that I last saw h[illegible] alive on Aug 22, 1931
and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:
Cyst of Pancreas
Exhaustion

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) ... Cirrhosis of Kidneys
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of 8-8-31
Was there an autopsy? No drainage
What test confirmed diagnosis? Clinical Operative
(Signed) Dr. Bryan Hospital M. D.
, 19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Md. Millstone Landing — DATE OF BURIAL: 8-26 1931

20 UNDERTAKER: Jno Chas. S. Bailey — ADDRESS: 1421 Jefferson St

TION is very important. See instructions on back of certificates.

AdCo. 5-31 250B

E 71614 HEALTH DEPARTMENT—CITY OF BALTIMORE 10 E 71614

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 3-59 Ward)

Length of residence in city or town where death occurred 40 yrs mos ds How long in U.S. if of foreign birth? 40 yrs mos ds

2. FULL NAME Jacob Meyers

(a) Residence: No. 2539 Pennsylvania Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle Meyers

6. DATE OF BIRTH (month, day, year) Oct 1859

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rabbi

10. Date deceased last worked at this occupation (month and year) Aug 11, 1931

11. Total time (years) spent in this occupation 50+

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Moses Meyers

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Belle Meyers

(Address) 2539 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL Place Shaarei Tfiloh Date 8/26 1931

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124 E Baltimore St

20. FILED 8/26/1931 BY DAVID WEINBERG, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Aug 25, 1931

I last saw him alive on Aug 25 1931, death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate and Acute Urinary Retention	Aug 12

Other contributory causes of importance:

Bronchopneumonia

Name of operation Supra pubic prostatectomy Date of Aug 18

What test confirmed diagnosis? Surgical findings and autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos H. Friedman, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

E 71615 ~~HEALTH~~ DEPARTMENT—CITY OF BALTIMORE E 71615

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 4-25 59V REGISTERED NO.

CITY OF BALTIMORE: (No. S. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Collins

(a) RESIDENCE NO. 108 N. Pearl ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Collins

6 DATE OF BIRTH (month, day, and year): ?

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
✓	50?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): ? Md.

PARENTS
10 NAME OF FATHER ?
11 BIRTHPLACE OF FATHER (city or town) (State or country) ?
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Interment (Address): Records of Balto. City Hospitals

15 2 5 1931 19 .. C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-24-31

17 I HEREBY CERTIFY, That I attended deceased from 5-6-31, 19 ..., to 8-24-31, 19 ...
That I last saw her alive on 8-24-31, 19 ...
and that death occurred, on the date stated above, at 10 A. m.
The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Unknown (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Carbuncle
Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Jos. Collins M. D.
19 Address Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem
20 UNDERTAKER: Laurel Easter
DATE OF BURIAL: 8-26 1931
ADDRESS 916 Park

IMPORTANT. It may be properly examined. Read statement of OCCUPATION on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71616 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 71616

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (tbc.) 93-31 (WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (NO

2. FULL NAME Robert Goodlow

(a) RESIDENCE (Usual place of abode) (1818)947 S. Sharp st. ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year) June 15, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	48	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9. BIRTHPLACE (city or town) (State or country): Durham, North Carolina

PARENTS

10. NAME OF FATHER: Ovid Goodlow

11. BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12. MAIDEN NAME OF MOTHER: Laura Parker

13. BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14. Interment (Address): Hospital Records

15. Filed AUG 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug. 23, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 19 30, to Aug. 23, 19 31

That I last saw him alive on Aug. 23, 19 31

and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence A. Scruggs M. D.

8-24, 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Ct. DATE OF BURIAL: 8/24/31

20. UNDERTAKER: Wm. H. Brown & Son ADDRESS: 108 Montgomery St

TION is very important. See instructions on back of certificate.

Spec.—8 30—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71617

CERTIFICATE OF DEATH

93-6-E 71617

1 PLACE OF DEATH

CITY OF BALTIMORE (No) Sinai Hospital St 13-54 WARD

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry Lazarus

(a) RESIDENCE NO 2007 Whitten Ave ST WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Lazarus

6 DATE OF BIRTH (month, day, and year) July 4 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 66
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Lazarus
(Address) 2007 Whitten Ave

15 Date AUG 26 1931 Registrar H. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24-31

17
I HEREBY CERTIFY, That I attended deceased from Aug 31, 1930, to Aug 24, 1931
that I last saw h[illegible] alive on Aug 24, 1931
and that death occurred, on the date stated above, at 11:45 A. M.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 2 yrs. mos. 2 ds.
CONTRIBUTORY (Secondary) Chronic Myocarditis
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? NO Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) M. L. Levin M. D.
, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bnai B. Hebrew — DATE OF BURIAL 8/26/1931

20 UNDERTAKER Harris Goodman & Son — ADDRESS 1902 Eutaw Place

AUG 26 1931

TION is very important. See instructions on back of certificate.

E 71618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1933

E 71618

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 7 N. Streeper St. 6-11 (Ward)

REGISTERED NO. E 71618

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME WILLIAM SCHREIBER

(a) RESIDENCE NO. 7 N. Streeper St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Schreiber

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	8	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman, retired

(b) General nature of industry, business, or establishment in which employed (or employer): 4 years

(c) Name of employer: Codd Machine Shop

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: ? Schreiber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. Elizabeth Walters (Daughter)

(Address): 7 N. Streeper Street.

15 Filed Aug. 26, 1931 WILLIAM HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 23. 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 19 to Aug. 23 19 31

That I last saw h alive on Aug. 23 19 31

and that death occurred, on the date stated above, at 8.00 p m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Heart Depression)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Aug. 26. 1931
20 UNDERTAKER: Henry Sander & Sons. Inc.	ADDRESS: Baltimore & Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71619

CERTIFICATE OF DEATH

REGISTERED NO. E 71619

1-PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (NO. 12-51 ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Andal

(a) RESIDENCE NO. 33 First Pl., Brooklyn, N.Y. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 30, 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	29	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work A.B. Seaman

(b) General nature of industry, business, or establishment in which employed (or employer) Seaman

(c) Name of employer U.S. City of Elwood

9 BIRTHPLACE (City or town) (State or country) Norway

PARENTS

10 NAME OF FATHER Erik Andal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Norway

12 MAIDEN NAME OF MOTHER Lina Stava

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norway

14 Informant Records, U.S. Marine Hospital
(Address) Baltimore, Md.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 24 1931

17 I HEREBY CERTIFY, That I attended deceased from February 6 1931 to August 24 1931

that I last saw him alive on August 24 1931

and that death occurred, on the date stated above, at 10:05 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary

unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tubercular meningitis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) Gordon A. Abbott M. D.

8/25, 1931 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Mary's, Hampden	Aug 27, 1931
20 UNDERTAKER E. Leroy Stuffler, Inc.	ADDRESS 1356 North Ave

TION is very important See instructions on back of certificate.

AaCo. 5-31 200R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71620 — CERTIFICATE OF DEATH — †34 E 71620

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred yrs mos 1 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Ella Lee Gunther

(a) Residence: No. Elkridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Md

MOTHER FATHER

13. NAME Victor Justus Gunther
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Grace E. Shimmon
16. BIRTHPLACE (city or town) (State or country) Elkridge Md.

17. INFORMANT Victor Justus Gunther
(Address) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Meadville M.E. Elkridge Date Aug 26 1931

19. UNDERTAKER E. Leroy Stifler
(Address) 1756 N. Howard St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1931, to Aug. 25 1931
I last saw her alive on Aug. 24 1931 death is said to have occurred on the date stated above, at 3:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Under Nutrition —	Aug. 4, 31
Congenital Syphilis	Aug. 4, 31

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Sign. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Maurice Jones M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

71621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 8 E 71621

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Enroute Hopkins Hospital ST. 7-13 WARD)

2-FULL NAME Eugene Warren

(a) RESIDENCE NO. 946 N. Durham ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23/31

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
/	5	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER North Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ruby Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Ruby Warren
(Address) 946 N. Durham St

15 Filed ____, 192 ____ C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.
Coroner

8/26/31 (Address) 30 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary	Aug 26, 1931
20 UNDERTAKER Mrs. A. A. Elliott	ADDRESS 1735 Eastlund

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71622

CERTIFICATE OF DEATH

31 E 71622

1—PLACE OF DEATH

REGISTERED NO. 27-53

CITY OF BALTIMORE: (No. 4709 Roland Ave ST.) WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Florence Seaton Pabory

(a) RESIDENCE NO. 4709 Roland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jany 24 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Dr Christopher H. Pabory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia E. Sarver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md

14 Informant W. S. Hanna

(Address) 4710 Roland Ave

15 Filed AUG 25 1931 19 H. HANSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 22/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1931, to Aug 25, 1931, that I last saw h[illegible] alive on Aug 24, 1931 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Decompensation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Arteriosclerosis

Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Collins, M. D.

8/22, 1931 (Address) 508 E Monta

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Aug 27 1931

20 UNDERTAKER Henry Watkins Sons — ADDRESS Mitchell & Richardson

Important. See instructions on back of certificates.

E 71623

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 71623

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2506 Druid Hill Ave 5-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Oliver Coates

(Residence in Baltimore: No. 2506 Druid Hill Ave St.; 45 yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: Colored

5-SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: Nov. 10 (Month) (Day) 1886 (Year)

7-AGE: 44 yrs 9 mos 14 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Chauffer Crown Cork & Seal.

9-BIRTHPLACE (State or country): Balto Md.

PARENTS

10-NAME OF FATHER: Robert Coates

11-BIRTHPLACE OF FATHER (State or country): Md.

12-MAIDEN NAME OF MOTHER: Martha E. Wallace

13-BIRTHPLACE OF MOTHER (State or country): Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Emma Coates.

(Address) 2506 Druid Hill Ave

15-

Filed AUG 26 1931 191 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Aug (Month) 24 (Day) 1931 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1931, to, Aug 24 1931, that I saw h alive on Aug 24 1931, and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs mos 12 ds

Contributory (SECONDARY)

(Duration) yrs mos ds

(Signed) Hubert O Knapp M D

Aug 25, 1931 [Address] 1216 E. Baltimore St

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death yrs mos ds In the State yrs mos ds

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetary

DATE OF BURIAL: Aug 26, 1931

20-UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pittman St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 71624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71624

CERTIFICATE OF DEATH

175 #20 given # 20

25-32

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Westport Dump St., Ward

2-FULL NAME 2-Spot - William Watkins

(a) RESIDENCE NO. Westport Dump St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	Black	?

3a If married, widowed, or divorced WIFE of (or) HUSBAND of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknwon

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
About 45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant None
(Address)

15 Filed — 19 Registrar

AUG 26 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 11th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Skull Crushed by means of Galvanized Pipe--Homicide

-- (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured Base of Skull,

Cerebral Hem. (duration) yrs. mos. da.

18 Where was disease contracted If not at place of death? --

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Guy A. Carmwell M. D.

8/11 1931 (Address) 303 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: PUBLIC CEMETERY.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

AUG 26 1931

Dept. of Health.

Form 0— E WOODALL

Not should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71625 E

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 708 Pearl St 17-25 8 WARD)

REGISTERED No. E 71625

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Bell

(a) RESIDENCE No. ? ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60-65 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ? Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? Hagerstown Md.

PARENTS

10 NAME OF FATHER John? Bell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown Md

12 MAIDEN NAME OF MOTHER Eliza Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hagerstown Md

Records of

14 Informant (Address) Balto. City Hosp.

15 AUG 26 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24-31

17

I HEREBY CERTIFY, That I attended deceased from 8-22-31, 19, to 8-24-31, 19

that I last saw him alive on 8-24-31, 19

and that death occurred, on the date stated above, at 5:55A m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Chas G. Arnold Jr M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Aug 26 19 31

DATE OF BURIAL

UNDERTAKER: Virginia G. Brooks

ADDRESS: 1463 W Cam

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact location of OCCUPATION is very important. See instructions on back of certificates.

Stor.—2-29-28—L. F. S.—500 Bks.

E 71626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 71626

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Fillmore ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William J. Mikel

(a) RESIDENCE NO. 1015 Fillmore ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Infant

3a If married, widowed, or divorced WIFE of / HUSBAND of: Infant

6 DATE OF BIRTH (month, day, and year) Nov 8-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Jane Mikel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. D.C.

14 Informant Jane Mikel

(Address) Balto. D.C

15 Filed AUG 25 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Aug 25, 1931, that I last saw him alive on Aug 24, 1931, and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis Acute

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. J. Mikel, M. D.

8/25, 1931 (Address) 1079 Fillmore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Aug 26 1931
20 UNDERTAKER	ADDRESS
Fred. A. Krause & Son	765 Hanover St

Important. See instructions on back of certificates.

Spec.—0-39—A. & Co.—250 Blks

71627

HEALTH DEPARTMENT—CITY OF BALTIMORE 27.

CERTIFICATE OF DEATH

66-002

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital St 15-58 Ward 6

2 FULL NAME Mary Shapiro

(a) RESIDENCE NO 2610 Park Heights Terrace St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shapiro

6 DATE OF BIRTH (month, day, and year) Oct. 15-1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	34	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 046

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) R.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) R.

14 Informant Hosp Records (Address)

15 DATE RECEIVED 8 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 6 1931 to Aug 25 1931

that I last saw h Dec alive on Aug 25 1931

and that death occurred, on the date stated above, at 8:30 P. m.

The CAUSE OF DEATH* was as follows:

Toxic goitre

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug 20, 1931

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm L Lewis M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Washington Road — DATE OF BURIAL 8-26-1931

20 UNDERTAKER Jack Lewis, Inc 1431 E Balto — ADDRESS

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

71628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

137 C 71628

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital ST. 801 WARD 1

2 FULL NAME Frank O'Connor

(a) RESIDENCE NO. 1802 E Lafayette Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 1 mos. 6 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Hattie Zepp

6 DATE OF BIRTH (month, day, and year): July 9, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
✓	79	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: City Hall

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John O'Connor

11 BIRTHPLACE OF FATHER (city or town) (state or country): ----- Ireland

12 MAIDEN NAME OF MOTHER: Mary Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mr. Fergus O'Connor 7 E. Franklin Street

15 Filed ____ 19 ____ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25 31

17

I HEREBY CERTIFY, That I attended deceased from Aug 17, 19 31, to Aug 25, 19 31

that I last saw h[illegible] alive on Aug 25, 19 31

and that death occurred, on the date stated above, at 5 35 A. M.

The CAUSE OF DEATH* was as follows:

~~Uraemia~~ a Kyelitis

Prostate -

Contributory (Secondary) ~~Cancer of prostate~~ prostatectomy (duration) yrs. 2 mos. -- ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8 21 31

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	8/28 '31

21 UNDERTAKER: Henry A. Keating & Son

ADDRESS: 505 N. Calvert

TION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71629

CERTIFICATE OF DEATH

129 E 71629

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sr Mary Teresita M° Nance

(a) Residence: No. Mercy Hospital St., ... Ward.
(If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23, 1886.

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	45	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER FATHER

13. NAME Joseph M° Nance
14. BIRTHPLACE (city or town) (State or country) West Va
15. MAIDEN NAME Alice Little
16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dist. Columbia Date 8/27 1931

19. UNDERTAKER Hanley & Wentz & Sons
(Address) 800 W. Fayette St. Balto. Md.

20. FILED AUG 28 1931 19... C. HAMPSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-25 1931

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1931, to Aug 25, 1931

I last saw h... alive on 8-25 1931 death is said to have occurred on the date stated above, at 11 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days
Other contributory causes of importance:	
Abdominal Abscess	2 weeks
Dilated left ureter	2 years
Dilated Stomach	1 day

Name of operation None Date of
What test confirmed diagnosis? Clinical and Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes or No. If so, specify

(Signed) J. Leyko, M. D.
(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

71630

23

CERTIFICATE OF DEATH

REGISTERED NO. 71630

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 903 N Castle St 7-12 (Ward)

2 FULL NAME Frank Klifner

(a) RESIDENCE NO. 903 N Castle St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 42 yrs. 2 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Effie Klifner

6 DATE OF BIRTH (month, day, and year): June 10 1889

7 AGE: Years: 42 Months: 2 Days: 13 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Upholsterer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Klifner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary Heyduck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Effie Klifner 903 N Castle St

Aug 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 24/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 19 31 to Aug 24 19 31

that I last saw him alive on Aug 24 19 31

and that death occurred, as the date stated above, at 4:45 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Laryngeal tuberculosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

Signed: [illegible] M.D. Address: 760 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Aug 27 1931

20 UNDERTAKER: Frank Kerschbaum — ADDRESS: 1706 E Monument

TION is very important. See instructions on back of certificate.

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71631

9 B 71631

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sydenham Hospital (Ward) 21-31

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lenora Henry

(a) Residence: No. 410 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/23/33

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	8	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston, Md.

FATHER

13. NAME Leighton Henry

14. BIRTHPLACE (city or town) (State or country) Preston, Md.

MOTHER

15. MAIDEN NAME Celia Hayward

16. BIRTHPLACE (city or town) (State or country) Preston, Md.

17. INFORMANT Celia Henry
(Address) 410 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Date Aug 26 1931

19. UNDERTAKER Joseph A. Lively
(Address) 409 N. Mount Street

AUG 28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1931, to Aug. 23, 1931.

I last saw him alive on Aug. 23 1931 death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

Pertussis — Date of onset 1 week ago

Other contributory causes of importance:
Diffuse bronchial pneumonia 1 wk. ago

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital Baltimore Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

Lockerman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71632

CERTIFICATE OF DEATH

108 E 71632

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 1707 E. Baltimore St. 19-28 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Roxana Dale Lockerman.

(a) RESIDENCE NO. 1707 E. Baltimore St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John Lockerman

6 DATE OF BIRTH (month, day, and year) Sept 26 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	80	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) New Castle, (State or country) Dela.

PARENTS

10 NAME OF FATHER James Mute

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dela.

12 MAIDEN NAME OF MOTHER Catherine Reynolds

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Interment (Address) Catherine Lockerman 1707 E. Baltimore St.

12 Filed AUG 26 1931 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1931.

17

I HEREBY CERTIFY, That I attended deceased from Aug. 22, 19 31, to Aug. 24, 19 31,

that I last saw her alive on Aug. 24, 19 31,

and that death occurred, on the date stated above, at 2.12a, m.

The CAUSE OF DEATH* was as follows:

Cobat Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. O. Smith M. D.

Aug 26 19 31. (Address) 129 W. Lee St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Aug 28 19 31

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

TION is very important. See instructions on back of

Spec.—8-31—A. & Co.—250 Blks.

E 71633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 71633

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 E. Cross ST. 24-33 WARD)

2 FULL NAME William Henry Crowe

(a) RESIDENCE NO. 115 E. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dora L. Crowe

6 DATE OF BIRTH (month, day, and year) Aug. 4, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	66	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Crowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Wahl

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Dora L. Crowe
(Address) 115 E. Cross St.

AUG. 26 1931 H. FIX JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24, 1931

17

I HEREBY CERTIFY, That I attended deceased from 4. 10. 31. to 8. 24. 31.

That I last saw h~~im~~ alive on 8. 23, 31.

and that death occurred, on the date stated above, at 1 30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis,
Myocarditis.
Cardiac Hypertension
(duration) I don't know

CONTRIBUTORY (secondary) Uremia - Edema of Lungs (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? Physicals-Laboratory Exam.

What test confirmed diagnosis?

(Signed) J. Edward Morris M. D.

8. 24. 1931 (Address) 107 East West St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Aug 27 1931
20 UNDERTAKER John F. McEnery	ADDRESS 715 Light St

TION is very important. See instructions on back of certificate.

Spec.—1-10-31—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71634 — 82 E 71634

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE No. 5616 Pimlico Rd. ST. 27 WARD

2-FULL NAME Ada Vansant Durbin

(a) RESIDENCE No. 5616 Pimlico Rd. ST. 27 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widower

6 DATE OF BIRTH (month, day, and year): Feb. 10 1864

7 AGE — Years: 67 — Months: 6 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Work of the home

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Alexander Hobbs

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Moore

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

14 Informant: Paul V. Durbin (Address) 5616 Pimlico Rd.

15 Filed: AUG 26 1931 — C. P. AMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1931, to Aug 25, 1931, that I last saw her alive on Aug 25, 1931, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy, due to Natural Causes (Cerebral Hemorrhage)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Reaction test

(Signed) L. R. Wantz, M. D.

Aug 26, 1931 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge — DATE OF BURIAL: Aug 27 1931

UNDERTAKER: H. S. Marshall — ADDRESS: 2532 Eastwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71635 ✓ E 71635

CERTIFICATE OF DEATH

82-001 Registered No. .....

1. PLACE OF DEATH Aged Mens Home

CITY OF BALTIMORE: (No. 1400 W Lexington St. 19-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. if of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Richard H Yingling

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6, 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
✓	78	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Yingling

14. BIRTHPLACE (city or town) (State or country) Carrollton Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT E M Turlington

(Address) 1404 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Date Aug 28 1931

19. UNDERTAKER George J Smith

(Address) 1532 Baltimore St

No. filed AUG 26 1931 19 C. HAMPSON JONES, M. D. Registrar.

OCCUPATION is very important. See Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26 1931

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to August 26 1931

I last saw him alive on August 26 1931 death is said to have occurred on the date stated above, at 4:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	8/25/31

Other contributory causes of importance:

Arterio-Sclerosis
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin D Smith M. D.

(Address) 1115 St. Paul St.

Spec.—9-30—A. & Co.—250 Bks

S 71636 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 57E 71636

CERTIFICATE OF DEATH. REGISTERED NO.

1 PLACE OF DEATH God Shepherd Funeral Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1512 Gilmor ST. 11-24 (WARD)

2 FULL NAME Sarah Jones

(a) RESIDENCE NO. 801 E. Hill Ave WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): yes married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: wife of Harry Jones

6 DATE OF BIRTH (month, day, and year): 1876

7 AGE: Years 54 yr; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS
10 NAME OF FATHER: dead
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER: unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant (Address): Husband 801 E. Hill

15 AUG 26 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 24 19 31 to Aug 25 19 31

that I last saw her alive on Aug 25 19 31

and that death occurred, on the date stated above, at 9:10 Am

The CAUSE OF DEATH* was as follows:

Diabetic Coma
Due to Alcoholic Nephritis

CONTRIBUTORY (Secondary): Alcoholism (duration) unknown

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. R. Boyd Kirk M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

UNDERTAKER: [illegible] Smith.

DATE OF BURIAL 19

AUG 26 1931

Spec.—9-30—A. & Co.—250 Blks

E 71637 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71637

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE. (No St. Agnes Hospital 120 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Ellen Duggan (Dugan)

(a) RESIDENCE NO. 4217 Euclid Ave WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Wh	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown Duggan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hospital Record
(Address)

15 8 26 1931 C. HAMPSON JONES, M. D.
By Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/25/31

17

I HEREBY CERTIFY, That I attended deceased from 8/15, 1931, to 8/25, 1931, that I last saw h[er] alive on 8/25, 1931, and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

I Hypostatic Pneumonia
II Pleurisy C Effusion

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myoc. Degs Decomp

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? 4217 Euclid Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical X ray

(Signed) Hyalmar S Anderson M. D.

8-26-31 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral DATE OF BURIAL Aug 28 1931

20 UNDERTAKER Rita Weidefeld ADDRESS 914 Fremont Ave

TION is very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks.

E 71638

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71638

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 16-27 ST. 46 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George Ramsner

(a) RESIDENCE NO. 2005 Harlem Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 10, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	59	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Joseph Ramsner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Lizzie Myer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Records of Balto. City Hosp

15 Filed AUG 26 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-24-31

17

I HEREBY CERTIFY, That I attended deceased from 8-11-28, 19, to 8-24-31, 19

that I last saw h im alive on 8-24-31, 19

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

More than (duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jos. G. Brown Jr. M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Paul's Cem	Aug 27 19

20 UNDERTAKER ADDRESS

John C. Miller 2435 E. Alwood St

TION is very important. See instructions on back of certificates.

A&Co. 5-31 2M8

E 71639

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71639

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 S. Regester St. 2-4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Naja

(a) Residence: No. 231 S. Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Naja

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Andrew Naja
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Naja
(Address) 231 S. Regester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 8/28 1931

19. UNDERTAKER John N. Ulzer & Son
(Address) 641 Cherimont St.

AUG 29 1931 C. HAMPSON JONES, M. D. 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/17 1931 to 8/25 1931

I last saw h[illegible] alive on 8/25 1931 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Due to Arterio Sclerosis
Prostatic Hypertrophy

Date of onset 2 W

Other contributory causes of importance:

Cardiac Dilatation
Cystitis

8/22/31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward O. Fisher M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-29—A. A. Co.—250 Blks

E 71640

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71640

CERTIFICATE OF DEATH

REGISTERED NO. 119

1. PLACE OF DEATH
CITY OF BALTIMORE. (No.) 675 E Eleument St. WARD 24-33
2. FULL NAME Howard Albert Paul Clark
(a) RESIDENCE NO. 675 E Eleument St. WARD
(If non-resident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10.27.1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: John Clark
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto
12 MAIDEN NAME OF MOTHER: Margaret Wasserman
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant (Address): John Clark 675 E Eleument St

15 Filed ... 19 ... C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8.24.1931

17 I HEREBY CERTIFY, That I attended deceased from 8.24 1931 to 8.24 1931
That I last saw he alive on 8.24 1931 and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:
Cholera Enteritis 12 hours ds.
(duration)
CONTRIBUTORY (Secondary) Myocarditis Sparen 12 hours ds.
(duration) yrs.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) L L Durlington M. D.
(Address) 2107 Mt Holly
19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: Aug VI 31
20 UNDERTAKER: Margaret S. Flynn ADDRESS 1411 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

TION is very important. See instructions on back of

Spec.—1-31—M.A.T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71641

CERTIFICATE OF DEATH.

E 71641

92 801

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 W. Clement ST. 23-31 WARD)

2.-FULL NAME Henry D. Cunnane

(a) RESIDENCE NO. 130 W. Clement ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Betz Cunnane

6 DATE OF BIRTH (month, day, and year): Nov. 28-1877

7 AGE: Years 53 Months 8 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: National Enamel & Stamping

9 BIRTHPLACE (City or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry Cunnane

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Norfolk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant (Address): Mrs Alice Cunnane 130 W. Clement St.

15 Filed 8 31 1931 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 24th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 27th 1931 to Aug 24th 1931.

that I last saw him alive on Aug 24th 1931.

and that death occurred, on the date stated above, at 2 30 p.m.

The CAUSE OF DEATH* was as follows: Mitral regurgitation of heart

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 6 da.

Where was disease contracted (if not at place of death)? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Henry Keelee, M.D.

8/31 1931 (Address) 1024 N. Howard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Aug 27 1931

20 UNDERTAKER: Margaret A. Flynn

ADDRESS: 1112 Eutaw St.

TION is very important. See instructions on back of certificate.

1-30—M A T—100 B—661.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71642

REGISTERED NO. 82-001 L 71642

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 W. Franklin ST. 14-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Peter Washington

(a) RESIDENCE NO 1517 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Hattie

6 DATE OF BIRTH (month, day, and year) ? ? 1858?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
/	73?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired egg inpector
(b) General nature of industry, business, or establishment in which employed (or employer): ----
(c) Name of employer: ----

9 BIRTHPLACE (city or town) (State or country): Alexandria Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Leon Carlton Nelson

(Address): 1517 W. Franklin St.

15 Filed AUG 27 1931 16 HAROLD JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. (Coroner)

8/25 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	Aug 27, 19 31

20 UNDERTAKER John H Toadvine ADDRESS 102 [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71643 X 34V

CERTIFICATE OF DEATH

Registered No. E 71643

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Chelsea Terrace St. 15-66 Ward)

Length of residence in city or town where death occurred yrs mos 14 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME William Montague Moore

(a) Residence: No. Richmond Va St., Ward. Richmond. Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Estelle Sampson Moore

6. DATE OF BIRTH (month, day, year) March 4 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturing
10. Date deceased last worked at this occupation (month and year) Feb 1921
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

MOTHER FATHER

13. NAME Wm R Moore
14. BIRTHPLACE (city or town) (State or country) Franklin Co
15. MAIDEN NAME Lucian Hansen
16. BIRTHPLACE (city or town) (State or country) Lynchburg

17. INFORMANT Mrs Estelle S Moore
(Address) 2110 Chelsea Ter

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Aug 27 1931

19. UNDERTAKER H. J. Speed & Sons
(Address) Main & Foushee

AUG 27 1931 H.J.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1931, to Aug 25th, 1931, that saw h alive on 19 30 death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Disease	

Other contributory causes of importance:
Cardiac failure
of original type

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Segary M. D.
(Address) 849 Fremont Ave

OCCUPATION is very important. See instructions on back of certificate.

E 71644 HEALTH DEPARTMENT—CITY OF BALTIMORE 82-001 E 71644

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Home for Incurables
CITY OF BALTIMORE: (No. 40th St. Keswick Rd., ST. 9-47 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie E Pridham

(a) RESIDENCE NO. 539 E 41st Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 23, 1853

7 AGE: Years 77 | Months 11 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Practical Nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Lawrence Pridham
11 BIRTHPLACE OF FATHER (City or town) (State or country): England
12 MAIDEN NAME OF MOTHER: Sarah E. Hemming
13 BIRTHPLACE OF MOTHER (City or town) (State or country): England

14 Informant: Hospital Records.
(Address)

15 Filed AUG 27 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1931

17 I HEREBY CERTIFY, That I attended deceased (from Aug 11 1931 to Aug 26 1931 that I last saw h/er alive on Aug 25 1931 and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:
Cerebral accident instantaneous
(duration) yrs. mos ds.
CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) 10+ yrs mos ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical exam

(Signed) N Hampton Hopkins, M. D.
8/26, 1931 (Address) 214 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Aug 28 1931

20 UNDERTAKER: H. J. Tucker & Sons — ADDRESS: [illegible]

Spec.—9-35—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71645

93 6 3 E 71645

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1639 N. Broadway St 8-17 (Ward)

2 FULL NAME Mary Frances Riley

(a) RESIDENCE NO 1639 N. Broadway St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of W. J. T. Riley

6 DATE OF BIRTH (month, day, and year) Nov. 2, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	76	9	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. Thos. Whiteford

11 BIRTHPLACE OF FATHER (city or town) Balto. Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary A. Willingham

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co.
(State or country) Maryland

14 Informant Mrs. Wm. T. Riley
(Address) 1639 N. Broadway

15 Filed , 19 HARRY JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26/31

17 Aug. 26 1931

I HEREBY CERTIFY, That I attended deceased from Aug 2-27, 1931, to Aug 26, 1931

that I last saw her alive on Aug 26, 1931

and that death occurred, on the date stated above, at 6 15 a. m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart.
Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no Physician's certificate

What test confirmed diagnosis?

(Signed) Daniel A. Bourey M. D.

19 (Address) 1512 N. Broadway

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	8/28 19 31

20 UNDERTAKER Henry A. Meaks & Son

ADDRESS 1501 N. Calvert

TION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

71646 — E 71646

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 30

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James S. Smith

(a) Residence: No. Brooklyn R.F.D. #9 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia C. Stubbs

6. DATE OF BIRTH (month, day, year) Mar 26 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co Md

FATHER

13. NAME Geo Smith
14. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER

15. MAIDEN NAME Josephine Markham
16. BIRTHPLACE (city or town) (State or country) A A Co Md

17. INFORMANT Mrs. Clarence Smith
(Address) Brooklyn A A Co Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Aug 29 1931

19. UNDERTAKER John C. Mitchell & Son
(Address) 1300 Hollins Place

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1931, to Aug 25, 1931, last saw he/she alive on Aug 25 1931, death is said to have occurred on the date stated above, at 5 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Tail Pancreas	7/1/31

Other contributory causes of importance:

Name of operation Exp. Laparotomy Date of 7/2/31
What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) George H. Yeager M. D.
8/29/31 (Address) University Hospital

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71647 E 71647

REGISTERED No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3920 Morris Ave St. 28-bet WARD)

2 FULL NAME Rachel Glick

(a) RESIDENCE No. 3920 Morris Ave St. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Meyer C. Glick

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE — Years: 60 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): England

PARENTS
10 NAME OF FATHER: Miguel Solomon
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Sarah —
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Meyer C Glick 3920 Morris Ave.

15 AUG 27 1931 R.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 25, 1931

17
I HEREBY CERTIFY, That I attended deceased from 3/12, 1931, to 8/25, 1931

That I last saw her alive on 8/25, 1931

and that death occurred, on the date stated above, at 10:15 P m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Aorta Cardiac dilatation

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) A. L. Elias M. D.

, 19 (Address) 3704 Liberty Heights Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Friendship Cem

DATE OF BURIAL: 8-27-1931

20 UNDERTAKER: Isaac Kevin, Inc 1737 E Baltimore

ADDRESS

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—501.

E 71648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12 √-002 12 E 71648

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 14-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore Makel

(a) RESIDENCE NO 2021 Etting ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 17/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
√		5	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Milton Makel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Nellie Stevenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia, Md.

14 Informant Milton Makel

(Address) 2021 Etting St

Filed AUG 27 1931, 19 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Intestinal Intussusception

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Aug 29/31

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

8/29/31, 19 (Address) 806 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL 8-27 1931

ADDRESS

UNDERTAKER Jas. M. Skinner 1625 E. Mad

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71649

108 E 71649

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 588 W. Preston St. 17-24 Ward)

Length of residence in city or town where death occurred 31 yrs. 2 mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Tyson

(a) Residence: No. 588 W Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Tyson

6. DATE OF BIRTH (month, day, year) June 22 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	31	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill

10. Date deceased last worked at this occupation (month and year) 8/16/31

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W Tyson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Harriet Hubbard

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Mamie Andrews 902 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Aug 30 1931

19. UNDERTAKER (Address) Thos H Chase Son 638 N Gilmor

FILED AUG 27 1931 19 P.K. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/17, 1931, to 8/26, 1931

I last saw h[illegible] alive on 8/26 1931 death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

acute Lobar Pneumonia — Date of onset 8/16/31

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dan Drayden M. D.

(Address) 1122 W Fay

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 71650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71650

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 10-14 WARD)

2-FULL NAME Goldie Johnson

(a) RESIDENCE NO. 805 Forrest St., WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mason Johnson

6 DATE OF BIRTH (month, day, and year) April 4/1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Mr. Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Harred

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records
(Address)

AUG 27 1931 HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Confluent Lobular Pneumonia-
Causing Spontaneous Abortion on
Aug 21/31- 7 mons gestation.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature] M. D.
Coroner
8/27/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashley Cem. Aug

DATE OF BURIAL 27 1931

UNDERTAKER Chas. H. Johnson

ADDRESS 416 N. Carlton

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-31—A. & Co.—250 Blks.

71651

HEALTH DEPARTMENT—CITY OF BALTIMORE

71651

CERTIFICATE OF DEATH

1315

1 PLACE OF DEATH St. Agnes. Hospital 28-64 REGISTERED NO.

CITY OF BALTIMORE: (No. ... WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Laurence. Mc Clenhy

(a) RESIDENCE NO. 3719 Gwynn Oak Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs McClenhy.

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Draftsman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

PARENTS

10 NAME OF FATHER George A. McClenhy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary B. Martin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Edward R. Folger

(Address) 4103 Pentwirt Ave

15 Filed AUG 27 1931 HAMPSON JONES, M. D.

BY ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 27 31

17

I HEREBY CERTIFY, That I attended deceased from Aug 18, 1931, to Aug. 27, 1931

that I last saw h[illegible] alive on Aug. 26, 1931

and that death occurred, on the date stated above, at 12:10 P.M.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) hypertension & nephritis

(duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? blood & urine analysis

(Signed) Hyman S Amerson M. D.

8 27 31 (Address) St Agnes Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Aug 29 1931

20 UNDERTAKER Harry E Armacost & Son

ADDRESS 4204 Ridgewood Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

71652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 71652

REGISTERED NO. 1521

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1432 Presstman ST. (WARD)

2. FULL NAME Samuel Franklin Thornton

(a) RESIDENCE NO. 1432 Presstman ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1?

7 AGE — Years: ✓ — Months: 9.? — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balt Md.

PARENTS

10 NAME OF FATHER: Franklin Thornton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Georgia Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant
(Address): 1432 Presstman St.

Filed AUG 27 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25 / 31

17 I HEREBY CERTIFY, That I attended deceased from Aug 17, 19 31, to Aug 25, 19 31

that I last saw him alive on Aug 24, 19 31

and that death occurred, on the date stated above, at 2.10 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
(Primary)

(duration) yrs. mos. 8 ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Fry M. D.

Aug. 26, 1931 (Address) 722 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester Pt Gloucester Co Va

DATE OF BURIAL: Aug 27 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Presstman St

AUG 27 1931

TION is very important. See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Blks

54-001

E 71653 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71653

CERTIFICATE OF DEATH

1 PLACE OF DEATH Good Shepherd Lewed Hospital REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1512 Edmondson St. 14-30 WARD

2 FULL NAME Emma Hall

(a) RESIDENCE NO. 1914 Division St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred Hill

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic.

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Princeton W. Va

PARENTS

10 NAME OF FATHER: Rush Gardner

11 BIRTHPLACE OF FATHER (city or town) (State or country): W. Va

12 MAIDEN NAME OF MOTHER: Vinay Herndon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): W. Va.

14 Informant (Address): Fred Hill 1914 Division St

Filed Aug 27 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24—31

17 I HEREBY CERTIFY, That I attended deceased from Aug 21 31 to Aug 24 31

that I last saw h[illegible] alive on Aug 24 31

and that death occurred, on the date stated above, at Aug 24 31

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia — Shock

CONTRIBUTORY (Secondary) (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bed No 118

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J B Hughes M. D.

(Address) 1163 E. Hoffman and

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery DATE OF BURIAL: Aug 28 1931

20 UNDERTAKER: Thomas E Kelson ADDRESS: 503 Presstman St

TION is very importin: See instructions on back of

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71654

CERTIFICATE OF DEATH

108 E 71654

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1508 W. Mosher St. 16-22 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin J. Hoffenberger

(a) Residence: No. 1808 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County

FATHER

13. NAME J. Hoffenbergen

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Brand Miller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Matilda Hoffenberger
(Address) 1808 Mosher st

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 8/28/ 1931

19. UNDERTAKER H. C. Branning Son
(Address) 1348 Pennsylvania Ave

20. FILED 1931 H. M. SOMERVILLE, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1931 to Aug 25, 1931

I last saw him alive on Aug 25 1931 death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

(Other contributory causes of importance)

Cardiac Failure

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No —

(Signed) J. Thomas Fulton, M. D.

(Address) 1011 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 71655

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (Thc.) ST. 26-37 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME George Ebert

(a) RESIDENCE NO. 427 S. Newkirk st. ST. 16 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	53	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Christopher Ebert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Christina Dorn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Interment Hospital Records (Address)

15 [illegible] 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 24, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 16, 19 31, to August 24, 19 31

that I last saw h im alive on August 24, 19 31

and that death occurred, on the date stated above, at 7.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Sena M. D.

8-25, 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem.

DATE OF BURIAL: Aug 27 1931

20 UNDERTAKER: Lilly & Gill

ADDRESS: 402 S. Wolfe St.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 D.—68L.

L 71656

HEALTH DEPARTMENT—CITY OF BALTIMORE

V

E 71656

CERTIFICATE OF DEATH

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3315 Hudson ST., 26 WARD 1

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gustave Mack

(a) RESIDENCE NO 3315 Hudson ST., 26 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Annie Mack

6 DATE OF BIRTH (month, day, and year) Aug 21 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
150	50		4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Long shoreman
(b) General nature of industry, business, or establishment in which employed (or employer): 174
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Christopher Mack

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie Mack

(Address) 3315 Hudson St

15 Filed AUG 27 1931 192 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of NO

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B Herzog M. D. Coroner

Aug 26 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Aug 28 1931
20 UNDERTAKER	ADDRESS
Lilly & Zeiler	403 S. Wolfe St

CAUSE OF DEATH should be plainly written, as much detail as possible. Read carefully the instructions on back of certificate. ATTENTION is very important. See instructions on back of certificate.

1-28—M. & T.—100 B—501.

E 71657.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 71657.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 1-2 WARD)

2-FULL NAME Robert Earl Gaff

(a) RESIDENCE NO 401 S. Ellwood ST. / WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 2/1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
/	19	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer) Calvert Hall College
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Michael J. Gaff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Regina Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co., Md.

14 Informant Regina A. Gaff (mOther)
401 S. Ellwood Ave
(Address)

15 Filed Aug 2 1931 HAMPSON JONES, M. D. Registrar

No. 1116

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) John Weems, M. D.
(Prosector)

8/26/31, 19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Aug 27 1931

20 UNDERTAKER Kelly & Gilbert

ADDRESS 408 S. Hoff St

CAUSE OF DEATH to be plainly written, so that it may be properly classified. EXACT statement of OCCUPA-TION is very important. See instructions on back of certificate.

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71658

108 E 71658

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 427 W. Conway St. 22-30 Ward)

2-FULL NAME Florence Henson

(a) RESIDENCE NO. 427 W. Conway St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Henson

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Harry Henson 427 W. Conway St

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller M. D.

5/2/ 1931. (Address) 139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemetery — DATE OF BURIAL: Aug 26 1931

20 UNDERTAKER: Walter B. Griggs — ADDRESS: 139 W. Hamburg St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 Spec.—1-30—M. & T.—250 Bks.

E 71659

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71659

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3707 Fait ave ST. 11 WARD)

2.-FULL NAME George Schrader

(a) RESIDENCE NO. 3707 Fait ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 30 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Con Factory

(c) Name of employer Mutual Packaging Co

9 BIRTHPLACE (city or town) (State or country) Balt md

PARENTS

10 NAME OF FATHER Martin Schrader

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Rydzynski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Johanna Rydzynski
(Address) 3707 Fait ave

15 Filed AUG 27 1931, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26/31

17 I HEREBY CERTIFY, That I attended deceased from 6/20, 1931, to 8/26, 1931, that I last saw h[illegible] alive on 8/25, 1931, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* ~~was as follows~~:

Pulmonary Tuberculosis
Tuberculous Pneumonia
Probably 9 weeks
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs

(Signed) Manuel S Brukin, M. D.

(Address) 316 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem.

DATE OF BURIAL aug 29 1931

20 UNDERTAKER Stephen J Fial Funeral Dir Inc

ADDRESS 1005 S. Kenwood ave

THIS is very important. See instructions on back of certificates.

EDWARD JONES, M. D.

AUG 27 1931

A4Co. 5-31 250B

E 71660 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71660

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ....

CITY OF BALTIMORE: (No. ....) St. 22-31 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Anderson

(a) Residence: No. 406 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory Repair.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Queen Anne's
(State or country) County, Maryland

MOTHER FATHER

13. NAME Franklin C. Anderson
14. BIRTHPLACE (city or town) Md.
(State or country)
15. MAIDEN NAME Henrietta Linder
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Patient
(Address) 406 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Md. Date Aug 27 1931

19. UNDERTAKER Edw. F. Dempsey
(Address) 1 N. Eutaw St.

AUG 27 1931 19 ... HERMON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1931, to Aug. 25, 1931
I last saw him alive on Aug. 25, 1931 death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma of esophagus with metastasis to diaphragm	11-10-30
Other contributory causes of importance: Lung abscess	8-21-31

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Smith, M. D.
(Address) Catholic Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1115 Hall alley 24-33 WARD.)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jacob Sohl

(a) RESIDENCE NO. 1115 Hall alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3rd 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	62	0	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Sohl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Eisler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Annie Sohl

(Address) 116 Warren Ave

AUG 27 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1931

17

I HEREBY CERTIFY, That I attended deceased from July 26, 1931, to Aug 26, 1931

that I last saw him alive on Aug 15, 1931

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) about yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) about yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) O. P. Buxton M. D.

Aug 26 1931 (Address) 201 E. Cross St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Eastern Cemetery

DATE OF BURIAL Aug 28 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

TION is very important. See instructions on back of certificate.

Cor.—12-3-25—A Co—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIM

E 71662

CERTIFICATE OF DEATH.

87

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 823 Poplar Grove St.) 8-16-68 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bridget Gertrude Dell

(a) RESIDENCE NO. 823 Poplar Grove St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse E. Dell

6 DATE OF BIRTH (month, day, and year) May 1, 1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	62	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 97

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At Home

9 BIRTHPLACE (city or town) Baltimore County

(State or country) Maryland

PARENTS

10 NAME OF FATHER James T. Hickey

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah E. Fox

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

14 Informant Mr. Jesse E. Dell

(Address) 823 Poplar Grove St.

15 Filed ..... 19..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 25, 1951 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(duration) yrs.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

(Signed) M. D.

(Address) North Ave & Division St.

Aug 26

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Aug. 28 19 51

20 UNDERTAKER

ADDRESS 1003 West Baltimore St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2

1931 C. EMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

(Rose Pearce) ✓

E 71663 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Madison Ave 25 E 71663

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1013 Mad. (Ward 25)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rose Pearce

(a) RESIDENCE No. 1013 Mad. St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 6 mos 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f.	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Pearce

6 DATE OF BIRTH (month, day, and year) 7/17/1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	77	6	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) House Wife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto, Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mr. Rhudes S. Miller (Address) 1013 Madison Ave

15 Filed 8-4-1931. 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/7/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 7th 1931 to Aug 7th 1931

that I last saw h[illegible] alive on July 27th 1931

and that death occurred, on the date stated above, at 8:10 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. Lee Ellis M. D.

(Address) 1211 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Vincents Cem

DATE OF BURIAL Aug 8 1931

20 UNDERTAKER Joseph B Cook

ADDRESS 603 E Baltimore St

HAMPSON JONES, M. D.

TION is very important. See instructions on back of certificates.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

71664 ★

CERTIFICATE OF DEATH

932 71664 ★

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Oak St. 12-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Grover

(a) Residence: No. 2829 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Casper Grover

6. DATE OF BIRTH (month, day, year) August 4, 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	74	-	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Newton
(State or country) New Jersey

MOTHER FATHER
13. NAME J. A. Campbell
14. BIRTHPLACE (city or town) Newton
(State or country) New Jersey
15. MAIDEN NAME Elizabeth Edsall
16. BIRTHPLACE (city or town) Hamburg
(State or country) New Jersey

17. INFORMANT Mr. Fred S. Grover
(Address) 2829 Oak St.

18. BURIAL, CREMATION, OR REMOVAL
Place Newton, N. J. Date August 27 1931

19. UNDERTAKER
(Address) 1093 N. Baltimore St.

AUG 27 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1931, to August 27, 1931
I last saw her alive on Aug 24, 1931, death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929
Other contributory causes of importance:	
Acute Cardiac Dilatation	Aug 27-31

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19....
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) 2112 Maryland Avenue

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 71665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 E 71665

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Ensor ST. 5-8 WARD)

2-FULL NAME Jacob Rudolph Hewitt

(a) RESIDENCE NO. 603 Ensor ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 27/1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	73	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurateur
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Franklin N. Hewitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's Co., Md.

12 MAIDEN NAME OF MOTHER Catherine Ann Bromley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Stephen D. Hewitt.
(Address) 3023 Shannen Drive

15 Filed 8 27 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 25/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound thru rt temple

Suicide

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Robt Case Coroner, M. D.

19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem Fery — DATE OF BURIAL 8/28/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

CAUSE OF DEATH to be plainly written. Any blank lines must be properly canceled. Exact method of occupation must be given. Any false statement may be punishable by fine or imprisonment. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71666 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

43 E 71666

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) 43

CITY OF BALTIMORE: (No. 7-13 ST. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dorothy Nace

(a) RESIDENCE NO. 1617 E. Chase st. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec. 25, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

PARENTS

10 NAME OF FATHER George Nace

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Dorothy Vanderlere

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant (Address) Baltimore City Hospital Records

15 C. HAMPSON JONES, M. D. Registrar

AUG 27 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1931, to Aug. 25, 1931

that I last saw her alive on Aug. 25, 1931

and that death occurred, on the date stated above, at 9.30 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence H. Sears, M. D.

8-25-31 19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Paul's Cem Balt

DATE OF BURIAL 27 1931

20 UNDERTAKER John C. Pudewitz

ADDRESS E. Oliver

TION is very important. See instructions on back of certificate.

Spec.—1-12-28—MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71667 — 7 115-001 — ✓ E 71667

CERTIFICATE OF DEATH

REGISTERED NO. E 71667

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) U. S. Marine Hosp. (ST.) 17-51 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nathaniel Frank Quillen

(a) RESIDENCE NO. Lewes (ST.) Delaware (WARD)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 5 mos dy How long in U. S., if of foreign birth? yrs mos dy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	married

6a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Ella Bishop

6 DATE OF BIRTH (month, day, and year) July 29, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
✓	54	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Coast Guard.

(b) General nature of industry, business, or establishment in which employed (or employer): Personnel Officer

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Delaware.

PARENTS

10 NAME OF FATHER: Nathaniel F. Quillen

11 BIRTHPLACE OF FATHER (City or town) (State or country): Delaware.

12 MAIDEN NAME OF MOTHER: Sarah Dolan

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Massachusetts

14 Informant (Address): Hospital Records.

15 Filed AUG 28 1931, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from 8-14, 19 31, to 8-27, 19 31, that I last saw him alive on Aug 27, 19 31 and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

Meningitis (Cerebro-spinal)

(duration) yrs mos 3 dys

CONTRIBUTORY (Secondary) Otitis Media

(duration) yrs 1 mos 2 dys

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/17/31

Was there an autopsy? No.

What test confirmed diagnosis? Microsc. Exam. of C.S.F.

(Signed) Hampson J. Jones M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lewes, Delaware — DATE OF BURIAL: Aug. 28, 1931

20 UNDERTAKER: E. Leroy Stoffler, Inc. — ADDRESS: 125 E. North Ave.

CAUSE OF DEATH to be written in plain terms, so that it can be understood. See instructions on back of certificate. CERTIFICATION is very important.

Spec.—9-30—A. & Co.—250 Blks

E 71668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7 46 B 71668

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) Sinai Hospital ST. 7-13 (WARD)

2. FULL NAME Mr. Wolf Clionsky

(a) RESIDENCE NO. 1805 N. 6th St. ST. WARD Harrisburg Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Clionsky

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	60			

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Merchant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10. NAME OF FATHER Nathan —

11. BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12. MAIDEN NAME OF MOTHER Minnie —

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14. Informant (Address) Mrs. [illegible] 1420 Park Ave

15. Registrar

AUG 28 1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Aug 27, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to Aug 27, 1931

(But I last saw him alive on Aug 27, 1931)

and that death occurred, on the date stated above, at 9.55 p.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. 1½ hours mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of stomach

(duration) yrs. 6 mos. ds.

18. Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes date of Aug 20/31

Was there an autopsy? no

What test confirmed diagnosis? physical examination

(Signed) J. E. Goodman M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Harrisburg Pa

DATE OF BURIAL 8-28 19 31

ADDRESS

20. UNDERTAKER Jos Keure Inc. 1420 Park

TION is very important. See instructions on back of certificate.

Spec.—6-9-39—H. P. Co.—1000 Blks.

E 71669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71669

CERTIFICATE OF DEATH.

REGISTERED NO. 23

1-PLACE OF DEATH

CITY OF BALTIMORE. NO 806 Bradenhall E ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Ford

(a) RESIDENCE NO 806 Bradenhall. ST. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/3/1904

7 AGE: Years 26 Months 8 Days 17 If LESS than 1 day, hrs. or min.

27

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of industry, business, or establishment in which employed (or employer): Western Maryland R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): West Indian

PARENTS

10 NAME OF FATHER: John Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Vincent West Indians

12 MAIDEN NAME OF MOTHER: Mary Hacker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): West Indian

14 Informant (Address): Sadie Ford 530 West West St.

Aug 26 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Aug 26 1931.

that I last saw h— alive on Aug 20 1931.

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Gen (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical and Symptoms

(Signed) C. N. Frowlee M. D.

1931 (Address) 712 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 8/25/1931

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 1314 W Hamburg St.

TION is very important. See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71670 — 75 E 71670

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at Hopkins Hospital

City of Baltimore: (No.) St. 3-4 Ward)

2-FULL NAME Alexsander Kosacki

(a) RESIDENCE NO. 1574 Aliceanna st. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
about 36				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Blender Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) International
(c) Name of employer Longshore Mens Comp.

9 BIRTHPLACE (city or town) unknown
(State or country) Poland?

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) unknown
(State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) unknown
(State or country)

14 Informant Mr Walter Sibicki
(Address) 735 d Aann st

15 Filed 1931 HAMPSON JONES JR Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr. Alcoholism

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. K. H. Vaeth M. D.

(Address) 501 E. North Ave 8/27/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL 28 August 1931

20 UNDERTAKER George A Weber — ADDRESS 735 d Aann st

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 71671

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71671

13-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1119 W. Payson ST. 16-22 (WARD)

2-FULL NAME Clarence Thomas

(a) RESIDENCE NO 1119 W. Payson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) June 26 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt md

PARENTS

10 NAME OF FATHER Ed Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Georgia Meredith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Georgia Meredith

(Address) 1119 W. Payson

15 Filed AUG 28 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 26th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery

Duration

CONTRIBUTORY (Secondary) Gastro Enteritis (duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Hoffman, M. D. Coroner

(Address) Aug 27 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Aug 30 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pressman St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 9 131 E 71672

REGISTERED NO.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 1423 E. Fairmount Ave. WARD 6.

2. FULL NAME Mary Makle

(a) RESIDENCE NO. 1423 E. Fairmount Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 If Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Makle

6 DATE OF BIRTH (month, day, and year): Oct 14 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	51	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of Industry, business, or establishment in which employed (or employer): 37
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Joshua Carr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Henrietta Lyddane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): George Makle 1426 E. Fairmount Ave.

15 Filed AUG 28 1931

Registrar: C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-25-31

17 I HEREBY CERTIFY, That I attended deceased from 8-23- , 1931, to 8-25- , 1931

that I last saw h-- alive on 8-25- , 1931

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) W. B. Cargill M. D.

5-27-1931 (Address) 611-N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Aug 28 1931

20 UNDERTAKER: Mrs. M. A. Elliott ADDRESS 1425 Aisquith

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71673

E 71673 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No Sinai Hospital S 13-54 WARD)

2 FULL NAME Lawrence Sonnehill

(a) RESIDENCE NO 2216 Nd. Royal Terrace WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice H. Sonnehill

6 DATE OF BIRTH (month, day, and year): July 8 1877

7 AGE — Years: 54 | Months: 1 | Days: 19

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocery

(b) General nature of industry, business, or establishment in which employed (or employer): Salesman

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Louis Sonnehill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Krag

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs. E. Sonnehill

(Address) 2216 Northfield Ave

AUG 28 1931 HAMPSON JONES, M.D.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from 5-21, 19 31, to 5-27, 19 31

that I last saw h[e] alive on 5-27, 19 31

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Coronary Thrombosis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Levin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Friendship Gdns.

DATE OF BURIAL: 8/30/19 31

20 UNDERTAKER: Harold Sondheimer Son

ADDRESS: 1405 E. Lexington St.

TION is very important. See instructions on back of certificate

Spec. 7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71674

158 E 71674

CERTIFICATE OF DEATH

E 71674

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 503 N. Monroe St. St. 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nancy Ann Nichols.

(a) RESIDENCE NO. 503 N. Monroe St. St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July-16-1931.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
		1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) None.

(c) Name of employer _____

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Thomas M. Nichols

11 BIRTHPLACE OF FATHER (City or town) _____
(State or country) Md.

12 MAIDEN NAME OF MOTHER Ida C. Fefel.

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Md.

14 Informant Mrs. Ida C. Nichols.
(Address) 503 N. Monroe St.

AUG 28 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Aug. 27-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Aug 27, 1931, that I last saw her alive on Aug 26, 1931, and that death occurred, on the date stated above, at 9 01 a. m.

The CAUSE OF DEATH* was as follows:

Malnutrition
Gastritis

(duration) _____ yrs. mos 12 ds.

CONTRIBUTORY
(Secondary) _____

(duration) _____ yrs. mos. ds.

18 Where was disease contracted _____

if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Benj O'Mc Cleary, M. D.

8/27, 1931 (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery. Date of Burial: Aug. 28- 1931.

20 UNDERTAKER: Charles J. Schwab. ADDRESS: 505 N. Monroe St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

Dumler E 71675

E 71675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

1—PLACE OF DEATH Baltimore

CITY OF BALTIMORE: (No. 761 Ramsay ST. 21-29 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Anne Dumler

(a) RESIDENCE NO. 761 Ramsay ST. WARD 21st

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 18 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Calvin F. Dumler

6 DATE OF BIRTH (month, day, and year) Sept 9-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Frank Steinkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Charles Boecker
(Address) 761 Ramsay St

15 AUG 28 1931 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1st 1930 to Aug 27 1931.

that I last saw h alive on Aug 27 1931.

and that death occurred, on the date stated above, at 11.10 A. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Arthritis.

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No none necessary

What test confirmed diagnosis?

(Signed) Harry L. Gate M. D.

8/27 1931 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 8-29 1931

20 UNDERTAKER Henry W. Jenkins Son & ADDRESS Richard McCulloh

Important: See instructions on back of certificate.

AACo. 5-11 2508

71676

HEALTH DEPARTMENT—CITY OF BALTIMORE

71676

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 HisQuith St. 5th Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. If of foreign birth 27 yrs. mos. ds.

2. FULL NAME Isaac Lazarow

(a) Residence: No. 114 HisQuith St., 5 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sefton Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT I. Lazarow

(Address) 114 HisQuith st

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Mol Date Aug 28 1931

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore st

AUG 29 1931 HENDERSON JONES, M. D. Registrar

OCCUPATION is very important. See Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from
1-22, 1930 to Aug. 25, 1931

I last saw him alive on Aug. 27, 1931, death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and Aortic Regurgitation	

Other contributory causes of importance:

Chron. nephritis
Cardiac Asthenia

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Solomon C. Kahn M. D.

(Address) 116 HisQuith St.

AeCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71677 — CERTIFICATE OF DEATH — 48 E 71677

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 42 yrs. 7 mos. 27 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Murphy

(a) Residence: No. 118 Eichnead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nicholas Murphy, Sr.

6. DATE OF BIRTH (month, day, year) October 28 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Chas W. Russell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Cole

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Patient
(Address) Emma Murphy

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Aug 29 1931

19. UNDERTAKER Chas. E. Zepp & Sons
(Address) 311 E. Lexington St.

20. Filed AUG 29 1931 19... Registrar. HARRY JONES, M. D.

21. ...

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1931, to Aug. 27, 1931

I last saw h.e.r alive on Aug. 26, 1931 death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1929
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emma E. Peters, M. D.

(Address) Baltimore Hospitals

Spec.—9-30—A. & Co.—200 Blks.

E 71678 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71678

CERTIFICATE OF DEATH

46V

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1114 N Central Ave (St.) 11-14 (Ward)

2 FULL NAME Amalia A. Fuchs

(a) RESIDENCE NO. 1114 N Central Ave (St.) (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Sept.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 10 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS
10 NAME OF FATHER: Aloysius Fuchs
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Helen B. Rodert
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs Angela A. Fuchs 1114 N. Central Ave

15 Filed 19 C. [illegible] Registrar

AUG 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug 1 1931 to Aug 27 1931
that I last saw h alive on Aug 26 1931 at 1.15 A. M.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

Carcinoma Liver

(Duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary): Edema Lungs (Duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) E. Gill Hall M. D.
Aug 29 1931 (Address) 1631 E Fayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
Holy Redeemer Cemetery Aug. 31 1931
UNDERTAKER ADDRESS
Henry Hoeck Sons Inc. 1301 E Eager St.

TION is very important. See instructions on back of

AaCo. 5-31 1938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71679 — 1060 E 71679

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-31 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Paul Leonard

(a) Residence: No. Social Center of Salvation Army. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year):

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 179

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME J. S. Leonard.

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Place UNIVERSITY OF MARYLAND Date AUG 28 1931, 19

18. UNDERTAKER

(Address)

19. FILED AUG 29 1931

C. E. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7th, 1931, to Aug 20, 1931

I last saw h[illegible] alive on Aug 20 1931 death is said to have occurred on the date stated above, at 9.15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mania	8-6-31
Lobar Pneumonia Left Lower Lobe	8-7-31
Pulmonary Embolism (?)	8-20-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Hilton Walker, M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-31—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 71680

CERTIFICATE OF DEATH

50 C 71680

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Bon Secours Hospital 27-52 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Kate McDonald

(a) RESIDENCE NO. 903 W. University Parkway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John McDonald

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	---	--	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: George A. Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country): ----- Ireland

12 MAIDEN NAME OF MOTHER: Harriett Griggs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Henry J. Merceron 903 W. University Parkway

AUG 29 1931 [illegible] JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1931 to Aug 27, 1931

that I last saw HER alive on Aug. 27, 1931

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

carcinoma of breast

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) carcinomatosis general (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no clinical findings

What test confirmed diagnosis?

(Signed) Andrew Colas, M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 8/29 19 31

20 UNDERTAKER: Wesley W. Peters & Sons

ADDRESS: [illegible] Calvert

TION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

Elmer L Ferguson

HEALTH DEPARTMENT CITY OF BALTIMORE

X 23 E 71681

E 71681

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 4-3 Ward)

Length of residence in city or town where death occurred yrs 1 mos da How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Ferguson, Elmer L.

(a) Residence: No. Pikesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 31 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Briar Date Aug 30 1931

19. UNDERTAKER (Address): William F Bast & Son Boonsboro Md

G 28 1931 19 F.G. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Aug 28, 1931

I last saw h[illegible] alive on Aug 28 1931 death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1924 (?)
Pulmonary T.B.	7-1-31 (?)
Cystitis (?)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hannah Jones Abrams M. D.

(Address) University Hosp

AaCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 51682

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 13-54 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Klara Dreschfeld

(a) Residence: No. 2622 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) June 3 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Klara Dreschfeld

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL
Place Aug 28 31

19. UNDERTAKER Samuel T. Hawkins
(Address) 525 N. Bradford St

FILED AUG 29 1931 H. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 27 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1931 to August 27, 1931

I last saw her alive on Aug 27 1931 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Tuberculosis	
Tuberculous meningitis	Aug 31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Kattau M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

1-36—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71683

CERTIFICATE OF DEATH

122-0025 71683

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Provident Hosp. ST. 12-51 WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma Brown

(a) RESIDENCE NO. 2116 Oak. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem.
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert B. Brown

6 DATE OF BIRTH (month, day, and year): Sept 20-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wm Gross.
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md
12 MAIDEN NAME OF MOTHER: Matilda Cromwell.
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Albert B. Brown
(Address): 2116 Oak St

15 Filed AUG 22 1931 192 SCOTT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Dilatation of Stomach
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) H. F. Blum, M. D. Coroner
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cem
DATE OF BURIAL: Aug 29-31
20 UNDERTAKER: Long Fremont & Hamilton
ADDRESS: 528 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. FAILURE to comply with this statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-31—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71684 13 VE 71684

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 E Fayette St. 6-10 WARD)

2-FULL NAME Peter Michel

(a) RESIDENCE No. 2323 E Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Michel

6 DATE OF BIRTH (month, day, and year): Nov 4 1851

7 AGE: Years 79 Months 9 Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Frederick Michel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Katherine Horst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ger

14 Informant: Daniel Michel

(Address): 2323 Fayette

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 11 . 19 24 to Aug 27 . 19 31.

that I last saw him alive on Aug 27 . 19 31.

and that death occurred, on the date stated above, at 1.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 7 yrs 8 mos 16 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ward Examination

(Signed) Chas W Edwards Jr. M. D.

. 19 (Address) 7714 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: Aug 29 19 31

20 UNDERTAKER: John U Smith — ADDRESS: 2008 Orleans

TION is very important See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

71685

82-001

CERTIFICATE OF DEATH

E 71685

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Ottawa Ave Morrell Pk - 7 St., ~~Ward~~)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miriam Hilton

(a) Residence: No. 3107 Ottawa St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Basil Hilton

6. DATE OF BIRTH (month, day, year) July 2 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER FATHER

13. NAME Ezra Holbrook
14. BIRTHPLACE (city or town) (State or country) Balto Co
15. MAIDEN NAME Elizabeth Smith
16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Basil Holbrook
(Address) 3107 Ottawa Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Aug 29. 1931

19. UNDERTAKER John L Smith
(Address) 2008 Orleans

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1931, to Aug 26, 1931

I last saw he alive on Aug 26, 1931, death is said to have occurred on the date stated above, at 8.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 23 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Slattery, M. D.

(Address) 636 Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 71686 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

82-001

CERTIFICATE OF DEATH

Registered No. E 71686

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Madison St., 13-59 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Kloess

(a) Residence: No. 2619 Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Kloess

6. DATE OF BIRTH (month, day, year) Nov 22 1836

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	95	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. restaunrant proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dont kno

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lena Kloess 2619 Madison
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Aug 29 1931

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED ——— 19— Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Aug 26, 1931

I last saw him alive on Aug 25 1931 death is said to have occurred on the date stated above, at 6.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8.12.31

Other contributory causes of importance:

Cardiac Paralysis	1 day

Name of operation ——— Date of ———

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William J. Reynolds M. D.

(Address) 801 N. Pennwood Ave

Spec.—0-39—A. S. Co.—250 Blks.

E 71687

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-063 E 71687

CERTIFICATE OF DEATH

1-PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 10-14 Ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Stewart

(a) RESIDENCE NO. 876 St. Johns Court St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6 DATE OF BIRTH (month, day, and year) March 17, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Hansen Fowler

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Rollins

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Records of
(Address) Balto. City Hosp.

15 Filed , 19 Registrar

AUG 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-25-31

17
I HEREBY CERTIFY, That I attended deceased from 2-7-31, 19 , to 8-25-31, 19

That I last saw her alive on 8-25-31, 19

And that death occurred, on the date stated above, at 6:40 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr.

(duration) yrs. 6½ mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas Thrush Jr M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSP

DATE OF BURIAL AUG 2 19 31

20 UNDERTAKER [illegible]

ADDRESS

TION is very important. See instructions on back of certificates

AdCo. 5-31 2500

251664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E Fred 71688

CERTIFICATE OF DEATH

161 1902 71688

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 26-11 Ward

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Bala Bena (Frank)

(a) Residence: No. 620 N. Clayton St. Ward.
(Usual place of abode) Essex (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 14, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			4 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Joseph Bena
14. BIRTHPLACE (city or town) Poland.
(State or country)

MOTHER

15. MAIDEN NAME Theresa Bena
16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL
Date AUG 2 1931

19. UNDERTAKER
(Address)

AUG 29 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 26 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1931. to Aug 26, 1931

I last saw h[illegible] alive on Aug 26, 1931 death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Icterus neonatorum	Aug 15
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. J. Anderson, M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-31—A. & Co.—250 Blks.

E 71689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 E 71689

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 160 W Fortlow St. 23-31 WARD)

2 FULL NAME Andrew H Ware Jr.

(a) RESIDENCE NO. 160 W Fortlow St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 26 '31

7 AGE — Years: — Months: 7 — Days: 2 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Andrew H Ware Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Capon Md

12 MAIDEN NAME OF MOTHER: Barbara Ireland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Andrew H Ware Jr 160 W Fortlow St

15 [illegible] 19 C. HAMPSON JONES, M. D. Registrar

AUG 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 22-31

17 I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1931 to Aug. 28, 1931
that I last saw h IN alive on Aug. 27, 1931
and that death occurred, on the date stated above, at 2:00 A m.
The CAUSE OF DEATH* was as follows:

Ileo Colitis (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinically

(Signed) H. H. Campbell M. D.
(Address) 1644 Hanover

Aug 22/31

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem. — DATE OF BURIAL: Aug 19 31

20 UNDERTAKER: C. Edward Evans — ADDRESS: 35 E. Fortlow

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

E 71690 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED No. E 71690

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 301- W. 27th St. (WARD) 17-5 97

2 FULL NAME James B. Walker

(a) RESIDENCE NO. 301 W. 27th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, ~~Divorced~~, (write the words): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie B. Walker

6 DATE OF BIRTH (month, day, and year): Oct 12-1863

7 AGE: Years 67 | Months 10 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Glass blower

(b) General nature of industry, business, or establishment in which employed (or employer): Lumbell Bros.

(c) Name of employer: 086

9 BIRTHPLACE (city or town) (State or country): City

PARENTS

10 NAME OF FATHER: Jim Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): City

12 MAIDEN NAME OF MOTHER: Elizabeth McCracklin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): City

14 Informant (Address): James B. Walker 2701 Baltimore St.

15 [illegible] C. HAMPSON JONES, M. D. Registrar

AUG 28 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 23 1930 to Aug 27 1931

that I last saw him alive on Aug 27 1931

and that death occurred, on the date stated above, at 12:10A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

Aug 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem. DATE OF BURIAL: Aug 29 1931

20 UNDERTAKER: C. Howard Evans ADDRESS: 3 E Fayette

TION is very important. See instructions on back of certificate.

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

E 71691

CERTIFICATE OF DEATH

20-23-30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Loudon Park Cemetery St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Beavers

(a) Residence: No. Loudon Park Cemetery St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Beavers

6. DATE OF BIRTH (month, day, year) August 10, 1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	-	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loudon County Virginia

MOTHER FATHER
13. NAME Mr. Beavers
14. BIRTHPLACE (city or town) (State or country) United States
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ada Beavers
(Address) 3801 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date August 29 1931

19. UNDERTAKER Joseph Cook
(Address) 1005 W. Baltimore St.

AUG 29 1931 C. HAMPSON JONES, M. D.
(Date Received) Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931 to Aug 27, 1931
I last saw him alive on Aug 27, 1931 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis years	

Other contributory causes of importance:

Cardiac decompensation days

Name of operation none Date of —

What test confirmed diagnosis? No Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J J Kyper M. D.

(Address) 3321 Frederick Ave.

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~25~~ 35 1892

CERTIFICATE OF DEATH

X 119 E 71692

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Schultz

(a) Residence: No. Box 121-A Carney, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21-1930

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Henry Schultz

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna Cahill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Cem Date Aug 31, 1931

19. UNDERTAKER Frederick Loseby & Son
(Address) 7401 Blair Road

AUG 28 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1931 to Aug 28, 1931

I last saw her alive on Aug 26 1931 death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	July 25

Other contributory causes of importance:
Spinal meningocele

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) N. S. Anderson M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5 M 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

2516 1693

CERTIFICATE OF DEATH

X 82-88 E 71693

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 7-9 St.; Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME George Duncan

(a) Residence: No. Newport - Penn - St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Sallie

6. DATE OF BIRTH (month, day, year) Apr. 17 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	68			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn -

MOTHER FATHER
13. NAME Richard Duncan
14. BIRTHPLACE (city or town) (State or country) Penn -
15. MAIDEN NAME Isabella Green
16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date June 1931

19. UNDERTAKER Joseph Theis
(Address) 22 Kirby
(Signed) C. HAMPSON JONES, M. D. Registrar

AUG 28 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Aug 25, 1931

I last saw him alive on Aug 25 1931 death is said to have occurred on the date stated above, at 1:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar + Brain	
Acute edema	
Following Asphyxia	Aug 25 31
Acute Cardiac Dilatation	

Other contributory causes of importance:

None

Name of operation Partial Left Occipital Lobectomy Date of 8-18-31

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred W. Neff M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—581.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71694 A

E 71694 A

REGISTERED NO. 10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 15-23 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Noah Snowden

(a) RESIDENCE NO. 1360 Fremont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. dy. How long in U. S., If of foreign birth? yrs. mos. dy.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 22 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lovely Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Frances Carter

(Address) 1360 Fremont Ave

15 Filed 8 28 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diptheria (Laryngeal)

(duration) yrs. mos. dy.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. dy.

18 Where was disease contracted if not at place of death? 1360 Fremont Ave

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) D. J. Kenny M.D. M. D. Coroner

Aug 28, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Aug 29 1931

20 UNDERTAKER Thomas E. Kelsey

ADDRESS 1305 Pressman St

CAUSE OF DEATH is particularly desired. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

No. 71695 — 131 — No. 71695

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 729 Ensor St (Ward) 10-14

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Harry Rester

(a) RESIDENCE NO. 729 (Usual place of abode) ST. Ensor St. WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	White	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Distributor Tuberculosis

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer Dr Gerring.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Rester

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Jordan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant George W. Rester

(Address) 1119 Hillen St.

AUG 29 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27/31

17 I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1931, to Aug 27, 1931

that I last saw him alive on Aug 26, 1931

and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis (duration) 7 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John J. Reich M. D.

8/27 1931 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery.	8/29 1931
UNDERTAKER Vernon Lemmon.	ADDRESS 401 Park Heights

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A Co.—250 Blks.

E 71696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71696

CERTIFICATE OF DEATH

131

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 607 Walpert Ave. St. E. Ward 46)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John L. Haber

(a) RESIDENCE NO. 607 Walpert Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 If single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 20/1868

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	3	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hatter

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Francis Haber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Schmeltz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Louis H. Haber 607 Walpert Ave.

AUG 28 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) August 27th

17 I HEREBY CERTIFY, That I attended deceased from Aug 21st 19 31 to Aug 27th 19 31

that I last saw h[e] alive on Aug 27th 19 31

and that death occurred, on the date stated above, at 1130a m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) George Turnbaugh M.D. 111 E. Lexington St.

8/28/31 (Address) 401 E. 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Aug 29 1931

ADDRESS

UNDERTAKER: Mary M. Medford

ADDRESS: 501 E. 22nd St.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 71697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-0E 71697

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N.Pulaski ST. 70-27 WARD)

2-FULL NAME Samuel M. Pearce

(a) RESIDENCE NO 419 N.Pulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Christina D.Pearce

6 DATE OF BIRTH (month, day, and year) Oct.17th.1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Engineer
(c) Name of employer ---

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Ephraim Pearce

11 BIRTHPLACE OF FATHER (city or town) --- (State or country) Penna.

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) --- (State or country) Penna.

14 Informant Catherine D.Pearce

(Address) 419 N.Pulaski St.

15 Filed AUG 25 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug.28th. 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) stat yrs mos ds.

CONTRIBUTORY (Secondary) ----- (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell Coroner, M. D.

8/28 19 31 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery DATE OF BURIAL 8/31/1931

20 UNDERTAKER Wm Cook ADDRESS 217 St Paul St

CAUSE OF DEATH to plain terms, so that it may be properly classified. Fully answer all questions. Use ditto marks only when they will not be misunderstood. Do not abbreviate. Write on both sides of certificate.
TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

Coroner Fenton 700 E. Chase St.

E 71698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Pronounced Dead

REGISTERED NO. E 71698

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-61 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry Owens Gale

(a) RESIDENCE NO 3704 Fairview Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married ~~widowed, or divorced~~ HUSBAND of ~~now Widow~~ Annie Elizabeth Gale

6 DATE OF BIRTH (month, day, and year) July 8th 1858

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Machinery
(c) Name of employer Henry Krice & Son

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert H. Gale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MO Sophia Owens

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Annie Gale

(Address) 3704 Fairview Ave

AUG 28 1931 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary ~~Tuberculosis~~ Embolism

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Southern Hotel

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

8 26 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 8/29/1931

20 UNDERTAKER ~~Wm~~ Cook 1217 St Paul St

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT WORDING TION is very important. See instructions on back of certificates.

AACo. 5-11 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71699

CERTIFICATE OF DEATH

E 71699

1. PLACE OF DEATH Md Gen Hospital
CITY OF BALTIMORE: (No. Linden & Madison Ave Ward) 46

Registered No. 54
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Mrs Emma Daggett

(a) Residence: No 2309 Rustenburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Daggett

6. DATE OF BIRTH (month, day, year) July 6 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Martinsburg (State or country) W Va

13. NAME William Snow

FATHER

14. BIRTHPLACE (City or town) Jefferson Co (State or country) Md

15. MAIDEN NAME Ann Harding

MOTHER

16. BIRTHPLACE (City or town) Martinsburg Co (State or country) W Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rosno Va Date 8/31/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Aug 31 1931 19 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/31/1931

22. I HEREBY CERTIFY, That I attended deceased from 8/11/31, 19 , to 8/28 , 1931
I last saw h alive on 8/28 1931 death is said to have occurred on the date stated above, at 11 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Retroperitoneal Chronic Myocarditis	Known for 1 year

Other contributory causes of importance: over

Myocardial failure & Exhaustion	3 Wks

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenault M. D.
(Address) Md General Hospital

AaCo. 5-31 2MP

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1997 / 21 E 71700

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — 27-43

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Robert Ward (Jr.)

(a) Residence: No. 6504 Glenoak St., Ward. ST — (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 25 - 1928

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	3		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md —

MOTHER FATHER

13. NAME Pearl-Ward

14. BIRTHPLACE (city or town) (State or country) Md —

15. MAIDEN NAME Laura Ryder

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Lakewood Cemetery Date: 8/29/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

AUG 29 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to Aug 28, 1931

I last saw him alive on Aug 28 1931 death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis Acute	8-25-31
Peritonitis, generalized	

Other contributory causes of importance:

Name of operation Appendectomy & drainage Date of 8-27-31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Gullory Coston, M. D.

(Address) John Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71701 ✓ E 71701

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 71701

1-PLACE OF DEATH

City of Baltimore: (No. 3045 Walbrook Ave. St. 1567 Ward)

2-FULL NAME Robert E. Goss.

(a) RESIDENCE NO. 3045 Walbrook Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)
Unknown 1858

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Church Sexton
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) South Carolina

PARENTS

10 NAME OF FATHER Robert Goss

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER
Ann Riley

11 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant
(Address) Mrs. Vernon L. Knecht 3045 Walbrook Ave.

15 [illegible] 19 [illegible] Registrar

AUG 28 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28th. 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

Aug 28 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery.	Aug. 29th 1931.

20 UNDERTAKER ADDRESS

Chas. F. Sauerhoff 1180 N. Royal Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

71702 71702

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 28-67 Ward)

Length of residence in city or town where death occurred 1 yrs. mos 11 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lee McGuire

(a) Residence: No. 6507 Vincennes St., Ward. Arlington
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 16, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John J. McGuire

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Florence Northington

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

17. INFORMANT Mrs. John J. McGuire
(Address) 6507 Vincennes Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place St. Charles Cem. Date Aug-29 1931

19. UNDERTAKER Frank M. Newell
(Address) Catonsville Maryland

AUG 29 1931 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 27. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1931, to Aug. 27, 1931

I last saw him alive on Aug. 27 1931 death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3 wks. ago.

Other contributory causes of importance:

Bronchial pneumonia	5 days ago.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital Balto.

AACo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71703

CERTIFICATE OF DEATH

119 E 71703

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Guzzone

(a) Residence: No. 320 East St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 12, 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	0	17	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Guzzone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Grace Gramma

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Aug 29 1931

19. UNDERTAKER [illegible]

(Address)

FILED AUG 29 1931 C. HAMPSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1931 to 8-27 1931

I last saw her alive on 8-27 1931 death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fermentative diarrhea	5 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) J. Zeyko M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 6-11 2MB

E 71704 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71704

CERTIFICATE OF DEATH

131

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016-Northway Drive St. 27-43 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. If of foreign birth? yrs 58 ds.

2. FULL NAME Ellen Cornelia Perkins

(a) Residence: No. 3016-Northway Drive St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Perkins

6. DATE OF BIRTH (month, day, year) 10/20/1856

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
74	10	6	xxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation life

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Wainley

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Eliz. Ayres

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Mr. J. Connolley
(Address) 3016-Northway Drive.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Aug 29 1931

19. UNDERTAKER C. HOWARD JONES
(Address) 1355 Harford Avenue

Filed AUG 29 1931 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26 1931

22. I HEREBY CERTIFY, That I attended deceased from July 18 1931 to Aug 26 1931

I last saw h 2 alive on Aug 26 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia - Nephritis	
Pyelitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy? C

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. Smith M. D.
(Address) 4706 Harford Road

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

71705

CERTIFICATE OF DEATH

Registered No. 9 of L 71705

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 6-23 Ward)

Length of residence in city or town where death occurred 2 yrs mos 23 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Dorothy Cottman

(a) Residence: No. 1108 Carson Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 5, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Charles Cottman
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Helen Bond
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Chas. Cottman
(Address) 1108 Carson Court

18. BURIAL, CREMATION, OR REMOVAL
Date 31 1931
August

19. UNDERTAKER Virginia G. Brooks
(Address) 1413 McCausland St.

G. THOMPSON JONES, M. D.
Registrar

AUG 29 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1931, to Aug. 28, 1931

I last saw h e alive on Aug. 28 1931 death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2 weeks ago.
Other contributory causes of importance: Bronchial Pneumonia	5 days ago

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

E 71706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

210 E 71706

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE—(a) No. Womans Hosp ST. 14-W (WARD)

2-FULL NAME Extra N Dudley

(b) RESIDENCE NO. 1506 Johns Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/16/Germany

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	8	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Henry Dudley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Lois R. Valentine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 Informant Kelley Funeral Home

(Address) 506 John St

15 [illegible] 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

18 CAUSE OF DEATH* was as follows: While riding a bicycle he ran into truck & sustained fracture of skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. Ruptured Bladder

18 Where was disease contracted if not at place of death? Mt Royal & Mosher

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H. Krauss, M. D. Coroner

19 (Address) 2939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	8/31/1931
20 UNDERTAKER F. Leimkuehler	ADDRESS 412 Gilmor

CAUSE OF DEATH is plain terms, so that it may be understood by the public. Information is very important! See instructions on back of certificate.

8 29 1931 HAMPSON, JOHN H. M.D. Registrar

Spec.—8-16-29—L. F. S.—100 Blks.

E 71707

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71707

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 620 W Lexington ST. 4-27 WARD)

2—FULL NAME Fannie Billiter

(a) RESIDENCE NO. 620 W. Lex. St. ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79 80	80	8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Rev. Beale Ellicott

(Address) 1620 W Lexington St.

15 AUG 29 1931 HINDS JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21/31

17 I HEREBY CERTIFY, That I attended deceased from 8/24/31 19 . to . 19 .

that I last saw h[illegible] alive on 8/27/31 . 19

and that death occurred, on the date stated above, at 2:01 m.

The CAUSE OF DEATH* was as follows:

[illegible]

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. T. Bonsteadel M. D.

8/25/31 (Address) 524 S. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Aug 29 1931
20 UNDERTAKER Thomas E. Kelson	ADDRESS 1303 Pennsylvania Ave

Important. See instructions on back of certificate.

AACo. 5-31 2108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71708

CERTIFICATE OF DEATH

E 71708

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 S. (Macon 13th St) 26-37 Ward)

Length of residence in city or town where death occurred ___ yrs ___ mos ___ ds How long in U.S. If of foreign birth? ___ yrs ___ mos ___ ds

2. FULL NAME Baby Danna

(a) Residence: No. 637 S. 13th St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/28/31

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	—	—	—	7

OCCUPATION (See instructions on back of certificate. OCCUPATION is very important.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Joseph Danna
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Eleanor Calo
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Joseph Danna
(Address) 637 S. Macon St

18. BURIAL, CREMATION, OR REMOVAL
Place Date 8/29/31

19. UNDERTAKER
(Address)

AUG 29 1931

H. M. SPENCER JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1931 to Aug 28 1931

I last saw him alive on Aug 28 1931 death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions fifth	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) William Bryan Rogers M. D.

(Address) 801 N. Calvert

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

71709

CERTIFICATE OF DEATH

✓ 82. 71709

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 54 St., or Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss May Knell

(a) Residence: No. 2212 Kenbrook Rd. Mt. Washington, City. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13, [illegible] 189[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	41 yrs.	10 mos.	15 days.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank H. Knell

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Julia Faust (d)

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Aug. 31, 1931

19. UNDERTAKER (Address) Wm. J. Pickett's Sons Hotel & Pa. Ave.

20. FILED AUG 29 1931 C. E. THOMPSON JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 28. 1931

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1931. to Aug. 28. 1931

I last saw her alive on Aug. 28 1931 death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Aug 24th

Other contributory causes of importance:

None

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McLane, Jr. M. D.

(Address) Union Memorial Hosp.

1-30—M. & T.—100 B—50L

E 71710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 71710

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LeRoy Orrel Gladden

(a) RESIDENCE NO 1724 Montpelier St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs 5 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Olive M. Gladden

6 DATE OF BIRTH (month, day, and year) July 29, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	33	0	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer M. M. T. Motor Co.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry L. Gladden

11 BIRTHPLACE OF FATHER (city or town) Snow Hill (State or country) Md.

12 MAIDEN NAME OF MOTHER Mollie E. Logue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James L. Gladden

(Address) 1724 Montpelier St.

15 AUG 29 1931

H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evideoce obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto. he was riding collided with pole on opposite side of street to detection he was going Fract Skull ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hartford Co. North

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H. Franc Coroner, M. D.

(Address) 29 N. W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Hill Cem	Aug 29, 1931
20 UNDERTAKER Wm. J. Dickneite Sons	ADDRESS N. Eutaw

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 71711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 71711

97

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 S. Robinson ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura Moore

(a) RESIDENCE NO. 1011 S Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James. Moore

6 DATE OF BIRTH (month, day, and year) February 23 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thomas Crisp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Barbara Bird

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Burton Thomas

(Address) 1218 Linkwood Ave.

15 Filed 1924, 19 H. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-26-31

17 I HEREBY CERTIFY, That I attended deceased from 8-17-31, 19, to 8-26-31, 19,

that I last saw her alive on 8-25-31, 19,

and that death occurred, on the date stated above, at 6 45 A. m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis and a slight mitral regurgitation.

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs of death

(Signed) I. B. Bronushas, M. D.

8-28-31 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths due to Violent Causes, state (1) Means and Nature of Injury, and whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Carmel — DATE OF BURIAL: Aug 30 1931

20 UNDERTAKER: Randall Hospel — ADDRESS: 300 N Eden St

THIS is very important. See instructions on back of certificate.

Spec.—9-26—A. & A. Co.—250 Blks

71712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V32-2 71712

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (Bbo.) ST. 19-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (NO

2 FULL NAME Raymond Gilliam

(a) RESIDENCE NO. 1515 E. Fayette st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ester Gilliam

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 32 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Lynchburg Virginia

PARENTS

10 NAME OF FATHER: Samuel Gilliam

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Ellen ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Hospital Records

15 Aug 29 1931 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 25, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931, to Aug. 25, 1931, that I last saw him alive on Aug. 25, 1931, and that death occurred, on the date stated above, at 8.15 A. M.

The CAUSE OF DEATH* was as follows:

Miliary tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence R. Terry M. D.

8-25, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cabury Cemetery

DATE OF BURIAL: Aug 30, 1931

20 UNDERTAKER: Kendall & Hoppel

ADDRESS: 3008 Eden St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 71713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

24 E 71713

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 771 N. Carey St ST. 18-M WARD)

2-FULL NAME Geo. Paul E. Aelen, Jr

(a) RESIDENCE NO. 771 N. Carey St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 16 Dec 1929

7 AGE: Years 1; Months 8; Days 12 11; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Inf.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Geo. Paul E. Aelen Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Elizabeth Cauley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Elizabeth Aelen (Address) 771 N. Carey St

15 Filed 2 Sep 1931, 19 ... Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 28, 31

17 I HEREBY CERTIFY, That I attended deceased from 24/8/31, 19 31, to 28/8/31, 19 31, that I last saw h in alive on 28/8/31, 19 31, and that death occurred, on the date stated above, at 6.55 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral meningitis

Duration — yrs. — mos. 2 da.

CONTRIBUTORY (Secondary): Infection, probably tonsil

(duration) — yrs. — mos. 2 da.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

Signed: Emmett Mayfield Boyd M. D.

(Address) 1072 W. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Aug 29, 19 31

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 522 N. Schroeder St.

TION is very important. See instructions on

1-30—M & T.—100 B—50L

E 71714

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71714

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N.Bruce ST. 19-27 WARD)

2-FULL NAME William Lee

(a) RESIDENCE No 109 N.Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bessie Lee

6 DATE OF BIRTH (month, day, and year) March 31,1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Day labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Brown Moving Co.

9 BIRTHPLACE (city or town) (State or country): Lutherville, Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mary Bessie Lee

(Address) 109 N.Bruce St.

15 Filed AUG 29 1931 19 C. RAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug.24th.1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Stab Wound of Chest into Heart by means of pen knife--Homicide

(duration Stat yrs. mos. ds.)

CONTRIBUTORY (Secondary) Intra-thoracic & Pericardial Hemorrhage (duration Stat yrs. mos. ds.)

18 Where was disease contracted if not at place of death? -----

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical findings

(Signed) Guy U. Cromwell, M. D. Coroner

8/27 1931 (Address) 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Aug 29th 1931

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 71715

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71715

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 Laurens ST. 14-30 WARD

2-FULL NAME Mary Makall

(a) RESIDENCE NO. 502 Laurens ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Compton Makall

6 DATE OF BIRTH (month, day, and year) May 25 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co Md

PARENTS

10 NAME OF FATHER Thos Hayes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co Md

12 MAIDEN NAME OF MOTHER Rebecca Hayes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co Md

14 Informant Compton Makall

(Address) 502 Laurens

15 JUL 29 1931

C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 27th 1931

I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide Strangulation by Hanging Sudden

(duration) mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) H. Bruce Coroner, M. D.

July 29 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery — DATE OF BURIAL 8/31/1931

20 UNDERTAKER Mrs. George H. Holland — ADDRESS 1631 Druid Hill

CAUSE OF DEATH must be plainly written, and state the disease which caused death, or which produced the fatal result in violent cases. TION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71716

CERTIFICATE OF DEATH.

REGISTERED NO. 71716

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1358 N. Fremont St. (Ward) 15-73

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Kelly

(a) RESIDENCE NO. 1358 N Fremont St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Roger

6 DATE OF BIRTH (month, day, and year): Oct. 2 1887

7 AGE: Years 43 Months 10 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Thomas Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Roger Kelly 1358 N. Fremont St.

15 Filed Aug 29 1931 . 19 . Registrar: R E H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27th 1931

17 I HEREBY CERTIFY, That I attended deceased from July 19th 31 to Aug 27th 31, that I last saw her alive on Aug 27th 31, and that death occurred, on the date stated above, at 9-0 A M

The CAUSE OF DEATH* was as follows:

Typhoid Fever, with Intestinal Hemorrhage

(duration) yrs. 1 mos. 8 ds.

CONTRIBUTORY (Secondary): Typhoid Infection

(duration) yrs. 1 mos. 21 ds.

18 Where was disease contracted if not at place of death? 1358 N. Fremont St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Test.

(Signed) J. J. Gunn, M. D.

, 19 (Address) 622 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 8/29/ 1931

20 UNDERTAKER: Mrs. Geo H. Holland — ADDRESS: 1631 Druid Hill Ave

AUG 29 1931 C. EAMPSON JONES, M. D.

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

71717.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1241 71717.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 210 N. Madeira St.) (10 WARD)

2 FULL NAME Rosalie Tomasek

(a) RESIDENCE NO. 210 N. Madeira ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Tomasek

6 DATE OF BIRTH (month, day, and year): December 1860

7 AGE: Years: 70 | Months: 9 | Days: — | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Bohemia Europe

PARENTS

10 NAME OF FATHER: Frank Bednar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Marie Stouka

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia-Europe

14 Informant (Address): Frank Tomasek 210 N. Madeira St

15 [illegible] 29 1931 . 19 [illegible] Registrar

HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 28 31

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to Aug 28, 1931, that I last saw h[illegible] alive on Aug 27, 1931, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Cirrosis of Liver

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Hamburger M. D.

. 19 (Address) 1341 Odenton.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cem.

DATE OF BURIAL: Aug 31 1931

20 UNDERTAKER: George W. Zuckle

ADDRESS: 1737 E. Eager

TION is very important. See instructions on back of certificate.

AoCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71718 X 137 F. 71718

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. W-26 Ward)

Length of residence in city or town where death occurred ... yrs ... mos 5 ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Charles Eaton

(a) Residence: No. Phoenix, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Eaton

6. DATE OF BIRTH (month, day, year) March 14, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Anderson
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Anderson
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) Evening Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Date Sept 1 1931

19. UNDERTAKER Wm. C. Burdette & Son
(Address) Sparks, Md.

20. FILED ... 1931 C. HAMPSON JONES, M. D. Registrar

G 37 1931

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 24 1931 to Aug. 29. 1931

I last saw him alive on Aug. 29 1931, death is said to have occurred on the date stated above, at 8.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoma Prostate	8/1/30
Carcinoma	8/26/31
Other contributory causes of importance: Cardiac Abscess Arteriosclerosis	8/22/31

Name of operation Incision & Drainage Date of Aug. 29
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. W. Hess M.D.
9/2/31 (Address) Union Memorial Hospital

Spec.—9-29—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71719 | 11-6-87 | E 71719

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 648 Washington Blvd. 27-30 WARD)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George H Whipple

(a) RESIDENCE NO. 648 Washington Blvd. WARD

(Usual place of abode) (If non-resident give City or Town and State)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if foreign-born: yrs. mos. ds.

over 30

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed or divorced, HUSBAND of (or) WIFE of: Rose Whipple

6 DATE OF BIRTH (month, day, and year): Sept 29 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Locksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

056

9 BIRTHPLACE (city or town) (State or country): R. I.

PARENTS

10 NAME OF FATHER: Henry Whipple

11 BIRTHPLACE OF FATHER (City or town) (State or country): R. I.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant (Address): Rose Whipple 648 Washington Blvd.

15 [illegible] HAMPSON JONES, M. D. Registrar

DEC 30 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Aug 29, 1931

That I last saw h[illegible] alive on Aug 29, 1931

And that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Shadowitz M. D.

(Address) 612 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: 9-1 1931

UNDERTAKER: Bernard C Harle

ADDRESS: 10000 S Paca St

TION is very important. See instructions on back of

1-30—3M 8 Z-1 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 71720

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Briscoe St. ST. 21-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Wm. Baker.

(a) RESIDENCE NO 1029 Briscoe St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 29, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Harry L. Baker.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah L. Smelter.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Sarah L. Baker. (mother)

(Address) 1029 Briscoe St.

15 Filed ..... 19.. Registrar

CAUSE OF DEATH in plain terms. So that it may be properly classified. TION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 29. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

8/29, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem. DATE OF BURIAL: 8-30 1931

20 UNDERTAKER: Fred Harder 115 E ADDRESS: West St

Spec.—9-30—A. & Co.—250 Blks

7172½ **HEALTH DEPARTMENT—CITY OF BALTIMORE** 7172½

CERTIFICATE OF DEATH

108

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Provident Hospital (St.) 17-20 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ward Akers

(a) RESIDENCE NO. 736 Pennsylvania Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): [illegible] — 1893

7 AGE: Years 38 | Months — | Days — | If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bot Black

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: 086

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mr. Glascoe 903 Harlem ave

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-26-31

17

I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to Aug. 26th 1931

that I last saw h/ alive on Aug. 26th, 1931

and that death occurred, on the date stated above, at 5-45 P.M.

The CAUSE OF DEATH* was as follows:

(1) Pneumonia Right Lobar.

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? Yes.

What test confirmed diagnosis? —

(Signed) [illegible] M.D.

8-26-1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnsons Crem.

DATE OF BURIAL: Aug 31st 31

20 UNDERTAKER: John H. Toadvine

ADDRESS: 1027 Hanover

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71722

83 E 71722

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Foot of Cleo St. ST. 16-68 WARD)

2-FULL NAME Charles H. Cannoles.

(a) RESIDENCE NO 1929 N. Lafayette Ave. ST., _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 2 mos. 25 ds. How long in U. S., If of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) June 3, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Driver.
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Street-
(c) Name of employer: cleaning Dept.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Charles B. Cannoles.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine Lang.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Wollie Reed. (sister)

(Address) 1929 N. Lafayette Ave.

15 _____ Registrar

AUG 30 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 28, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental Drowning.
Fell from a wharf.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Enquiry

(Signed) _____ Coroner, M. D.

8/29 1931 (Address) 1017 N. Charles Av.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Aug 31 1931
20 UNDERTAKER Harry W. Ethen	ADDRESS 1424 W. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
TION is very important

AdCo. 5-31 2500

E 71723

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-05 S 71723

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Gough St. 3-5 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth 17 yrs. ___ mos. ___ ds.

2. FULL NAME Rachaline Buccola

(a) Residence: No. 1217 Gough St., _____ Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Angelo Buccola

6. DATE OF BIRTH (month, day, year) Sept 18 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
56	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Trieste, Italy

MOTHER FATHER

13. NAME Cristo D'Adamo

14. BIRTHPLACE (city or town) (State or country) Trieste, Italy

15. MAIDEN NAME Rosa Vingivara

16. BIRTHPLACE (city or town) (State or country) Trieste, Italy

17. INFORMANT Antonette Cutone (daughter)
(Address) 212 S. Hoyt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Aug 30 1931

19. UNDERTAKER Hendell & Heyser
(Address) 300 S. Eden St.

AUG 30 1931 . 19 Clerk
REMOVED Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1931, to August 27, 1931

I last saw h[illegible] alive on August 27, 1931 death is said to have occurred on the date stated above, at 4:55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) General arteriosclerosis	1931
(b) Chronic myocarditis	1926
(c) Cerebral hemorrhage into cerebrum	August

Other contributory causes of importance:

Name of operation _____ Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) William F. Solomon M. D.

(Address) 11, S. Broadway

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71724 — E 71724

REGISTERED NO

1 PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 6 St. 6 WARD)

2 FULL NAME Marie Young

(a) RESIDENCE NO 127 N. Bond St. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: colord

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE — Years: 34 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): 0/0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): M. D

PARENTS

10 NAME OF FATHER John Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): M. D

12 MAIDEN NAME OF MOTHER Margret Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): M. D

14 Informant (Address) Mary Young 1615 orleans St.

15 Filed — 19 — Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 27/31

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1931, to August 27, 1931, that I last saw her alive on August 27, 1931, and that death occurred, on the date stated above, at 6 50 A m.

The CAUSE OF DEATH* was as follows:

Appendicial Abscess

(duration) yrs. 2 mos. 3 ds.

CONTRIBUTORY (Secondary) Circulatory Failure (duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 7/2/31

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Philip F. Lerner M. D.

19 (Address) 6 W. Biddle Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery — DATE OF BURIAL: aug 30 1931

20 UNDERTAKER: Edward Bryan — ADDRESS 1691 orleans st

AUG 30 1931

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

B 71725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71725

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE. (No.) Wilkens & Caton Ave. (St.) (Ward)

2 FULL NAME Mr Joseph Cash

(a) RESIDENCE NO. 116 N. Pulaski Street St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruby Cash

6 DATE OF BIRTH (month, day, and year) Unknown.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Restaurant Keeper. 044

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa.

PARENTS

10 NAME OF FATHER Joseph Cash.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Susanna Knabe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant (Address) Mrs Joseph Cash 116 N Pulaski St

15 Filed 19 C. HAMPTON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-29-31

17 I HEREBY CERTIFY, That I attended deceased from August 5 1931 to Aug 29 1931

that I last saw him alive on Aug 29, 1931

and that death occurred, on the date stated above, at 5:20 P. M.

The CAUSE OF DEATH* was as follows: Sarcoma of Colon (Abdominal)

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Squamous Metastasis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ——— Laparotomy

Did an operation precede death? Yes Date of 8-16-31

Was there an autopsy? No

What test confirmed diagnosis? Lab Physical - Operation

(Signed) Hjalmar S Anderson M. D.

8-29-31 (Address) 51 Agnes Hospital

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet — DATE OF BURIAL: 8/31 1931

20 UNDERTAKER: J. Ahrens & Co — ADDRESS: 2432 Reisterstown Rd

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

71726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH St Joseph Hospital — REGISTERED No. 82001 71726

CITY OF BALTIMORE (No.) Lafayette & Fulton Ave (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bridget Byrnes

(a) RESIDENCE No. 1609 Hillman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of James Byrnes

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Interment (Address): James Byrnes 1609 Hillman St

15 Filed AUG 30 1931 — H. AMOS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-29-31

17

I HEREBY CERTIFY, That I attended deceased from 8-27-31, 19 to 8-29-31, 19

that I last saw her alive on 8-29-31, 19

and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 3 ds.

(Secondary) Cerebral Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

Where is tumor or other morbid growth? Cathedral Convent

(Signed) F. B. Kinsella M. D.

(Address) Mt. St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: Aug 31, 1931

20 UNDERTAKER: Rita Mudefield — ADDRESS: 917 Fremont Ave

TION is very important. See instructions on back of certificate.

Spec.—12-8-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71727

CERTIFICATE OF DEATH.

× 131 E 71727

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home & Inf. St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Lee.

(8) RESIDENCE NO. Hannapolis N.C. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Lee.

6 DATE OF BIRTH (month, day, and year): Nov. 0-1875

7 AGE

Years	Months	Days	IF LESS than 1 day hrs. or min.
55y.	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: General Insurance

(b) General nature of industry, business, or establishment in which employed (or employer): Various Companies

(c) Name of employer: Stanley Co.

9 BIRTHPLACE (City or town): No. Carolina

(State or country)

PARENTS

10 NAME OF FATHER: James Lee

11 BIRTHPLACE OF FATHER (city or town): Hannapolis

(State or country) N. C.

12 MAIDEN NAME OF MOTHER: Julia Blassingame

13 BIRTHPLACE OF MOTHER (city or town): Statesville

(State or country) N. C.

14 Informant (Address): Mrs Grace Lee Hannapolis N.C.

15 Filed AUG 30 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30th 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 17 1931, to Aug 30 1931,

that I last saw him alive on Aug 29 1931,

and that death occurred, on the date stated above, at 6 45 a.m.

The CAUSE OF DEATH* was as follows:

Terminal - Chronic

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (secondary): Chronic nephritis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? in No Carolina

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) Julian F Chisholm Jr. M. D.

Aug 31 1931 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Kannapolis N. C. Date of Burial: Aug 30 1931

20 UNDERTAKER: Hughes & Jones Inc ADDRESS: 418 N Broadway

CLASSIFIED. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

OF DEATH in plain terms, so that it may be properly

Spec.—9-36—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 71728

B 71728

CERTIFICATE OF DEATH

71-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH West Baltimore General Hosp. 5th (WARD)

CITY OF BALTIMORE: 1 NO

2 FULL NAME Samuel C. Miller

(a) RESIDENCE NO 1827 Clifton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Miller

6 DATE OF BIRTH (month, day, and year) July 29 1888

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	0	29	
42	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Fannie Miller 1827 Clifton Ave.

15 Filed [illegible] 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/28/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1931, to Aug 28, 1931

That I last saw him alive on Aug 28, 1931

and that death occurred, on the date stated above, at 6:35 A.M.

The CAUSE OF DEATH* was as follows: Pernicious Anemia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL—CREMATION OR REMOVAL Lorraine Wash. Grd

RATE OF BURIAL 8-29-19 31

20 UNDERTAKER Jos. Louis, Inc.

ADDRESS 1439 Aisquith

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71729 — 210-001 — E 71729

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3615 Springdale Ave. ST. 15-61 WARD

2-FULL NAME Ida Adams

RESIDENCE NO. 3615 Springdale ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of Geo. W. Adams

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Housework
(b) General nature of industry, business, or establishment in which employed (or employer) — 037
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Herman B. Cohen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Geo. W. Adams

(Address) 3615 Springdale Ave.

15 Filed AUG 30 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-29- 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

18 CAUSE OF DEATH* was as follows: Walked into the side of moving auto

Cardiac Embolism (duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Heart Disease yrs. 5 mos. ds.

Where was disease contracted, if not at place of death? In front of 308 Bldg 8/29

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Lance M. D.

8/30 1931 (Address) Traffic Corona Police

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rock. Rd	8/30 1931

20 UNDERTAKER Jack Levin Jr. ADDRESS 1439 E Balto St

TION is very important. See instructions on back of certificate.

A&Co. 5-11 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 71730 — 46 — **E 71730**

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital
CITY OF BALTIMORE: (No. ..... St. 8-1 Ward)
Length of residence in city or town where death occurred, yrs. ... mos. ... ds. If not in city or town, how long in U.S. If of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME Mary Lauer Paul

(a) Residence: No. 130 E. East Broadway St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Lloyd Charles C. Paul

6. DATE OF BIRTH (month, day, year) Sept 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Mr Benj Tarwell
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Mary Ann Bennett
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date August 31 1931

19. UNDERTAKER George Schilling & Sons
(Address) 1136 Monument East

C. THOMPSON JONES, M. D.

AUG 31 1931 — 19 — Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1931, to 8-29, 1931

I last saw her alive on 8-27 1931 death is said to have occurred on the date stated above, at 12:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retro-peritoneal Sarcoma with extension to Broad ligament (left)	1926 5 years

Other contributory causes of importance:

Chronic Hypertension	1929
Myocardial failure	8/26/31

Name of operation Sarcoma Tumor Date of 8/26/31
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert F. Chamberlin M. D.
(Address) Md. General Hospital

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

71731 B 71731

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 8-16 Ward)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie Gardner

(a) Residence: No. 1703 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John Gardner

6. DATE OF BIRTH (month, day, year) October 25, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Hatter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Seneca

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Patient
(Address) 1703 N. Bradford

18. BURIAL, CREMATION, OR REMOVAL
Place Fairwood Date 8/31/31

19. UNDERTAKER George Wells Org
(Address) 1731 Harford Ave

20. FILED ..... 19.. Registrar

AUG 31 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1931 to Aug. 29, 1931

I last saw h[illegible] alive on Aug. 28, 1931 death is said to have occurred on the date stated above, at 1:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Rectum	May 1, 1931

Other contributory causes of importance:

Bronchopneumonia Aug. 28, 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther E. Leute M. D.

(Address) Baltimore Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

Keipers

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71732

CERTIFICATE OF DEATH

E 71732

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hospital 3-4 ST WARD

CITY OF BALTIMORE: (NO

2 FULL NAME John Keipers

(a) RESIDENCE NO 261 So Bond St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs mos ds. How long in U. S., if of foreign birth? 12 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mathilda Kuipers

6 DATE OF BIRTH (month, day, and year) June 17, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rigger 086

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Julius A. Kuipers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Wilhelmina P. Sluitmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Mrs. Mathilda Kuipers (wife)

(Address) 261 S. Bond St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1931 to Aug 30, 1931

that I last saw h[illegible] alive on Aug 30, 1931

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary Tuberculosis - Advanced

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary) Tuberculous meningitis

(duration) yrs. mos 17 ds.

18 Where was disease contracted if not at place of death? (At home

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Spinal puncture & autopsy

(Signed) M. L. Levin M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Sept. 2 1931
20 UNDERTAKER Henry Sorber & Sons Inc	ADDRESS Baltimore St & Broadway.

TION is very important. See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71733

E 71733

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 40 d Park ave St. Hyman Park Apts (or) (Ward) 12-49

2-FULL NAME Louise Weber Thomson

(a) RESIDENCE NO. Hyman Park Apts St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Thomson

6 DATE OF BIRTH (month, day, and year) July 28, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER August Weber

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) md.

12 MAIDEN NAME OF MOTHER Emma Heldmaier

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Henry G. Bailey
(Address) 443 Hamilton Ave

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Investigation or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest or Inquiry) find that said deceased came to [illegible] death on the date stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

8/31 1931 (Address) 702 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Aug 31 1931
20 UNDERTAKER Henry J. Tenkinson & Eckard	ADDRESS Mt. Eagle

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION necessary important. See instructions on back of certificate.

Aug 31 1931

1-30—M & T.—100 B—561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71734

E 71734

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 W.Lexington ST. 19-27 WARD)

2-FULL NAME Augustus Sewell

(a) RESIDENCE NO 1536 W.Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6 DATE OF BIRTH (month, day, and year) May 4, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chaffeur
(b) General nature of industry, business, or establishment in which employed (or employer) Moving Van
(c) Name of employer ------

9 BIRTHPLACE (City or town) Calvert Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER James Sewell

11 BIRTHPLACE OF FATHER (city or town) Calvert Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Rose White

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.
(State or country) Md.

14 Informant Frances Sewell

(Address) 1536 W.Lexington St.

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug.28, 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Aortic Insufficiency and Aortitis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Cornwell, M. D. Coroner

8/29, 19 31 Address 203 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

20 UNDERTAKER Mrs. Lotie R. Williams

DATE OF BURIAL Aug 31 19 31

ADDRESS 322 N. Schroeder St

CAUSE OF DEATH is to be filled in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71735

93-003

E 71735

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 664 Haw St., 22-30 Ward)

2-FULL NAME Alexander W. Dixon

(a) RESIDENCE NO. 664 Haw St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Dixon

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Theodore Dixon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Sarah J South

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Howard G. Dixon 2004 N. Warwick St Balto

15 Filed ..... 19 ..... Registrar

AUG 31 1931 [illegible] JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 30 1931

17 I HEREBY CERTIFY, that I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Insufficiency.

(duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feller M. D.

8/30, 1931 (Address) 2139 Eastern ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Sept 2 1931
20 UNDERTAKER	ADDRESS 322 S
Mrs Katie R Williams	Schroeder

Spec.—1-30—M. & T.—250 Blks.

E 71736 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 71736

CERTIFICATE OF DEATH. 161-004

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 Argyle Ave. ST. 17-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Johnson

(a) RESIDENCE NO. 1209 Argyle Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 24, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Samuel Johnson

11 BIRTHPLACE OF FATHER (city or town) Balt. County (State or country) Maryland

12 MAIDEN NAME OF MOTHER Emma Ruff

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mother
(Address)

15 Filed AUG 31 1931 Registrar S. HOWARD JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1931 to Aug. 29, 1931, that I last saw her alive on Aug. 29th, 1931, and that death occurred, on the date stated above, at 3:30 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of Newborn

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. M. Lau, M. D.

8/30 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Aug 31, 1931
20 UNDERTAKER Mrs Katie R. Williams	ADDRESS 322 N Schroeder St

THIS is very important. See instructions on back of certificate.

AACo. 5-31 2500

71737

HEALTH DEPARTMENT CITY OF BALTIMORE

95 E 71737

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 N. Charles St. 12-51 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Davis Hellweg

(a) Residence: No. 2118 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of August Hellweg

6. DATE OF BIRTH (month, day, year) May 27 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME Owen R. Davis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Rachael Bell

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. August Hellweg

(Address) 2118 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place N.W. Cloverly Date Aug. 31, 1931

19. UNDERTAKER Mr. McKnew & Sons.

(Address) North & Paca Sts.

20. FILED 19 E. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1927 to Aug 29. 1931

I last saw h[illegible] alive on Aug 29 1931 3:20 p death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/29/31

(Other contributory causes of importance:) Cardio-Vascular Renal 1924

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Standish McAleer, M. D.

(Address) 1609 Linden Ave

AaCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71738

CERTIFICATE OF DEATH

23 È 71738
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-5 Ward)

Length of residence in city or town where death occurred 25 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Florence Jacobson

(a) Residence: No. 3504 Pinkney Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Simon Jacobson

6. DATE OF BIRTH (month, day, year) July 28th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plainfield N.J.

FATHER

13. NAME Jacob Shephard

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Lotta O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Simon Jacobson
(Address) 3504 Pinkney Rd

18. BURIAL, CREMATION, OR REMOVAL
Garland Cemetery Date 9/1/ 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Sept 1 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1931 to Aug. 30, 1931

I last saw her alive on Aug 29, 1931 death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Encephalitis	8/16/31

Other contributory causes of importance:

Chronic Pulmonary Tuberculosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Warner Jones M. D.

(Address) 1 Chas. Plaza

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

71739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71739

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1458 Montpelier St. 9-46 Ward) 95

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sadie Schuchhardt

(a) Residence: No. 1458 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~Married~~ widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of George Schuchhardt

6. DATE OF BIRTH (month, day, year) 2 2 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
86	2	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Ehmling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad Schuchhardt
(Address) 1458 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Sept 1st 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29th 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1931 to Aug 29 1931

I last saw her alive on Aug 29 1931 death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	1925
	2
	1

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm C. Hamilton Jones, M. D.

(Address) 2700 Hampden Ave

AdCo. 5-31 2508

E 71740 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71740

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hosp. St. 12-51 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Kidd

(a) Residence: No. 2703 Ash. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine —

6. DATE OF BIRTH (month, day, year) Dec 9 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Penna R.R.
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Henry B. Kidd
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Lewis ?
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date 9/1/ 1931

19. UNDERTAKER Wm Cook (Address) 217 St Paul St

20. FILED Sept 1 1931 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1931

22. I HEREBY CERTIFY, That I attended deceased from 1/26/31 to 8/29/31
I last saw h[illegible] alive on 8/29 1931 death is said to have occurred on the date stated above, at 8.20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. chr.	4 yrs 6 mos
Arteriosclerosis & Hypertension	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Jas L Turnbull M. D.
(Address) Balt City Hospitals

Spec.—9-28—A. & Co.—250 Blks.

E 71741

E 71741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1466

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Medical Institutions) 90-28 ST. WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Ludwig

(a) RESIDENCE No. 190 E. Lemmon Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert A Ludwig

6 DATE OF BIRTH (month, day, and year) Aug 9th 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	27	0	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Albert C Gilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Jessie M. Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Albert Ludwig 190 E Lemmon Ave

15 Filed ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8 29 31

17
I HEREBY CERTIFY, That I attended deceased from August 26, 1931, to August 29, 1931
that I last saw h[illegible] alive on August 29, 1931
and that death occurred, on the date stated above, at 2:50 P.M.
The CAUSE OF DEATH* was as follows:

Toxemia of Pregnancy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Hist. & Physical

(Signed) Hjalmar S Anderson M. D.

(Address) 51 Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery DATE OF BURIAL Sept 1st 1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 71742

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-001

E 71742

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 26-37 WARD)

2-FULL NAME Peter Dulnewieski

(a) RESIDENCE NO. 6735 Robert Ave, Greceland Park ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs mos ds. How long in U. S., if of foreign birth? 16 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Russian

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russian

14 Informant Mrs. Anna Shaduk

(Address) 6735 Robert Ave

15 Filed AUG 31 1931, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Subdural Hemorrhage-Fractured Skull (Left Occipatal Region)
(Manner as yet undetermined)

(duration) _____ yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) _____ yrs. mos. none ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) _____ Coroner, M. D.

8/31/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Prot. Cemetery

DATE OF BURIAL Aug. 31 1931

20 UNDERTAKER John Grebauckas

ADDRESS 423 S Bond St

CAUSE OF DEATH plainly. All questions must be answered. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

E 71743 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

121 E 71743

REGISTERED NO.

1 PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE (No. 15 ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Leone

(a) RESIDENCE NO. 2231 Walbrook Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Lucy M. Leone

6 DATE OF BIRTH (month, day, and year) Jan. 13, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor.

(b) General nature of industry, business, or establishment in which employed (or employer): Oil

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Vincent Leone

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Catherine Clagett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): Wife.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 28 '31

17 I HEREBY CERTIFY, That I attended deceased from 8/19, 19 31, to 8/28, 19 31

that I last saw h alive on 8/28/31, 19

and that death occurred, on the date stated above, at 9:30 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac failure -
Pneumonia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Appendicitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of No. 8/26/31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry Lachman M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: new Cathedral — DATE OF BURIAL: Sept 1 1931

20 UNDERTAKER: Frank V Pistorio — ADDRESS: 2815 E Baltimore

TION is very important. See instructions on back of certificate.

1931 ... HAMILTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 71744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71744

CERTIFICATE OF DEATH

461

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 6 N. 1 Balto Jn Hosp) 8-45 (WARD)

2 FULL NAME (American College)

(a) RESIDENCE NO. 2604 Erdman Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Margaret Kohler

6 DATE OF BIRTH (month, day, and year): March 26 1880

7 AGE: Years 51; Months 5; Days 4; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): B+O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER: Wm H Collings

11 BIRTHPLACE OF FATHER (city or town) (State or country): N J

12 MAIDEN NAME OF MOTHER: Emma J. Rudder

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Anna M Collings

(Address) 2604 Erdman ave

15 Filed AUG 31 1931 HAMILTON R. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8/30/31

17 I HEREBY CERTIFY, That I attended deceased from 8/13 . 1931 . to 8/30 . 1931

that I last saw him alive on 8/30 . 1931 at 1.35 P.M.

and that death occurred, on the date stated above, at 1.35 P.M.

The CAUSE OF DEATH* was as follows: Primary carcinoma of Appendix

Carcinomatosis of Peritoneum (4 days)

(duration) (Intermittent) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 8/26/31

Was there an autopsy? Yes.

What test confirmed diagnosis? Surg Pathology

(Signed) Harry Lachman M. D.

. 19 (Address) Univ Balto Jn Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Sept 1 1931

20 (a) UNDERTAKER: John O Mitchell & Sons

ADDRESS: 1900 Eutaw Place

TION is very important. See instructions on back of certificate

AdCo. 5-31 2500

E 71745

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71745

CERTIFICATE OF DEATH

46

Registered No. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Length of residence in city or town where death occurred 52 yrs. 0 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Conkling, Jr.

(a) Residence: No. 6112 Maywood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. Wm. H. Conkling Jr.

6. DATE OF BIRTH (month, day, year) Aug. 26, 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	52	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry Co.

10. Date deceased last worked at this occupation (month and year) July 8, 1931

11. Total time (years) spent in this occupation Many

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wm. H. Conkling Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Alma Kirk

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Date Aug 31 1931

19. UNDERTAKER John D. Pitcher & Sons

(Address) 1100 Eutaw Place

20. FILED Aug. 31 1931 Registrar

OCCUPATION

MOTHER FATHER

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1931, to Aug. 29, 1931

I last saw h alive on Aug. 29 1931 death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinomatosis - Liver, Lungs, Pleura, Mediastinal and Retro-Tracheal Lymph Nodes — June 1931

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Krause, M. D.

(Address) 11 W. Mt. St.

AACo. 5-11-2M8

E 71746 HEALTH DEPARTMENT CITY OF BALTIMORE

157-001

CERTIFICATE OF DEATH

E 71746

Registered No.

1. PLACE OF DEATH

10-10 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St.

Length of residence in city or town where death occurred yrs 3 mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Helen Mc Glone

(a) Residence: No. 410 Gwynn Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) June 4th 1931.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	25	

OCCUPATION (See instructions on back of certificate. OCCUPATION is very important.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William J. Mc. Glone

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Anna Heidemann

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Hospital Records

(Address) Forbush & Greene Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Gen Date Aug 31st 1931

19. UNDERTAKER John F. Cowan & Son

(Address) 916 W. Lanvale St

20. FILED 19 Registrar

C. POMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 26. 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to August 30, 19 31

I last saw her alive on Aug. 30 19 31 death is said to have occurred on the date stated above, at 4.00 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus- external and internal	5/31

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? lab. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Clarence Jones Abrams, M. D.

(Address) Univ. Hosp.

1-30—M. A. T.—100 B—581.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 71747

REGISTERED NO.

71747

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1530 Lancaster (St.) 5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Christine Bezon

(a) RESIDENCE NO. 1530 Lancaster St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2 1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Joseph Chris Bezon

11 BIRTHPLACE OF FATHER (City or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Catherine Konyetza

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant Catherine Konyetza

(Address) 1530 Lancaster St

15 Filed Dec 31 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B S Herzog M.D. (Attending Physician) M. D.

12/30, 1931 (Address) 1515 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cemetery — DATE OF BURIAL Dec 31 1931

20 UNDERTAKER George A. Weber 703 E Lanvale St — ADDRESS

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71748

E 71748

REGISTERED NO. 216-001

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Union Mem Hosp ST. [illegible] WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Edgar R. Ey Jr

(a) RESIDENCE NO. 3125 Weaber St ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 2/12/27 mgh

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	4	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Child

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Edgar R Ey

11 BIRTHPLACE OF FATHER (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lucy Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Edgar R. Ey Father
(Address) 3129 Weaber ave

15 Filed AUG 31 1931, 192
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest or autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

CAUSE OF DEATH was as follows: Struck by a moving truck. Fly a moving truck Galloway his mother Parked truck Fract Skull
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in front of 3127 Weaber

Did an operation precede death? no (Date of)

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. D. J. Frame M. D.
(Address) 29 29 Wms Ellis

19 31

If death was due to External Causes (Violence) fill in also the following: (1) State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cem	Aug 31 '31
20 UNDERTAKER Lilly Zeller Sons	ADDRESS 403 S. Wolfe

CAUSE OF DEATH. In plain terms, so that it may be properly classified. See instructions on back of certificate.
TION is very important

C. HAMILTON JONES, M.

AACo. 1-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71749

92-001 E 71749

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Luzerne Ave 10 (Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Elizabeth Kelleker

(a) Residence: No. 420 N. Luzerne Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 31/49

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
81	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Geo. L. Kelleker
14. BIRTHPLACE (city or town) (State or country) Ger.
15. MAIDEN NAME Annie C. Seitz
16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Rose Kelleker
(Address) 420 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Aug. 31 19 31

19. UNDERTAKER Philip Herwig
(Address) 2016 Aisquith St.

20. FILED ..... 19.. (Signature) ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28. 19 31

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 19 31 to Aug 28 19 31

I last saw h[illegible] alive on Aug 28 19 31 death is said to have occurred on the date stated above, at 4 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 26/31

Other contributory causes of importance:
Arterio Sclerosis
Chronic Valvular Heart Disease Syp.

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. N. Meyer Jr. M. D.
(Address) 1500 E. 33rd St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Spec.—12-5-25—A Co.—300 Bks.

E 71750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. Church Home Infirmary St. 4 Ward)

2-FULL NAME Richard H. Miller Jr.

(a) RESIDENCE NO. Blairdale Forbes Ave, Fullerton, Md St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. da. How long in U. S., if of foreign birth? Life mos. da.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of: E. Inez Miller

6 DATE OF BIRTH (month, day, and year): Nov 26/95

7 AGE: Years 35 | Months 9 | Days 4 | If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bus. Collector

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Richard H. Miller Sr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Catharine Kaufman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): E. Inez Miller Blair Rd & Forbes Ave Fullerton

15 Filed C. HAMPSON JONES, M. D. Registrar

G 31 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from August 26 1931, to August 30, 1931, that I last saw him alive on August 30 1931, and that death occurred, on the date stated above, at 8.55 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embole with Bronchopneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Phlebitis of Femoral Veins

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Surgery

(Signed) Lemuel H. Stevens M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Pk Date of Burial Sept 2 1931

20 UNDERTAKER: Philip Henry ADDRESS 2016 Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-25—A. & Co.—250 Blks

E 71751 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71751

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1904 Sherwood Ave 9-18 WARD)

2 FULL NAME Bertha F. Quinn

(a) RESIDENCE NO. 1904 Sherwood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: James L. Quinn

6 DATE OF BIRTH (month, day, and year): 9-22-1889

7 AGE: Years 41 | Months 43 | Days 9 | 24 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James Shelley

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Pa

12 MAIDEN NAME OF MOTHER: Laura Mann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): York Pa.

14 Interment (Address): Lonie Quinn 1904 Sherwood Ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 29-31

17 I HEREBY CERTIFY, That I attended deceased from July 1 . 1931 . to August 29 . 1931
that I last saw h e alive on August 29 . 1931
and that death occurred, on the date stated above, at 8:20 p m.

The CAUSE OF DEATH* was as follows:

Chronic Bronchitis
and.
Nephritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Heart failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald C. Tormey M. D.

. 19 (Address) 1112 Mathison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Sept 1 19 31

20 UNDERTAKER: Mary M. Mitchell — ADDRESS: 514 E 22

TION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 V E 71752

CERTIFICATE OF DEATH

E 71752

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1049 Hillen ST. 5-8 (WARD)

2-FULL NAME David E. Burns

(a) RESIDENCE NO. 1049 Hillen ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a If married, widowed, or divorced (HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O'Donnell
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Wm T. Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore City

12 MAIDEN NAME OF MOTHER Martha E. Roach

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary Crawford

(Address) 3700 Elm Ave

15 Filed AUG 31 1931 192 E. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Interstitial nephritis

(duration) yrs 2 mos ds

CONTRIBUTORY (Secondary) alcohol

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1049 Hillen St

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Howard Thurston M. D. Coroner

19 31 (Address) 700 E Chase St

*Write the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Sept 1 1931
20 UNDERTAKER Edwin Wolf Hook	ADDRESS 36 West Mt

TION is very important. See instructions.

Spec.—1-30—M. & T.—250 Bks.

E 71753 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71753

CERTIFICATE OF DEATH.

93

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley ST. 10-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eva Struckroth

(a) RESIDENCE NO. Little Sisters of the Poor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, ~~Widowed,~~ or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Jan. 21, 1846

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	7	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Geo Ruderer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cath. Muller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Little Sisters of the Poor (Address) 1200 Valley St.

15 Filed AUG 31 1931 19 H. LEWIS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931 to Aug 31, 1931,

that I last saw her alive on Aug 31, 1931,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

Senility

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical sign

(Signed) L. McCahan, M. D.

8/31, 19 31 (Address) 1114 Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL 9/1 1931

20 UNDERTAKER Rita Wiedefeld ADDRESS 114 Grundy

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 71754

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 71754

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 637 W Hoffman (Ward) 7-24

2-FULL NAME Annie B. Stokes

(a) RESIDENCE NO. 637 W. Hoffman (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fmle	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 0/0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER John Lindsay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant _____

(Address) 912 S Bayliss

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 28th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

a Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. H. Kelly, M. D. Coroner

(Address) 1 Aug 28 Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr Ambulance

DATE OF BURIAL 8-31 1931

20 UNDERTAKER Leland Easter

ADDRESS Balto

TION is very important. See instructions on back of certificate.

OCT 1931

A4Co. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71755

E 71755

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 25-32 Ward)

Length of residence in city or town where death occurred 31 yrs 1 mos 9 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Harry T. Hadaway

(a) Residence: No. 2233 Sidney Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie L. Hadaway

6. DATE OF BIRTH (month, day, year) July 29. 1900

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
31	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 056
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Harry T. Hadaway
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Blanche Kroadler
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sadie L. Hadaway
(Address) 2233 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date Sept 1st 1931.

19. UNDERTAKER Mrs Mrs John R Teufel & Son
(Address) 501 N. Fayette St

20a. FILED AUG 31 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Aug 29, 1931

I last saw h.m alive on Aug 29 1931 death is said to have occurred on the date stated above, at 11:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular Disease with Mitral Stenosis & mitral insufficiency	?

Other contributory causes of importance:

Infarction of lungs, Spleen & kidneys.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Earl L. Chambers, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71756

E 71756

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 2828 Clifton (St.) 7-15-60 (WARD)

2-FULL NAME Jos F Donellan

(a) RESIDENCE NO. Albany N. Y. ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Hannah Donellan

6 DATE OF BIRTH (month, day, and year) Dec 19 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	51	8	14	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Master Mechanic (b) General nature of industry, business, or establishment which employed (or employs) Engineering Dept (c) Name of employer City of Balto md

9 BIRTHPLACE (city or town) (State or country) Albany N. Y.

PARENTS

10 NAME OF FATHER Jos. Donellan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Hannah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Bertha A. Donellan

(Address) 2828 Clifton Ave

15 Filed AUG 31 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows

Acute Indigestion four hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H E Linds M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Sept 1 1931

20 UNDERTAKER Chas J. Evans & Son — ADDRESS 1517 W Royal Ave

TION is very important. See instructions on back of cer... of certificate

Spen.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71757

CERTIFICATE OF DEATH.

93-003 E 71757

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2816 E. Jefferson st St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth S. Mathews

(a) RESIDENCE NO. 2816 E. Jefferson st St. Ward

(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Julius Mathews

6 DATE OF BIRTH (month, day, and year): Feb. 19-1843

7 AGE: Years 88 | Months 6 | Days 10 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town)

(State or country): Maryland

PARENTS

10 NAME OF FATHER: Samuel Bayless

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Cross

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

14 Informant: Kate Boyd

(Address): 2816 Jefferson St City

15 Filed 3 1 1931 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 27. 1931 19

17 I HEREBY CERTIFY, That I attended deceased from July 15 1931 to Aug 29 1931, that I last saw h alive on Aug 27 1931, and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary): Senility

(duration) yrs. mos. ds.

18 Where was disease contracted? —

If not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. D. Talbot, M. D.

Aug 30. 1931 (Address) 211 McDonough

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery Aug 31 1931

20 UNDERTAKER: Henry Fanning & Son

ADDRESS: Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Full statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M & T.—100 B—50L.

E 71758

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71758

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (Ward) 7-11

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Julius Segmiski

(a) RESIDENCE NO. 514 N. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mildred

6 DATE OF BIRTH (month, day, and year): 1883—

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Bohemia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town) (State or country)

14 Informant: Johns Hopkins Record

(Address)

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): August 23rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide
Pistol wound of chest below heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

18 Where was disease contracted if not at place of death? 514 N. Streeper St.

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D.
Coroner

(Address) Aug 24th

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] DATE OF BURIAL 19

20 UNDERTAKER ADDRESS

TION is very important! See instructions on back of c
of certificate.

Spec.—9-30—A. & Co.—250 Blks.

71759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E 7175

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 5-9 ST. WARD)

2 FULL NAME Henry Joyner

(a) RESIDENCE NO 1417 May ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	?

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
53	51			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ? 047

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) ? N.C.

PARENTS

10 NAME OF FATHER Henry

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records of Balto. City Hosp.

15 Filed ____, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-27-31

17

I HEREBY CERTIFY, That I attended deceased from 10-21-28, 19__ to 8-27-31, 19__ that I last saw him alive on 8-27-31, 19__ and that death occurred, on the date stated above, at 2:40 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chr

(duration) 2 yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Hypertension (duration) ---- yrs. ---- mos. ds.

18 Where was disease contracted if not at place of death? Balto.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Whitridge Williams M. D.

19__, 19__ (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL 19__

20 UNDERTAKER

ADDRESS AUG 1931

TION is very important. See instructions on back of certificates.

3 1 1931

Spec.—9-30—A. A. Co.—250 Blks

E 71760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 71760

1 PLACE OF DEATH Provident Hosp. REGISTERED NO

CITY OF BALTIMORE (No. 514 Division St. 604 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Rowe.

(a) RESIDENCE NO. 217 N. Broad ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer, Odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant
(Address)

15 Filed 8 31 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-30-31

17
I HEREBY CERTIFY, That I attended deceased from 8-28-, 1931, to 8-30-, 1931
that I last saw h[illegible] alive on 8-30-, 1931
and that death occurred, on the date stated above, at 3 1/2 p.m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia.

(duration) yrs. mos. 8 ds.
CONTRIBUTORY (Secondary) Not determined
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr. George McDonogh M. D.
8-31, 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—501.

E 7176

V E-71761

E 7178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. East Falls Ave & Stiles ST. B 5 WARD)

2-FULL NAME Allen Wallace Unknown,

(a) RESIDENCE NO. unknown ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
50	50	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Meat Cutter
(b) General nature of industry, business, or establishment in which employed (or employer): Trade
(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Cambridge Md

PARENTS

10 NAME OF FATHER Thomas L Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country): Cambridge Md

12 MAIDEN NAME OF MOTHER Sarah Bradley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Thomas P Kelley

(Address): Cambridge Md

15 Filed ..... 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or Inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning Suicidal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H K Nagy Md M. D.

(Coroner)

8/31, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cambridge Md

DATE OF BURIAL: Aug 31 1931

20 UNDERTAKER: John J Denny

ADDRESS: 715 Light

CAUSE OF DEATH must be properly certified on back of certificate. See instructions on back. IMPORTANT

AACo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71762

CERTIFICATE OF DEATH

1931 E 71762

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. ..... St. 4-30 ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W. Kapusak

(a) Residence: No. Faulkner P.O. Talbot County Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Tilghmans Maryland
13. NAME Adam W Kapusak
14. BIRTHPLACE (city or town) (State or country) Tilghmans Maryland

MOTHER

15. MAIDEN NAME Margie E Haddaway
16. BIRTHPLACE (city or town) (State or country) Tilghmans Maryland

17. INFORMANT Adam W Kapusak
(Address) Tilghmans Md

18. BURIAL, CREMATION, OR REMOVAL
Place Tilghmans Md Date Sept 2 1931

19. UNDERTAKER Unicum Cook
Address 1217 St Paul St

20. FILED ..... 19 ..... Registrar

11 782

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1931

22. I HEREBY CERTIFY, That I attended deceased from August 9 1931 to August 31 1931
I last saw him alive on Aug 31 1931 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abscess.	

(Other contributory causes of importance:)

Name of operation Craniotomy Date of Aug 31
What test confirmed diagnosis? Operation - Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Karns, M. D.
(Address) 11 Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

GS 1931

Spec.—9-30—A. & Co.—250 Blks

E 71763 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 71763

REGISTERED NO.

1 PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE (No. 1514 Division ST. 14-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Carlene Brooks.

(a) RESIDENCE NO. 2314 W. Carey St. ST. WARD Va

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant V. Brooks

(Address) 2312 Carey St

15 Filed 8-31 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31-31

17

I HEREBY CERTIFY, That I attended deceased from 8-28, 1931, to 8-31, 1931

That I last saw her alive on 8-31, 1931

and that death occurred, on the date stated above, at 12 22 M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

8-31-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lancaster Cem. Va | DATE OF BURIAL: 8-31 1931

20 UNDERTAKER J. E. Kelson | ADDRESS 1303 Presstman St

TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71764

95.002

95 E 71764

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 Druid Hill Ave ST. 14-20 WARD)

2-FULL NAME Peter Gray

(a) RESIDENCE NO. 1712 Druid Hill Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed or divorced HUSBAND of or) WIFE of Ann Gray — 1873

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter 070

(b) General nature of industry, business, or establishment in which employed (or employer) Waiting table

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Accotink Va.

PARENTS

10 NAME OF FATHER Charles Gray.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mysinni Thomas

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Virginia

14 Informant (Address) Mattie Gray 333 Pratt St

15 Filed 3-1-1931 . 19 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29. 1931

17 I HEREBY CERTIFY, That I attended deceased from May 17 . 1931 . to Aug 27 . 1931 .

that I last saw h— alive on Aug 27 . 1931

and that death occurred, on the date stated above, at 9:30 A m.

The CAUSE OF DEATH* was as follows: Organic Heart Disease

Duration Infinite

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) P. Gabriel Chenault, M. D.

, 19 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 9/1 19 31

20 UNDERTAKER Geo. H. Holland

ADDRESS 1631 Druid Hill Ave.

Spec.—2-29-28—L. P. S.—500 Blks.

E 71765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931 E 71765

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Baker ST. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry M. Albright

(a) RESIDENCE NO. 2207 Baker ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Mrs. Rose Albright

6 DATE OF BIRTH (month, day, and year) May 16-1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone Cutter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co. Md

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Rose Valentine

(Address) 2207 Baker St.

15 Filed 3 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Aug 29, 1931, that I last saw h~~im~~ alive on Aug. 28, 1931 and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis (duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

Aug. 31 1931 (Address) 1063 N. Eutaw Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Prets. Gen Greenmount

DATE OF BURIAL 9/1/31

20 UNDERTAKER Harry A. Watts

ADDRESS 1101 Edmondson

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71766

CERTIFICATE OF DEATH

93-83 E 71766

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St.) 11-24 (WARD)

2 FULL NAME Charles McCoy

(a) RESIDENCE NO. 314 W. Preston St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? Life mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria McCoy

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Susan Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant (Address) Dorothy Reavis

15 Filed SEP 1 1931, 19 . Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/29/31

17 I HEREBY CERTIFY, That I attended deceased from 8/1, 1931, to 8/29, 1931

that I last saw h[illegible] alive on 8/29, 1931

and that death occurred, on the date stated above, at 12 noon

The CAUSE OF DEATH* was as follows:

Myocarditis, Chr

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension (duration) [illegible] yrs. [illegible] mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

19 (Address) City

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Church Cemetery Westminster Memorial Park

DATE OF BURIAL Sept 2 1931

20 UNDERTAKER John M. Johnson

ADDRESS 2338 Madison Av.

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71767

CERTIFICATE OF DEATH

48 E 71767

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Clinton St. 26-11 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S. if of foreign birth 41 yrs. mos. ds.

2. FULL NAME Constance Wolkowska

(a) Residence: No. 6 N. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 8 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	55	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Cernokorsky
(Address) 22 Fullerton Height Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept. 1 19 31

19. UNDERTAKER John M. Dietz
(Address) 3061 Eastern Ave

FILED 19 Registrar

SEP 1 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 19 31

22. I HEREBY CERTIFY, That I attended deceased from May 15th., 19 31. to Aug. 29th., 19 31.

I last saw h[illegible] alive on Aug. 29th., 19 31. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus.	7/1930.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hubert Artigues M. D.
(Address) 2942 Eastern Ave

OCCUPATION is very important. See instructions on BACK of certificate.

80—M. & T.—100 B—561.

E 71768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71768

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Union Mem Hosp ST. 12-44 WARD)

2-FULL NAME Norris Ensor

(a) RESIDENCE NO White Hall ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Dec 31 1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer 086
(b) General nature of industry, business, or establishment in which employed (or employer) Agriculture
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co

10 NAME OF FATHER Luke Ensor

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Thomas

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Co

Informant J. W. Hartenstein

(Address) New Freedom Pa.

Filed , 193 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Motor cycle upon which he was riding collided with another auto (head on)

Traumatic Shock (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple Fract. Crushed Chest (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Parkton Md

Did an operation precede death? no Date of no

Was there an autopsy? clue

What test confirmed diagnosis?

(Signed) H Frame Coroner, M. D.

9/1, 1931 (Address) Hygiene Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Freedom Pa.

DATE OF BURIAL 9/3 1931

20 UNDERTAKER Hartenstein Monument Co

ADDRESS New Windsor Md

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

603

E. 71769

CERTIFICATE OF DEATH

93-

E 71769

REGISTERED NO.

1 PLACE OF DEATH God Shepherd Geneva Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 512 Gilmor St. (Ward) 17-Bad

2 FULL NAME Wm. Morgan

(a) RESIDENCE NO. 1323 Argyle St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Alice Morgan

6 DATE OF BIRTH (month, day, and year)

7 AGE 27 / Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Public Work

(b) General nature of industry, business, or establishment in which employed (or employer) City

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Andrew Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Celia Hart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Interment (Address) Old Virginia 1323 Argyle Ave

15 Filed SEP 1 - 1931 HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/30/31

17 I HEREBY CERTIFY, That I attended deceased from Aug. 24 1931 to Aug 30 1931

that I last saw h alive on Aug 30 1931

and that death occurred, on the date stated above, at 10:4 —

The CAUSE OF DEATH* was as follows:

Myo-Carditis

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Old Co

Did an operation precede death? No State of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D M Boyton M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hartsfield Virginia

DATE OF BURIAL Sept 1st 1931

20 UNDERTAKER Charles H. Alexander

ADDRESS 1600 Druid Hill Ave

TION is very important. See instructions on back of certificate

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7177Q

CERTIFICATE OF DEATH

122-001

Registered No. E 71770

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 10-13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Hamilton

(a) Residence: No. 709 N Eden St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lavenia Hamilton

6. DATE OF BIRTH (month, day, year) Nov 22-1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	57	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Dennard

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Dennard

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Ashury Cem. Date Sept. 1 1931

19. UNDERTAKER Chas. H. Johnson
(Address) 416 N. Caroline St.

20. FILED SEP 1 1931 S. HAMILTON JONES, M. D. Registrar

(DESCRIPTION IS VERY IMPORTANT. USE BLACK INK.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1931 to Aug 29 1931

I last saw him alive on Aug 29 1931 death is said to have occurred on the date stated above, at 7½ m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated right inguinal hernia	Aug 25 31
Diffuse Lobular Pneumonia Bilateral	Aug 27 31

Other contributory causes of importance:

Name of operation Resection colon, repair Date of Aug 27 31

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dudley Cotton, M. D.

(Address) Johns Hopkins Hosp

AdCo. 1-D 2M

HEALTH DEPARTMENT CITY OF BALTIMORE

71771

CERTIFICATE OF DEATH

1931 E 71771

Registered No.

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. Lombard & Green St. 21-29 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Julius Ellis
(a) Residence: No. 706 W. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Unk 1898
7. AGE: Years 33; Months; Days; If LESS than 1 day, hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B&O Coal Pier
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Portsmouth Va

MOTHER FATHER
13. NAME: Jesse Ellis
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME: Clara A. Ferguson
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Ozella Johnson Ellis
(Address): 607 W. Lee St
18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: Sept 1 1931
19. UNDERTAKER: John H. Goodwin
(Address): 2022 Edmondson Ave
Filed: Sept 1 1931 C. HAMILTON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 27 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug. 26 1931 to Aug. 27 1931
I last saw him/her alive on Aug. 27 1931 and death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	8/26/31

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. H. Cage M. D.
9/30/31 (Address) City Hospital

Spec.—1-30-31—M&T—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71772

71772

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE, No. 9-46 ST., (WARD)

2-FULL NAME Elizabeth Schukraft

(a) RESIDENCE No. 1705 E. 25th Street WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs 5 mos 8 ds. How long in U. S., if of foreign birth? -- yrs -- mos -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Schukraft

6 DATE OF BIRTH (month, day, and year): March 13, 1867

7 AGE — Years: 64 — Months: 5 — Days: 8 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: George R. Mitchell

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Mary C. Strahler

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Maryland

14 Informant (Address): William H. Mitchell 1042 Greenmount Avenue

15 Filed 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8-31 1931

17 I HEREBY CERTIFY, That I attended deceased from 8-8 1931, to 8-31 1931, that I last saw h alive on 8-31 1931, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

appendiceal Abscess

(duration) yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary): Chronic nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)? Incision appendical abscess

Did an operation precede death? Yes Date of 8-16-31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) C. W. Deaver M. D.

19 (Address) Franklin Square Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: 9/3 1931

UNDERTAKER: Henry U. Meakes Sons

ADDRESS: 805 W. Baltoc

CAUSE OF DEATH in plain words, and the MODE OF DYING, as Heart Disease, Apoplexy, Fever, Cancer, Consumption, Dropsy, Accident, Suicide, Homicide, etc., must be stated in every case. See instructions on back of certificates.

THIS is very important

AaCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71773

CERTIFICATE OF DEATH

131

E 71773

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Lakewood Ave (Ward) 10

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth O. Connor

(a) Residence: No. 515 N. Lakewood ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John O. Connor

6. DATE OF BIRTH (month, day, year) Feb. 9 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Lewis

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mr. John O. Connor

(Address) 2112 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Sept 3, 1931

19. UNDERTAKER John J. Moran

(Address) 3600 E. Baltimore St.

20. FILED Sept 1 1931

Per Registrar

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1931, to 8/31, 1931

I last saw h[illegible] alive on Aug. 30 1931 death is said to have occurred on the date stated above, at 2 37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	8/26/31
Anuria.	

Other contributory causes of importance:

Hypertension, nephritis, Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. C. Schaal M. D.

(Address) 447 N. Kenwood Ave.

E 71774 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71774

95-002

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 2901 Fait Ave. (St) 1-1 (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME DORSEY J. FOWLER

(a) RESIDENCE NO. 2901 Fait Ave. (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan A. Fowler

6 DATE OF BIRTH (month, day, and year) Jan. 23. 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Produce Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 9 mo.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Fowler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Ellen S. Rockholt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs. Susan A. Fowler (Wife) 2901 Fait Ave.

15 Filed SEP 1 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29. 1931

17 I HEREBY CERTIFY, That I attended deceased from July — 1931 to Aug 29 1931 that I last saw h— alive on Aug 28 1931 and that death occurred, on the date stated above, at 11.20 P.M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Dis (Atheroma)

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Block - Cardiac Coronary Art - (duration) yrs. mos. 1 hour

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harold Brunes M. D.

19 (Address) 125 W Belvedere

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Sept. 1. 1931
UNDERTAKER: Henry Sander & Sons, Inc.	BALTIMORE & BROADWAY

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71775

82-001 E 71775

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1524 W. Lexington ST. 19-27 (WARD)

2-FULL NAME Hugh Langford

(a) RESIDENCE NO. 1524 W Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 25. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shafter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hartford Co Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Hilda Bulley (Address) 1524 W Lexington St

15 Filed — 1931 Hyl. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Aug 29, 1931, that I last saw h[illegible] alive on Aug 28, 1931, and that death occurred, on the date stated above, at 2.40 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? regular

(Signed) W. F. Howell M.D.

9/1, 1931 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Sept 1, 1931

20 UNDERTAKER Mr. Katz R. Williams

ADDRESS 3224 Eutaw St

Spec.—0 30—A. A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71776

CERTIFICATE OF DEATH

97-61 E 71776

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Hemlock Avenue) 27-43 WARD

2 FULL NAME Martha E. Nelson

(a) RESIDENCE NO. 2800 Hemlock Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of H. R. Nelson

6 DATE OF BIRTH (month, day, and year) Jan. 6, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10 NAME OF FATHER John Porter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Mary Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Lucy Smick
(Address) 2800 Hemlock Ave.

15 Filed SEP 1 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Aug 30 31
that I last saw h[illegible] alive on Aug 30 19 31
and that death occurred, on the date stated above, at 10:20 P.M.

The CAUSE OF DEATH was as follows:

Mitral Regurgitation
Chronic Nephritis
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

9-1 1931 (Address) [illegible]

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Sept 2 1931

20 UNDERTAKER: Frederick Lassahn — ADDRESS: 7401 Belair Rd.

TION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71777 — CERTIFICATE OF DEATH — + 18 E 71777.

1. PLACE OF DEATH Union Memorial Hosp. (If not in hospital give street and number) St. 12-46 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Charles E Hunt

(a) Residence: No. 15 E. 20th Pa Road — St., ... Ward. Towson, Md. — (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12, 1902

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	29	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 136

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER FATHER

13. NAME Wm. C. Hunt.

14. BIRTHPLACE (city or town) (State or country) Illinois

15. MAIDEN NAME Anne Beatty

16. BIRTHPLACE (city or town) (State or country) Balto Co.

17. INFORMANT (Address) wife Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Edgemeadow Date Sept 1, 1931

19. UNDERTAKER George Smith (Address) 532 Hollins St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1931, to Aug. 30, 1931

I last saw him alive on Aug. 30 1931 death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
purulent Meningitis (meningococcic?)	5 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Russell D. Thompson M. D.

(Address) Towson, Md

INSTRUCTIONS: IT IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 71778 E 71778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Eaton Ave ST. 15-U WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Johns Hopkins Hospital

2-FULL NAME Ignatius B Stegmaier

(a) RESIDENCE NO. 3604 Forest Park Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Stegmaier

6 DATE OF BIRTH (month, day, and year) Dec 11, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68 yrs.	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Plumber

(b) General nature of industry, business, or establishment in which employed (or employer) Painter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Michael Stegmaier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Theresa Hiner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Johns Hopkins Hospital 1000 Eaton Ave

15 Filed , 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to September 1, 1931, that I last saw him alive on August 31, 1931, and that death occurred, on the date stated above, at 4:00 P.m.

The CAUSE OF DEATH* was as follows: Carcinoma. Pathology: Metastasis to cervical glands and cancer cachexia.

(duration) yrs. 1/ mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. 1 mos. da.

18 Where was disease contracted if not at place of death? 3604 Forest Park Ave.

Did an operation precede death? Yes Date of June 1930

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Surgical

(Signed) Helmar S. Anderson, M. D.

9-1-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cumberland Md.	Sept 1, 1931
UNDERTAKER Robt Fleckner & Son	ADDRESS Mount Ida

Spec.—9-30—A. & Co.—250 Blks

Minnie Nagel E 21779

E 21779 HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH.

15-61

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3020 Gwynns Falls Parkway ST. WARD)

2 FULL NAME Minnie Nagel

(a) RESIDENCE NO 3020 Gwynns Falls Parkway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Nagel

6 DATE OF BIRTH (month, day, and year) May 25 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Interment
(Address) Dr. John Nagel 3020 Gwynns Falls Parkway

15 SEPT 1 1931 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased (from July 2 1931 to Aug 29 1931

that I last saw h alive on Aug 29 1931

and that death occurred, on the date stated above, at 4.20 a. m.

The CAUSE OF DEATH* was as follows:

Sinus

(Duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Kaufman M. D.

, 19 (Address) 3402 Clarks.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Sept 1931
UNDERTAKER Chas. F. Denny	ADDRESS 7 Light St

THIS IS very important. See instructions on back of certificate

71780

71780

25139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St. 1806 (Ward)
Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Helen Bayette

(a) Residence: No. 506 N. Carrollton St. 17 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-13-31

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ND
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md—

MOTHER FATHER

13. NAME John Bayette Sr—
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Adel Borden
16. BIRTHPLACE (city or town) (State or country) N-Car—

17. INFORMANT Friends—
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 1931

19. UNDERTAKER
(Address)

20. FILED ... 19 ...
SEP 1 - 1931
C. HAMPSON JONES, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Aug 31, 1931

I last saw her alive on Aug 31 1931 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	8-10-31
Acute Intestinal Intoxication	"

Other contributory causes of importance

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signed M. S. Anderson, M. D.
(Address) Johns Hopkins Hospital

E 71781

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71781

CERTIFICATE OF DEATH.

95-002

Registered No.

1-PLACE OF DEATH

City of BALTIMORE (No. 1012 Poplar Grove St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William L. Wright

(a) Residence No. 1012 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced (Write the word)

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Wright

6-DATE OF BIRTH (month, day and year) 5/31-1853

7-AGE 78 yrs. 2 mos. 25 ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter,

(b) General nature of industry, business, or establishment in which employed (or employer) Proprietor

(c) Name of employer

9-BIRTHPLACE (City or town) (State or Country) Pittsburg Pa

PARENTS

10-NAME OF FATHER William L.

11-BIRTHPLACE OF FATHER (City or town) (State or Country) Delaware

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (City or town) (State or Country)

14- (Informant) Mrs. Margaret E. Wright

(Address) 1012 Poplar Grove St

15- Filed SEP 1 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) 8/30/31

17- I HEREBY CERTIFY, That I attended deceased from Aug 4 to 31 to Aug 30 to 31 that I last saw him alive on Aug 29 to 31 and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-Vascular Renal.

(Duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Chronic Prostatic Hypertrophy

(Duration) yrs. 2 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Albert Seagrotti M. D.

19 (Address) 1724 W Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 9—3— 1931

20-UNDERTAKER Henry Brauning Son

ADDRESS 1136 Poplar Grove Street

Instructions on back of certificates.

1-20—M. & T.—100 B—50L.

E 71782

HEALTH DEPARTMENT—CITY OF BALTIMORE

209 ✓ E 71782

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME ~~Benjamin~~ Reinhard Renman

(a) RESIDENCE NO. San Pedro Los Angeles California ST. _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	34	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Steamship Dakmar

9 BIRTHPLACE (city or town) (State or country) Sweden

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant City Hospital
(Address)

15 Filed Sep 1 1931 C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:
Internal Haemorrhage
from Ruptured Varicosities
(Accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Compound Fracture of Legs.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lodge Forest Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C F Herzog M D Coroner, M. D.

9/1, 1931 (Address) 805 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cem DATE OF BURIAL Sept 1 1931

20 UNDERTAKER for J Otho Storm (OR Sugarman) ADDRESS

(See instructions on back of certificate.)

Spec.—9-30—A. A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

15 E 71733

CERTIFICATE OF DEATH

1. PLACE OF DEATH E 71783

CITY OF BALTIMORE: (No. St. Agnes' Hospital St. 27-47 Ward 1)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby boy Congleton

(a) RESIDENCE NO. 703 Springfield Ave St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8/31/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

three hours

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ob

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Madeline Richardson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Charles Congleton 703 Springfield ave

15 Filed SEP 1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31-31

17
I HEREBY CERTIFY, That I attended deceased from 8-31, 1931, to 8-31, 1931, that I last saw h[illegible]live on 8-31, 1931, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Hypoxia following Atelectasis

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. D.

19 (Address) St Ag. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md.

20 UNDERTAKER: [illegible]

DATE OF BURIAL: SEP 1 1931

ADDRESS

SEP 1 1931 H. W. JONES, M. D. Registrar of Vital Statistics Baltimore Health Dept.

TION is very important. See instructions on back of certificate.

Spec.—2-23-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002 ✓

E 71784

CERTIFICATE OF DEATH

E 71784

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1602 E. Biddle ST. 8-13 WARD)

2—FULL NAME Frederick William Heuer

(a) RESIDENCE NO. 1602 E. Biddle ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Rosenrosh

6 DATE OF BIRTH (month, day, and year) July 6 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 030

(b) General nature of industry, business, or establishment in which employed (or employer) Stationary Engineer

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Fred W Heuer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Rosenrosh

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fred. W. Heuer Jr.

(Address) 1602 East St

Filed 1931 C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 2 . 1931 . to Aug 31 . 1931 .

that I last saw him alive on Aug 20 . 1931

and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Organic Disease Heart

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Dilation

(duration) yrs. mos. 1 wk

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Signs

(Signed) Jas L Hooper, M. D.

8/x . 1931 (Address) 3462 E. 25

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Carmel Cemetery	Sept 2 1931
20 UNDERTAKER	ADDRESS
J. Henry Lutz	N. Broadway

AACo. 5-01 1928

E 71735 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 71735

CERTIFICATE OF DEATH X 120

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) South Baltimore 20 Ward
Length of residence in city or town where death occurred yrs mos 1 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Richard Tarr
(a) Residence: No. Linden Road (Usual place of abode) Brooklyn Park Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29/29

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn Park Md.

MOTHER FATHER

13. NAME Stephen M Tarr
14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md
15. MAIDEN NAME Rebecca Underwood
16. BIRTHPLACE (city or town) (State or country) Pulaski Va.

17. INFORMANT Stephen M Tarr
(Address) Brooklyn Park Md

18. BURIAL, CREMATION, OR REMOVAL
Place Odenhall Date 8/3 1931

19. UNDERTAKER Frederick A Kyle
(Address) 1200 N Howard St

20. FILED 1931 C. HAMPSON JONES, M. D. Registrar
By R.C.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1931, to Aug 31, 1931
I last saw h alive on Aug 31, 1931 death is said to have occurred on the date stated above, at 3 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Indigestion	Aug 29-31

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Anderson M. D.
(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71786 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71786

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 722 Singer Pl) (WARD) 42-51

2. FULL NAME Samuel Francis Harris

(a) RESIDENCE NO. 722 Singer Pl ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 7, 1931

7 AGE — Years: — Months: 5 — Days: 25 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Samuel F Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Ella Fleming

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Samuel F Harris 722 Singer Pl

15 Filed: 1-1931 16 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1, 31

17

I HEREBY CERTIFY, That I attended deceased from Aug 25, 19 31, to Sept 1, 19 31

that I last saw him alive on Sept 1, 19 31

and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary): Broncho Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Frey M. D.

9/1, 193 (Address) 1728 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem | DATE OF BURIAL: 9/2, 1931

20 UNDERTAKER: Walter Davis | ADDRESS: 3418 Eastern Ave

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 71787

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71787

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 76-37 WARD)

2-FULL NAME John F Mathews

(a) RESIDENCE NO. Riverside Drive Essex Md ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mathews

6 DATE OF BIRTH (month, day, and year) Dec 20 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35 34	35	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Iron worker
(b) General nature of industry, business, or establishment in which employed (or employer): 079
(c) Name of employer: Eagering & Sons Contractor

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John L Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Laura V Brehm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co

14 Informant: John L Mathews

(Address): Stemmers Run.

15 Filed 9-1-1931 No. 2 Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Septicaemia from Gangrene (Traumatic)

accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Compound Fracture of both legs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Eastern Ave & 52nd

Did an operation precede death? Yes Date of Aug 30/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B Steiger M.D. M. D.

Coroner

9/9, 1931 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Sept 2, 1931

20 UNDERTAKER: Chas. H. Conolly

ADDRESS: Govanstown

(See instructions on back of certificate. This is very important.)

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71788

CERTIFICATE OF DEATH

E 71788

REGISTERED NO. 107

1 PLACE OF DEATH Baltimore City Hospitals (WARD) 4-6

CITY OF BALTIMORE: (No.) Ellison Knight

2 FULL NAME

(a) RESIDENCE NO. 2 S. Frederick ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6 DATE OF BIRTH (month, day, and year) May 20, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plasterer

(b) General nature of industry, business, or establishment in which employed (or employer): out of work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER William Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Elmira Lockwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 9-1-1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31-31

17 I HEREBY CERTIFY, That I attended deceased from 4-21-31, 19, to 8-31-31, 19

that I last saw him alive on 8-31-31, 19

and that death occurred, on the date stated above, at 11:45A. m.

The CAUSE OF DEATH* was as follows: Polyposis (multiple) large intestine.

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Microscopic

(Signed) Thos. Turnbull Jr. M. D.

9/1/1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: 9/5/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

See instructions on back of certificates. This section is very important.

AaCo. 5-31 250B

E 71789 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

131 E 71789

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 N. Gay St. 20-17 Ward)

Length of residence in city or town where death occurred 2 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Mary E. Ammenhauser

(a) Residence: No. 1405 N. Gay St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, (or) WIFE of John G. Ammenhauser

6. DATE OF BIRTH (month, day and year) Aug 19th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Gilbert Goodrich
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lewis
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John G. Ammenhauser
(Address) 2909 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem. Date Sept 4th 1931

19. UNDERTAKER William Gill
(Address) 1717 St Paul St

20. FILED Sept 1 1931 By [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 31st 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/23/31, 19, to 8-31-, 1931

I last saw h[illegible] alive on 8-31, 1931, death is said to have occurred on the date stated above, at 11:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	8/31/31
Chronic Nephritis -	8/23/31
General arteriosclerosis	
Hypertension -	

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Fred Dawson M. D.

9/1/31 (Address) 1517 E North Ave

Spec.—0 30—A. & Co.—250 Blks

E 71790

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 71790

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 341 E 21st St. 12-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ellen O Hall

(a) RESIDENCE NO. 341 E 21st St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas O Hall

6 DATE OF BIRTH (month, day, and year): 1852

7 AGE: Years 79; Months —; Days —; If LESS than 1 day, hrs. or min. —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Hogarty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary O Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Miss Margaret Hogarty

(Address) 1037 Light St

15 Filed: 9-1-1931 By: RKH Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 31-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 25. 1929. to Aug 31. 1931

that I last saw h[illegible] alive on Aug 31. 1931

and that death occurred, on the date stated above, at 7.05 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis - old age

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Reginald J. Tonry M. D.

9-1-1931 (Address) 714 E. Northern.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: Sept 2 1931

20 UNDERTAKER: Thos M Mudd

ADDRESS: 501 E 20th St

TION is very important! See instructions on back of certificates.

1-20—M & T—100 B—50L.

E 71791

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71791

CERTIFICATE OF DEATH

1085

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) Provident Hosp. ST., 5-8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Louise Bates

(a) RESIDENCE NO. 1307 N. Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Sing

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 10-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Horace Bates

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Estella Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Horace Bates

(Address): 1307 N. Alley

15 Filed SEP 2 - 1931 Registrar HAMILTON JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. C. Smith, M. D. Coroner

(Address) Govans

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Leakin Park Cemetery	Sept 4 1931
20 UNDERTAKER	ADDRESS
Robt F Williams	1512 Pennsylvania Ave

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71792

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71792

CERTIFICATE OF DEATH

23 v

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) ST. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Floyd Barnes

(a) RESIDENCE NO. 1116 N. Fremont ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Idella Barnes

6 DATE OF BIRTH (month, day, and year) Jun 25, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): Unknown

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: James Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Sallie Knox

13 BIRTHPLACE OF MOTHER (city or town) (State or country): North Carolina

14 Informant: Hospital Records

(Address)

Filed 9-2-1931 19 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1931, to Aug. 31, 1931

that I last saw h im alive on Aug. 31, 1931

and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary): Tuberculous empyema

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lamance M. Sena, M. D.

8-31 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt Lot Calvary Cem

DATE OF BURIAL: Sept 2 19 31

UNDERTAKER: Samuel Densley

ADDRESS 578 N Eddle

(Back of certificate.) See instructions on back of certificate. IMPORTANT is very important.

Spec.—9-30—A. & Co.—250 Blks.

E 71793

E 71793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

231

1 PLACE OF DEATH Baltimore City Hospitals 17-25

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. WARD)

2 FULL NAME Bruce Knox

(a) RESIDENCE NO. 647 N. Paca ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel 1933

6 DATE OF BIRTH (month, day, and year) Mar. 27 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48?	5	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook 021

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Memphis Tenn.

PARENTS

10 NAME OF FATHER Bruce Knox

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Millie Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Records of

(Address) Balto. City Hosp.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-30-31

17

I HEREBY CERTIFY, That I attended deceased from 8-25-31, 19 , to 8-30-31, 19

that I last saw h in life on 8-30-31, 19

and that death occurred, on the date stated above, at 10:40 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) H. H. Slemons M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL Sept 2 31

20 UNDERTAKER Edmund A. Stewart & Co. ADDRESS 528 N. Eutaw

2 SEP 1931 C. HARRISON, JOURNAL

TION is very important. See instructions on back of certificates

Spec—9-30—A. & Co.—250 Blks

E 71794 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71794

CERTIFICATE OF DEATH

23

1 PLACE OF DEATH Baltimore City Hospitals (Thc.)

CITY OF BALTIMORE (No 5-17 ST (WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mabel Day

(a) RESIDENCE NO 1715 E. Ellsworth st ST WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 6, 1913

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	18	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER William Day
11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland
12 MAIDEN NAME OF MOTHER Rachel Gross
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Hospital Records

15 Filed , 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31, 1931

17
I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to Aug. 31, 1931
that I last saw her alive on Aug. 31, 1931
and that death occurred, on the date stated above, at 12.25 P.M.
The CAUSE OF DEATH* was as follows:

Tuberculous peritonitis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (secondary) Acute tuberculous pleuritis (duration) yrs. mos. 3 weeks

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence A. Sena, M. D.
8-31-1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Calvary Cemetery — DATE OF BURIAL. 9/1/31

20 UNDERTAKER Mrs Chas L. Bailey — ADDRESS 1421 Jefferson St

FOR is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 71795

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OR BALTIMORE: (No. St. Joseph Hospital ST. 710 WARD)

2 FULL NAME Barbara Wohrna.

(a) RESIDENCE NO. 524 N. Montford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Wohrna

6 DATE OF BIRTH (month, day, and year) Jan 3rd 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Martin Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Ellen McConnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Ethel M. Franz (daughter)

(Address) 2236 Linden Ave.

15 SEP 2 - 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/1/31

17

I HEREBY CERTIFY, That I attended deceased from Aug 26, 1931, to Sept 1, 1931

that I last saw her alive on Sept 1, 1931

and that death occurred, on the date stated above, at 6-15 A M.

The CAUSE OF DEATH* was as follows:

Cardio-vascular-Renal disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetis Mellitus

? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operative precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) S. W. Baumgardner M. D.

19 (Address) Hosp. Hosp. Balt

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Sept 4 1931
20 UNDERTAKER Lilly & Zeller Inc.	ADDRESS 703 S. Wolfe St.

INFORMATION IS VERY important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71796

CERTIFICATE OF DEATH

REGISTERED No. 12 E 71796

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Sinai Hospital S. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary A. Peters

(a) RESIDENCE No. 6718 Bessemer Ave. ST. 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 17, 27

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	6 7	1 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Harry E. Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Helen Schaefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Harry E. Peters Father 6718 Bessemer ave.

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1931, to August 31, 1931

that I last saw her alive on August 31, 1931

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Acute Lymphocytic Leukemia

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab. tests

(Signed) Dr. G. Levin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Sept. 3rd 1931

20 UNDERTAKER: Lilly & Zeller Inc. — ADDRESS: 403 S. Wolfe St.

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 71797

REGISTERED NO. 1801 C 71797

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at St. Joseph Hospital St. 8-45 (WARD)

(If death occurred in a hospitsl or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick J. Boltiea

(a) RESIDENCE NO 1734 Darley Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie M. Boltiea

6 DATE OF BIRTH (month, day, and year) Mar 15/1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Potter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bennett Pottery

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Boltiea

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jennie M. Boltiea

(Address) 1734 Darley Ave

15 Filed (Signed) HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

Accidently fell down stairs in residence-

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

9/2/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Sept 4 19 31
20 UNDERTAKER	ADDRESS
Zell & Zeller	1812 North Ave

TION is very important See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3E 71798

REGISTERED NO. 3E 71798

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals ST. 26-37 WARD

CITY OF BALTIMORE: (NO.

2 FULL NAME Christian Schubert

(a) RESIDENCE NO. none ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Schubert

6 DATE OF BIRTH (month, day, and year) Feb. 29, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Harness maker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 20 yrs

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Andrew Schubert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: E. Ernest

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Records of Balto. City Hosp.

15 Filed ..... 19.. C. HAMPTON JONES, M. D. Registrar

By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-30-31

17 I HEREBY CERTIFY, That I attended deceased from 3-29-27, 19.., to 8-30-31, 19..

that I last saw him alive on 8-30-31, 19.. and that death occurred, on the date stated above, at 6:15 P. M.

The CAUSE OF DEATH* was as follows:

Bacillary Dysentery

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. G. Thomas M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Schwarz-Cem

20 UNDERTAKER: Conn Memorial

DATE OF BURIAL: Sept 2, 1931

ADDRESS: 2108 Eutaw

TION is very important. See instructions on back of certificate.

ARCH. NO. 250451

HEALTH DEPARTMENT CITY OF BALTIMORE

1799 Pet. 1799

CERTIFICATE OF DEATH

Registered No. 56

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. 7-9 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 2 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Celice Barnes

(a) Residence: No. 513 Tenbrook St., Perryville, Md. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 28, 1925

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
6	—	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Barnes

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bessie Bowden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 4 1931

19. UNDERTAKER Oak Lawn Funeral Home

(Address) 2005 Gilmor

SEP 2 1931 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 1 1931

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1931, to Sept 1, 1931

I last saw her alive on Sept 1 1931 death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	July 10 31
Myocarditis rheumatic	
Myocardial failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A Washington M. D.

(Address) Johns Hopkins Hospital

DECEASE IS very important. See instructions on back of certificate.

Spec.—9-36—A. & Co.—250 Blks.

71809

HEALTH DEPARTMENT—CITY OF BALTIMORE

71800

CERTIFICATE OF DEATH

87-0E

1 PLACE OF DEATH Sinai Hospital

96-37

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (Street) (Ward)

2 FULL NAME Walter Cucina

(a) RESIDENCE NO 3911 Fait Ave ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/31/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7		

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Dominic Cucina

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Lena Sweigart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant (Address) Dominic Cucina 3911 Fait ave

15 Filed Sept 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1931 to Sept 1, 1931

that I last saw him alive on Sept 1, 1931

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Antagonous condition of central nervous system

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. L. Levin M. D.

1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

DATE OF BURIAL Sept 2 1931

20 UNDERTAKER John Ellrich

ADDRESS 2006 Belair ave

SEP 2 - 1931 HAMILTON JONES, M. D.

Registrar

TION is very important. See instructions on back of certificate.

AaCo. 5-31 2MB

71801 **HEALTH DEPARTMENT CITY OF BALTIMORE** Ê 71807

CERTIFICATE OF DEATH X 121 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-49 Ward)

Length of residence in city or town where death occurred 4 yrs 6 mos 0 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Cloe Wheeler

(a) Residence: No. 530½ Allegheny Av. Town Md, Ward. Town, Md.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1927

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	4	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Towson, Md

FATHER

13. NAME Charles B. Wheeler.
14. BIRTHPLACE (city or town) (State or country) Towson, Md

MOTHER

15. MAIDEN NAME Catherine Stafford
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles B. Wheeler.
(Address) 530½ Allegheny Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairwood Date 9-3-1931

19. UNDERTAKER E. J. Fairmount Sons.
(Address) 1938 E. Baltimore St.

20. FILED SEP 2 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to Sept 1, 1931
I last saw her alive on Sept 1, 1931 death is said to have occurred on the date stated above, at 9 55 Am

The principal cause of death and related causes of importance were as follows:
Ruptured Appendix — Date of onset Aug 25 1931

Other contributory causes of importance:
Intestinal obstruction
Cardiac dilatation

Name of operation Appendectomy Date of Aug 27, 1931
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jean D. Craven, M. D.
(Address) [illegible]

(OCCUPATION is very important. See instructions on back of certificate.)

Spec.—2-29-28—L. F. S.—500 Blks.

E 71802 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71802

CERTIFICATE OF DEATH

119 V

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1037 W. Fayette ST. (or WARD)

2—FULL NAME Wilber Garrett.

(a) RESIDENCE NO. 1037 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 14 ds. How long in U. S., if foreign birth? yrs. 2 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 6/17/31.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2.	14.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: James Garrett

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Helen Kimball

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Md

14 Informant: Mother

(Address): 1037 Fayette

15 Filed SEP 2 - 1931. C. HAMPTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 21st, 1931, to Sept. 1st, 1931, (that I last saw her alive on Aug 30th, 1931, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows: Otitis Media

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary): Improper food

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical test

(Signed) J. T. Hume, M. D.

19 (Address) 612 N. Arlington Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemtry

DATE OF BURIAL: 9/2 1931

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 1394 Hanlon St

Spec.—2-29-28—L. F. S.—500 Blks.

E 71803 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71803

CERTIFICATE OF DEATH 1087

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 2730 Hampden Avenue ST. 12-51 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nancy E. Wilgis

(a) RESIDENCE NO. 2730 Hampden Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6, 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Foard F. Wilgis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Bertha Openshaw

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Foard F. Wilgis
(Address) 2730 Hampden Ave.

SEP 2 - 1931 C. HAMPSON JONES, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31, 1931

17 I HEREBY CERTIFY, That I attended deceased from aug 28, 1931, to aug 31, 1931, that I last saw h[e]r alive on aug 31, 1931, and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. L. Thorne M. D.

, 19 (Address) 918 Bond St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
West Liberty, Baltimore Co	Sept. 3, 1931
20 UNDERTAKER E. Leroy Stiffler, Inc	ADDRESS 1256 North Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

E 71804

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71804

CERTIFICATE OF DEATH

54

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3304 Ravenwood Ave 8-4D WARD)

2—FULL NAME George Roberts Sanner

(a) RESIDENCE NO. 3304 Ravenwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Laura A. Sanner

6 DATE OF BIRTH (month, day, and year): Nov. 16, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	9	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired clergyman

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Sylvester Sanner

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Marys Co., Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Frisby

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St. Marys Co., Md.

14 Informant: Harris Sanner --- Son

(Address): Balto., Md.

15 Filed SEP 2 - 1931 by ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug. 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1926. to Aug. 30, 1931.

that I last saw h~~im~~ alive on Aug. 30, 1931

and that death occurred, on the date stated above, at 11 05 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

About (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr. Myocarditis - Chr. Nephritis

Uremia (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence - Laboratory Tests.

(Signed) Geo. B. Sybert, M. D.

.19 (Address) 2802 Stafford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Zion, Fruland, Balto. Co.	Sept. 2, 1931
20 UNDERTAKER: E. Leroy Stiffler, Inc.	ADDRESS: 125 E. North Ave.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

25156 / 1805

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 76-36 13 E 71805 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds

2. FULL NAME August Hennegan

(a) Residence: No. New gate & Mail Ave., City Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~
HUSBAND of
~~the WIFE of~~ Anna Hennegan

6. DATE OF BIRTH (month, day, year) Aug 16 1864

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Business Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Hennegan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Hunt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 9-1-31 19 31

19. UNDERTAKER J. J. Boyce & Sons

(Address) 1318 Eutaw St

20. FILED ... 19 ... ... Registrar.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) AUG 30 1931 19

22. I HEREBY CERTIFY, That I attended deceased from 8-4-31, 1931, to 8-30, 1931

I last saw him alive on Aug. 30 1931 death is said to have occurred on the date stated above, at 11:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	
Uremia	

Other contributory causes of importance:

Prostatic hypertrophy benign
Pyelonephritis

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Walter Grund, M. D.

(Address) Johns Hopkins Hosp. Baltimore

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71806

CERTIFICATE OF DEATH.

62 E 71806

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 18-26 St. Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Snowden

(a) RESIDENCE NO. 203 N. Arlington Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
~~Female~~	Colored	Widowed

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter ~~unknown~~

6 DATE OF BIRTH (month, day, and year) ~~Apr. 25 1877~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	~~42~~ 54	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laundress

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER George Lee

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Dora ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant
(Address) Records of Balto. City Hosp.

Date 1931 C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-31-31

17 I HEREBY CERTIFY, That I attended deceased from 7-14-31, 19, to 8-31-31, 19

that I last saw him alive on 8-31-31, 19

and that death occurred, on the date stated above, at 5:15 A.M.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) Food Poisoning

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Do not know

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elmer Highberger, Jr. M. D.

Aug 31 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson

DATE OF BURIAL: Sept 4 1931

UNDERTAKER: Joseph A Lively

ADDRESS: 4011 Mount St

SEP 2 1931

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-001 E 71807

CERTIFICATE OF DEATH.

E 71807 Registered No. 15-21

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1428 N. Bruce St. (Ward) 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Pennington

(a) Residence No. 1428 N. Bruce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced, (Write the word.): Widower

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Pennington

6-DATE OF BIRTH (month, day and year): July 24 1869

7-AGE: 62 yrs. 1 mos. 7 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Hod carrier

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore County Md.

PARENTS

10-NAME OF FATHER: Saml. Pennington

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Unknown

12-MAIDEN NAME OF MOTHER: "

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): "

14- (Informant) Samuel Pennington

(Address) 1428 N. Bruce St.

15- Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Aug. 31. 1931.

17- I HEREBY CERTIFY, That I attended deceased from Aug. 29 1931 to Aug. 29 1931

that I last saw him alive on Aug 29 1931,

and that death occurred, on the date stated above, at 5.45 A. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? Examination.

(Signed) John D. Quinn M. D.

Aug. 31 1931 (Address) 1507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion

DATE OF BURIAL: Sept 2 1931

20-UNDERTAKER: Joseph A Lively

ADDRESS: 419 N Mount St

C. HAMPSON JONES, M. D.

Instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

71808 200-22 71308

CERTIFICATE OF DEATH

71808

1-PLACE OF DEATH Found in the water at Foot of Bush St. ST. 2131 WARD

CITY OF BALTIMORE: (NO.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO Do not know. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		About 3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed . 192 H. HANSON JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found August 29, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) & inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Body too decomposed for autopsy to reveal cause of death.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto A. Leonhardt, M. D. Coroner

8/31, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Potter's Cemetery

DATE OF BURIAL 19

UNDERTAKER

ADDRESS SEP 2 1931

TION is very important. See instructions on back of certificates.

1-30—M. & T.—200 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183# E 71809

71809

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Montgomery St. & Key Highway ST. 22-33 WARD)

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO Do not know. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 50	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed SEP 2 - 1931 Registrar HAMPTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found August 27, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably accidental drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible], Coroner, M. D.

8/21, 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Public Cemetery

DATE OF BURIAL SEP 2 1931

ADDRESS

20 UNDERTAKER [illegible] Director Health.

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—50L

71810

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 71810

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (a) NO. 1516 Braunwood ave ST. 12-19 WARD

2-FULL NAME Lucy Diggs

(a) RESIDENCE NO. 1516 Braunwood ave ST. WARD

(Usual) place of abode

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Diggs

6 DATE OF BIRTH (month, day, and year): March 5 1854

7 AGE: Years 71 (40) Months 5 Days 26 (25) If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): at home (37)
(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Virginia

14 Informant: Ernest Diggs

(Address): 1516 Braunwood ave

15 Filed SEP 2 - 1931 19 HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 30 193

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) yrs mos 20 ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? 1516 Braunwood ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hanna M Fenton, M. D. Coroner

8/31 1931 (Address) 700 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Smithfield Va — DATE OF BURIAL: Sept 3, 1931

20 UNDERTAKER: Wm. P. A. Elliott — ADDRESS: 1115 Eastlan dr

SEE INSTRUCTION on back of certificate. See instructions on back of certificate. IT IS very important

Sport—9-36—A. A. Co.—250 Blks

B 71811 HEALTH DEPARTMENT—CITY OF BALTIMORE B 71811

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hospital 5-10 ST. WARD 1

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: 1 NO

2 FULL NAME Anthony Harris

(a) RESIDENCE NO 1221 McElderry St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	colored	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Harris

6 DATE OF BIRTH (month, day, and year) [illegible] 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS
10 NAME OF FATHER: Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.
12 MAIDEN NAME OF MOTHER: Minnie Harris
13 BIRTHPLACE OF MOTHER (city or town) (State or country): 1221 McElderry

14 Interment (Address): Minnie Harris 1221 McElderry

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30, 1931

17
I HEREBY CERTIFY, That I attended deceased from August 22, 1931 to August 30, 1931
that I last saw h[illegible] alive on August 30, 1931
and that death occurred, on the date stated above, at 5-10 a m.
The CAUSE OF DEATH* was as follows:
General Lipid Tuberculosis

CONTRIBUTORY (Secondary) Ruptured Duodenal Ulcer (duration) yrs. mos. 7 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of 8-22-31
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Chemical
(Signed) [illegible] M. D.
19 (Address) Provident Hosp. Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Sept 3 19 31

20 UNDERTAKER: Mrs. K. A. Elliott — ADDRESS: 1225 Eastlund Ave

SEP 2 - 1931 HAND DELIVERED M. H.

(FRON is very important. See instructions on back of certificate.)

Hpsc—9-26—A. & Co.—250 Blks

B 71812

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 71812

CERTIFICATE OF DEATH

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1022 N Dallas St. 7-13 (WARD)

2 FULL NAME Florence Jones

(a) RESIDENCE NO. 1022 N Dallas St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col	W

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of George Jones

6 DATE OF BIRTH (month, day, and year) Dec. 25 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	8	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment (Address) Viola Wainwright 1107 N Edmondson

15 Filed 19 Reg, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 19 31, to Aug 30, 19 31

that I last saw h alive on Aug 30, 19 31

and that death occurred, on the date stated above, at 10 20 P. M.

The CAUSE OF DEATH* was as follows:

Interstial Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Chr Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory

(Signed) Calvin B LeCompte M. D.

8 19 (Address) 1113 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — DATE OF BURIAL: Sept 4 1931

20 UNDERTAKER: Mrs. R. G. Elliott — ADDRESS: 1225 Eutaw

TION is very important. See instructions on back of

1-30—M. A. T.—100 B—60L

E 71813

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 ✓ E 71813

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 441 Orchard ST. 11-24 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Bundy.

(a) RESIDENCE NO 441 Orchard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Bundy

6 DATE OF BIRTH (month, day, and year) 1880 Apr 22

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laytow
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Henry Bundy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Edward Bundy

(Address) 441 Orchard

15 Filed SEP 2 - 1931 by C. HAMILTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Fred Klenk, M. D. Coroner

Aug 31 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Sept 2 1931
20 UNDERTAKER Lamb & Carlon	ADDRESS Bel Air

TION is very important. See instructions on back of certificate.

1-30—M A T—100 B—581.

E 71814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71814

CERTIFICATE OF DEATH

REGISTERED NO. 208

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 45-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Irma Shuvalsky

(a) RESIDENCE NO 2631 Rosewood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	18			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Umbrella Trimmer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harris Shuvalsky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Sarah -

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Samuel Shuvalsky (Brother)

(Address) 2631 Rosewood Ave

15 Filed 6-2-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which she was a rider collided with a street car

CONTRIBUTORY (duration) Yrs 1 mos 1 ds 15
(a) Accident Auto - Nervousness
(b) Fracture Arm - Laceration

If Where was disease contracted if not at place of death? 2400 Reisterstown Rd

Did an operation precede death? yes Date of 9-1-31

Was there an autopsy? no

What test confirmed diagnosis? Clin & Surg

(Signed) H. Hamm M. D.
Traffic Coroner Baltimore City

6/2, 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Shaw Mt Carmel	6-2-1931
20 UNDERTAKER Page Heirs Inc.	ADDRESS 1437 E Pike St

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 71815 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 71815

1 PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE (No. 1512 Gilmor St. WARD 12-51)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Dixon

(a) RESIDENCE No. 2214 Mace St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 54yrs | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Jacksonville Fla

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment (Address)

15 [illegible] 2-1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Aug 31/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931, to Aug 31, 1931

that I last saw him alive on Aug 31, 1931

and that death occurred, on the date stated above, at [illegible] m.

THE CAUSE OF DEATH was as follows:

Chron. Nephritis Cardiac Insufficiency

(duration) mos. ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) 1 yr

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. R. Boykin M. D.

19 (Address) 1512 Gilmor

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

Interred in Mt. Auburn Cem

SEP 2 - 1931

20 UNDERTAKER [illegible] ADDRESS

Daniel Easter 916 Pine

Sept 4-31

SECTION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—581.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71816

CERTIFICATE OF DEATH

E 71816

REGISTERED NO. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1504 Brunt ST. 14-20 WARD

2-FULL NAME Donald Wise

(a) RESIDENCE NO. 1504 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col. | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 30 th 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Paul Wise

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Alice Small

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Paul Wise

(Address) 1504 Brunt St

15 Filed SEP 2 - 1931, 19.. C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: (Premature Birth) 8 months

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signature) Leffler Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL SEP 2 - 1931

20 UNDERTAKER Homelodge Woolf

ADDRESS

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

(Waters)

E 71817 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 71817

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 18-26 ST. WARD)

2 FULL NAME William Walters

(a) RESIDENCE NO. 912 W. Mulberry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) May 9, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Plaster and odd jobs

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Somerst Co. Md.

PARENTS

10 NAME OF FATHER Sevin Walters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Adeline Cottman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 FILED 2-1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8-30-31

17

I HEREBY CERTIFY, That I attended deceased from 7-21-31, 19 to 8-30-31, 19

that I last saw him alive on 8-30-31, 19

and that death occurred, on the date stated above, at 10:20P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of oesophagus with tracheoesophageal fistula.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Neale Lightsey, Jr. M. D.

Aug 31, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Sept 3, 1931

20 UNDERTAKER: Mrs. Addie R. Williams — ADDRESS 322 N. Schroeder St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 71818 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

119 E 71818

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1715 Clarkson ST. 23-32 WARD

2 FULL NAME Beverly Green

(a) RESIDENCE NO. 1715 Clarkson ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of infant

6 DATE OF BIRTH (month, day, and year) Dec. 14, 19[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER William E. Green

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Charlotte M. Baer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Charlotte M. Baer
(Address) 1715 Clarkson St.

15 DATE RECEIVED 9-2-1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1931, to Sept. 1, 1931

that I last saw her alive on Sept. 1, 1931

and that death occurred, on the date stated above, at 9:00 A. M.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) H. L. Campbell M. D.

9/1, 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Londenderry	Sept 4 1931
20 UNDERTAKER	ADDRESS
A. Howard Evans	3[illegible] E. Fayette

TION is very important. See instructions on back of certificate.

H 8pec.—1-30—M. & T.—250 Bks.

E 71819 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 03 93 E 71819

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Hensley

(a) RESIDENCE No. Preston & Valley Sts ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wansfield Hensley

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	72			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D C

PARENTS

10 NAME OF FATHER Thomas Bidon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Little Sisters of the Poor
(Address) Preston & Valley St

15 Filed Sept 2 1931 C HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2nd 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1- 1931 to Sept 2- 1931
that I last saw h[illegible] alive on Sept 2- 1931
and that death occurred, on the date stated above, at 12.45 a m.
The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Edema of Lungs

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? None

(Signed) E Gill Hall M. D.

Sept 2 1931 (Address) 1631 E north Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL Sept 3 1931

20 UNDERTAKER Rita Friedfeld

ADDRESS 914 Fremont Ave

Spec.—9-30—A. & Co.—250 Blks.

71820 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A-71820

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22-33 ST. WARD)

2 FULL NAME Sarah Fisher McAvaney Sadie Fisher (McElwaney)

(a) RESIDENCE NO. 26 E. Henrietta ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David McAvaney

6 DATE OF BIRTH (month, day, and year) November 14, 1879 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	19 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER Solomon Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER Sarah Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 1931 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1-31

17

I HEREBY CERTIFY, That I attended deceased from 8-18-31, 19, to 9-1-31, 19

that I last saw her alive on 9-1-31, 19

and that death occurred, on the date stated above, at 11:40 P.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jos. Donaldson M. D.

9/2, 19 31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Sept. 4 19 31

20 UNDERTAKER: Ralph H. Cook

ADDRESS: 1003 West Baltimore St.

IMPORTANT. See instructions on back of certificates.

Spec.—6-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71821

59 E 71821

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE (No 29 S. Hare ST 1-7 WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Pauline C. Frey

(a) RESIDENCE NO 29 S. Hare St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11f.0 mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick L. Frey

6 DATE OF BIRTH (month, day, and year) Oct. 18, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Henry Dokas

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Amelia Ritter

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) Miss Frey 29 S. Hare St.

15 Filed 2-1931, 19 31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 26, 19 31, to Sept 1, 19 31

that I last saw h alive on Sept 1, 19 31

and that death occurred, on the date stated above, at 12:20P m.

The CAUSE OF DEATH* was as follows:

~~Diabetes~~ Uremic Coma (duration) 5 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Diabetes (duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ex of urine

(Signed) Ralph Lloyd M. D.

, 19 (Address) 426 E Preston

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept. 4, 1931

20 UNDERTAKER Frank Leuchtman

ADDRESS 7401 Belair Rd.

TION is very important. See instructions on back of certificates

AACo. 5-31 250R Dr. Theodore Morrison 1013 N Charles St 0044

HEALTH DEPARTMENT—CITY OF BALTIMORE

71822

CERTIFICATE OF DEATH

9th E 71822

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 E. Franklin St.) (Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth N. Stovall

(a) Residence: No. 7 E. Franklin St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, ~~widowed or divorced~~ (or) WIFE of Wm H. Stovall

6. DATE OF BIRTH (month, day, year) Dec 29th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER FATHER

13. NAME George Bates
14. BIRTHPLACE (city or town) (State or country) Penna
15. MAIDEN NAME Lillie Banks
16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Wm H. Stovall
(Address) 7 E. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Creek Wash, D.C. Date Sept 4th 1931

19. UNDERTAKER Wm Cook
(Address) 2217 Pennsylvania Ave N.W.

20. Filed 1931 Sept 19 Registrar C. THOMPSON JONES, M. D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1st 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1931 to Sept. 1, 1931

I last saw her alive on Sept. 1, 1931, death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	?

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Theodore H. Morrison M. D.

(Address) 1013 N Charles St

1-30—M. & T.—100 B—50L

E 7823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 7823

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1910 W. Franklin St. (Hospital, Institution or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Geo W. Boyd

(a) RESIDENCE NO. 1910 W. Franklin St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Mitchell

6 DATE OF BIRTH (month, day, and year) Aug 31 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	0	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Miller
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Boyd

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Pue

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Md

14 Informant Anna M. Boyd (Address) 1910 W. Franklin St

15 Filed 2 - 1931

16 Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 31st 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Arterio Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Gerstenberger, M. D. Coroner

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Sept 3rd 1931

20 UNDERTAKER H. M. Cookendorfer ADDRESS 1911 Bentalou St

TION is very important See instructions on back of certificate

AaCo. 5-31 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

252062 E 71824 — CERTIFICATE OF DEATH — X 5th 1905 E 71824

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. — St. — Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 2 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Catherine Coffingon

(a) Residence: No. Cape Charles Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward J

6. DATE OF BIRTH (month, day, year) May 24 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	47	3	69	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Cornelius Taylor

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Charlotte Pawlett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Oak Grove Va Date July 3 1931

19. UNDERTAKER Easton Edw
(Address) Salisbury Md

Filed JUL 3 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 30. 1931 to Sept 2. 1931

I last saw her alive on Sept 2 1931 death is said to have occurred on the date stated above, at 855 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal cord tumor Non-malignant	May 1931
Secondary anemia	May 1931

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No; or, specify

(Signed) Fred W Bick M. D.
(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

E 71825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 E 71825

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5511 Hayne Ave (St.) 28-6 (Ward)

2 FULL NAME Bessie Arminta German

(a) RESIDENCE NO. 5511 Hayne Ave St. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 4 mos. 24 ds. How long in U. S., if of foreign birth? 54 yrs. 4 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Oct 24th 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 54	4	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Teacher
(b) General nature of industry, business, or establishment in which employed (or employer): Baltimore Schools
(c) Name of employer: City of Balto.

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS
10 NAME OF FATHER: J. W. German
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md.
12 MAIDEN NAME OF MOTHER: Harriet E. Poisal
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs. Bertha Grim (cousin)
(Address) 2511 Hayne Ave

SEP 3 - 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1st 31

17
I HEREBY CERTIFY, That I attended deceased from July, 1931, to Sept 1st 1931
that I last saw her alive on Sept 1st, 1931
and that death occurred, on the date stated above, at 12 45 A.M.

The CAUSE OF DEATH* was as follows:
Coronary Thrombosis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Angina Pectoris
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Auscultation

(Signed) A. C. Emmert M. D.
(Address) 4309 Fairfield Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery | DATE OF BURIAL: Sept 3/31

20 UNDERTAKER: Edwin H. Fenn Co | ADDRESS: Balto.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71826

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71826

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hosp. 14-20 107-001 REGISTERED NO.

CITY OF BALTIMORE: (No 1514 Division S 14 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Watkins.

(a) RESIDENCE NO. (Usual place of abode) Route #1 Perryville Md St WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs — mos 16 ds How long in U. S. if of foreign birth? 26 yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1905

7 AGE: Years 26 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) John Watkins 306 N. Dallas st

15 Filed 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1-31

17 I HEREBY CERTIFY, That I attended deceased from 8-15-, 1931, to 9-1-, 1931

That I last saw h[illegible] alive on 9-1-, 1931

and that death occurred, on the date stated above, at 5.15 P. M.

The CAUSE OF DEATH* was as follows: Bronchio Pneumonia.

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Cardiallomonys

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Autopsy

(Signed) Dr. George W. McDonald M. D.

9-2-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Havre De Grace

DATE OF BURIAL: Sept 3 1931

20 UNDERTAKER: Edward Bryan

ADDRESS: 469 Orleans st

TION is very important. See instructions on back of certificate.

SEP 3 1931 C. RAWLINGS, M.D.

AaCo. 1-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

2517 Md. + V24 E 71827

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 9-4 (Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nannie Gillian

(a) Residence: No. Farmville Station, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
~~Husband~~ of (or) WIFE of Scott Gillian

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	30			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME Randolph Wilson
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Mary Cole
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Farmville Va. Date Sept 4 1931

19. UNDERTAKER Edward Bryan
(Address)

FILED SEP 3 - 1931 C. FAMES JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 2 - 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1931, to Sept 2 1931
I last saw ~~him~~ her alive on Sept 2 1931 death to said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc. meningitis	8-16-31
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis Spinal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

Signed Carlisle C. Riddell M.D.
(Address) Johns Hopkins Hospital

AaCo. 5-41 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71828

CERTIFICATE OF DEATH

13 V E 71828

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 S. Ellwood Ave. St., 1-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie A. Hubbard

(a) Residence: No. 600 S. Ellwood Ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hubbard

6. DATE OF BIRTH (month, day, year) Jan 31st 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (8)

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick A. Charles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Hubbard

(Address) 600 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept. 3rd 1931

19. UNDERTAKER Lilly & Sons Inc.

(Address) 2313 E. Monument St.

FILED SEP 3 - 1931, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31st 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1931 to Aug 31 1931

I last saw h[er] alive on Aug 31 1931 death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
a Hypertension	8/30
apoplexy	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. H. Kupferschmidt M. D.

(Address) 2939 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

Spmf.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71329

CERTIFICATE OF DEATH

116 E 71329

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1512 N. Spring St. 9-17 (Ward)

2. FULL NAME Wilhelmina C. Vogel

(a) RESIDENCE NO. 1512 N Spring St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S. (if of foreign birth)? 48 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Widow

(If married, widowed, or divorced)
(a) WIFE of the late Carl Vogel

6. DATE OF BIRTH (month, day, and year): July 28 1856

7. AGE: Years 75 Months 1 Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Germany

PARENTS
10. NAME OF FATHER: Gottlot Ziegler
11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12. MAIDEN NAME OF MOTHER: Dorothea Stiegel
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant (Address): Mr. Charles Vogel 1512 N. Spring St

15. Filed P 3 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Sept. 2 1931

17. I HEREBY CERTIFY, That I attended deceased from July 29 31 to Sept 2 31
that I last saw h alive on Sept 1st 31
and that death occurred, on the date stated above, at 7 A. M.
The CAUSE OF DEATH* was as follows:

Gastric Ulcer

(Duration) yrs. — mos. 4 ds.

CONTRIBUTORY (Secondary): Hopkinson

(Duration) yrs. — mos. 4 ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) D W Stacy M. D.
(Address) 1512 N Spring St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Trinity Cemetery. DATE OF BURIAL: Sept. 4 1931

20. UNDERTAKER: Henry Hoen & Sons Inc. ADDRESS: 1301 E Eager St

(On back of certificate.) TION is very important. See instructions on b

1-30—M. & T.—100 B—50L.

E 71830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004 ✓

REGISTERED NO. E 71830

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 116 N. Milton St., 6-10 (WARD)

2-FULL NAME Albert Francis

(a) RESIDENCE NO. 116N. Milton St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lureny P. Francis

6 DATE OF BIRTH (month, day, and year) Aug 7/1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	84	0	26 23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Penna

PARENTS

10 NAME OF FATHER Sempson Francis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Harriett Jenkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Mrs Maggie Taylor

(Address) 116 N. Milton St

15 Filed SEP 3 - 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Genl Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H Cuter, M. D. Coroner

2/3, 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Sept 5 1931

20 UNDERTAKER: George W. Zirkler — ADDRESS: 1737 E Eager St

IMPORTANT. See instructions on back of certificate.

Spar.—9-30—A. & Co.—250 Blks

E 71831 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71831

CERTIFICATE OF DEATH

23 ✓

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 421 Holsom St. 24-33 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Cecilia R. Seidl

(a) RESIDENCE NO. 421 Holsom St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 6 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced: HUSBAND of (or) WIFE of John P Seidl

6 DATE OF BIRTH (month, day, and year): Feb 17 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	14 15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Marcellus Foster

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Theresa Fritz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): John P Seidl. 421 Holsom St

15 Filed SEP 3 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1st 1931

17

I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Aug 31 1931

that I last saw h[illegible] alive on Aug 31 1931 and that death occurred, on the date stated above, at 4.35 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 mo 1 day yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Examination

(Signed) Wallace Cof M. D.

(Address) 54 Chilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: SW Holy Cross Cem Co — DATE OF BURIAL: 9-5 1931

20 UNDERTAKER: E & B Hark — ADDRESS: 115 E West St

TION is very important. See instructions on BACK OF CERTIFICATE.

AACo. S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71832 E 71832

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Md Gen Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No.) St. 22-32 Ward)

Length of residence in city or town where death occurred 1 yrs 10 mos 21 ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Lolore Hooks DELORES E. HOOK.

(a) Residence: No. 673 W Baltimore St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 11 1929

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME August Hooks

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME ~~Annie~~ EMMA M. NEIMAN

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 9-3rd 1931

19. UNDERTAKER BERNARD C. HARLE (Address) 1220 E Pratt St.

20. FILED SEP 3 1931 C. RAMSAY JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-19 1931 to 9-1 1931

I last saw h er alive on 9-1 1931 death is said to have occurred on the date stated above, at 4:22A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar about 9 days. Pleurisy with effusion on Rt side	
Myocardial failure	1 day

Other contributory causes of importance:

Name of operation Thoracotomy Date of 8-25-31

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenault M.D.

(Address) Md General Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks

E 71833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71833

CERTIFICATE OF DEATH

82-004

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 506 Rosita Ave ST. WARD 27-48

2 FULL NAME Kate Warner Woode

(a) RESIDENCE NO. 506 Rosita Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word) Widow.

6a If married, widowed, or divorced: HUSBAND of / (or) WIFE of Henry Moore

6 DATE OF BIRTH (month, day, and year) Dec 29-1861

7 AGE: Years 69 | Months 8 | Days 2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elan Springs Md.

PARENTS

10 NAME OF FATHER Andrew Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Mrs Richard Talbert Elan Springs Md.

15 Filed SEP 3 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1-1931

17

I HEREBY CERTIFY, That I attended deceased from Feby 21, 1931, to Sept 1, 1931

That I last saw her alive on Aug 31, 1931

and that death occurred, on the date stated above, at 11:30 a. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) High Blood pressure

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. M. Duncan M. D.

, 19 (Address) 5104 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Lawn Washington Co Md. | DATE OF BURIAL: Sept 3 1931

FUNERAL DIRECTOR: Bertram G. Goe | ADDRESS: 2224 N. CHARLES ST.

ATION IS very important. See instructions on back of certificate

E 71834

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71834

CERTIFICATE OF DEATH

1-PLACE OF DEATH U.S.Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (NO. 12-51 ST. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel A.Crafton

(a) RESIDENCE NO. Ridge & Woodside Aves.Halethorpe,Md. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie C.Payne

6 DATE OF BIRTH (month, day, and year) July 18,1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	68	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 073

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Man

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Petersburg Virginia

PARENTS

10 NAME OF FATHER Daniel A. Crafton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Virginia Wynne

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant U.S.Marine Hospital Records

(Address)

Filed SEP 3 - 1931, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2 1931

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to Sept. 2, 1931,

that I last saw h in live on Sept. 2, 1931

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis, atrophic, of liver

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Abdominal ascites

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? repeated paracentesis Date of weekly

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Laboratory

(Signed) Gordon R Abbott, M. D.

19, (Address) U.S.Marine Hospital, Bal to.Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Cem

DATE OF BURIAL 9/5/31

20 UNDERTAKER Harry G Wiltse

ADDRESS Ellicott City

THIS is very important! See instructions on reverse side

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

71835

CERTIFICATE OF DEATH

93-03

E 71835

REGISTERED NO

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) Sinai Hospital (St) 7-13 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Sarah Israelson

(a) RESIDENCE NO 1928 E. Madison ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morris Israelson

6. DATE OF BIRTH (month, day, and year) 1862

7. AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10. NAME OF FATHER Sam Israelson

11. BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12. MAIDEN NAME OF MOTHER Lillian —

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14. Informant Louis Israelson

(Address) 1928 E. Madison St.

15. Filed 9-3 1931 H. M. BYRON JONES, M. D. Registrar

9-3-1931

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 9-2-31

17. I HEREBY CERTIFY, That I attended deceased from 8-18, 1931, to 9-2, 1931

that I last saw h[illegible] alive on 9-2, 1931

and that death occurred, on the date stated above, at 1:50 P. m.

The CAUSE OF DEATH* was as follows:

~~Hypertensive C. V. R. D.~~

Hypertension.

Extrasystoles

Chr. myocarditis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Milton B Kersh M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Shaw Western Ave.

DATE OF BURIAL: 9-3-1931

20. UNDERTAKER: Lace Leins, Inc.

ADDRESS: 1431 E. Baltimore St.

TION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71836

E 71836

95-002

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St. 15-21 Ward)

2-FULL NAME John Elmer Burton

(a) RESIDENCE NO. 1942 W. North Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary F. Burton

6 DATE OF BIRTH (month, day, and year) June 28, 1881

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	50	2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Investigatore S.P.C.A.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Jackson Burton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret Price

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.
(State or country)

14 Informant Mrs. Mary F. Burton
(Address) 1942 W. North Avenue

15 SEP 3 - 1931 C. HAMPSON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) September 1st. 1931. 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Dilatation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

7/2 1931 (Address) 1572 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Sept. 5 1931

20 UNDERTAKER Chas. E. Krause & Son 118 W. Mt. Royal Ave

ADDRESS

OF DEATH in plain terms, so that if may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 71837 [E 71837]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 45 28812 B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1080 Harford Ave ST. 10-14 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. St. Claire

(a) RESIDENCE NO. 1080 Harford Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs — mos — ds. How long in U. S., if of foreign birth? life yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia M St.Claire

6 DATE OF BIRTH (month, day, and year) Sep 20/1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York City

PARENTS

10 NAME OF FATHER Piere St. Claire

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Amelia M. St. Claire

(Address) 1080 Harford Ave

SEP 3 - 1931 192 RK. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept.3.1931 19 inquiry

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Failure

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Carcinoma of Oral Cavity

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. H. Weiss, M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Wansfield, Ohio.	Sept. 4 1931
20 UNDERTAKER Henry Hoech Sons, Inc.	ADDRESS 1301 E. Eager

ATION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47 ~ E 71838

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: 1 NO. Sinai Hospital ST. 9-18 WARD 1

2 FULL NAME Mrs. Gertrude Mallon

(a) RESIDENCE NO. 1001 E. Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Mallon

6 DATE OF BIRTH (month, day, and year): 7/14/87

7 AGE: Years 44; Months 1; Days 17; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0.37

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Penna.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant (Address): John Mallon 1001 E. Lanvale St.

15 Filed ..... 19.. HAMPSON JONES, M. D. Registrar

SEP 3 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931 to Sept 1, 1931

that I last saw h[illegible] alive on Sept 1, 1931

and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Adeno-carcinoma of Uterus (Body)

(duration) ? yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Carcinoma of Lung

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) H. L. Heine M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Eastern Cem. DATE OF BURIAL: 9/4/31

20 UNDERTAKER: George J. Ruth & Son ADDRESS: 1733 Harford

AaCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71839

CERTIFICATE OF DEATH

E 71839

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1434 Montpelier St., 9-46 (Ward)

Registered No. 1205 E 71839
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME John S. Root

(a) Residence: No. 1434 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agatha A. (Clifford)

6. DATE OF BIRTH (month, day, year) 10/7/1854

7. AGE	Years	Months	Days	If less than 1 day, hrs. or min.
	76	9	xx	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City
10. Date deceased last worked at this occupation (month and year) x
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT James A. Root (Address) 1434 Montpelier St
18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date 9/4/31
19. UNDERTAKER Geo. Ruth Inc (Address) 1733 Harford Ave
20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1931, to Sept 1. 1931
I last saw him alive on Sept 1, 1931, death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	Aug 30

Other contributory causes of importance:
Myocarditis

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Timmerman M.D.
(Address) 2855 Harford Ave.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71840 — E 71840

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324-Eutaw Place St. 11-24 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Pearre Elliott

(a) Residence: No. 1324-Eutaw Place St., Ward.
(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. C. Elliott

6. DATE OF BIRTH (month, day, year) Abt. 1871

7. AGE Years	Months	Days	If LESS than 1 day hrs. min.
Abt. 60	-	-	~~XXXXXX~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Cas. Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Wm. Wampler
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT George A. Keane
(Address) 607 E. 41st Street.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 9-5 1931

19. UNDERTAKER George [illegible] Inc.
(Address) [illegible]

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1931 to Sept 1 1931

I last saw h.e alive on Sept 1 1931 death is said to have occurred on the date stated above, at 4. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1-15-31
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur G. Laws, M. D.

(Address) 800 W 34th St

Spec.—6 30—A. & Co.—250 Blks

Jeannette A. Manning

HEALTH DEPARTMENT—CITY OF BALTIMORE

71841

CERTIFICATE OF DEATH

17 E 71841

1 PLACE OF DEATH St Joseph Hospital
CITY OF BALTIMORE No. Caroline & Eutaw St. WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED No

2 FULL NAME Jeannette Manning

(a) RESIDENCE No 1733 N. Caroline St.
(Usual place of abode) WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7/30/1891

7 AGE: Years 40 | Months 1 | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: James Manning
11 BIRTHPLACE OF FATHER (city or town) (State or country): New York
12 MAIDEN NAME OF MOTHER: Annie Scully
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): James Manning, 1733 N. Caroline St.

15 Filed SEP 3 - 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-1-31

17
I HEREBY CERTIFY, That I attended deceased from 8-22-31, 19 to 9-1-31, 19
that I last saw h alive on 9-1-31, 19
and that death occurred, on the date stated above, at 6P m.
The CAUSE OF DEATH* was as follows:

Encephalitis Lethargica

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? The
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Personal Care

(Signed) W. H. Thomas M. D.
19 Address St Joseph Hospital

*State the Disease causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem
DATE OF BURIAL: 9/5/31

20 UNDERTAKER: Geo J Roth & Sons
ADDRESS: 17 Hoyt St

AaCo. 5-31 2M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71842 — 97 E 71842

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 E Oliver Street St. 8-17 Ward)

Length of residence in city or town where death occurred 80 yrs. 7 mos. 2 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benedict Joseph Franz

(a) Residence: No. 2015 E. Oliver Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth L. Franz

7. DATE OF BIRTH (month, day, year) Jan 11, 1851

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
80	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred J. Franz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Franz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Franz
(Address) 2015 E. Oliver Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9-7- 1931

19. UNDERTAKER Geo. H. Nuth Inc
(Address) 1735 Harford Avenue

20. FILED _____ 1931 _____ Registrar.

OCCUPATION

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1929 to Sept. 3 1931

I last saw him alive on Sept. 2 1931 death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Cardio Sclerosis — Date of onset Exact D 1929

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hoe Hayes Jones M. D.

(Address) 5700 York Rd.

Spec.—1-30—M. & T.—250 Blks

E 71843

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71843

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1512 Lakeside Ave ST., 4-47 (WARD)

2-FULL NAME Rachel A. Gilbert

(a) RESIDENCE NO. 1512 Lakeside ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of George F. Gilbert

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Myrtle L. Padgett
(Address) 1512 Lakeside Ave

15 Filed 3-4 1931 16 E. FERGUSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3, 31

17 I HEREBY CERTIFY, That I attended deceased from August 13, 1931. to Sept. 2, 1931.
that I last saw her alive on Sept. 2, 1931
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:
Cardiosclerosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypertension, Chronic
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ....
Did an operation precede death? No Date of ....
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Edwin B. Jones M. D.
, 19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park cemetery — DATE OF BURIAL Sept 4 1931

20 UNDERTAKER Chas G. Black 742 W. Fayette — ADDRESS

TION is very important See instructions on back of certificate

AAC. C-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

250763
E 71844

CERTIFICATE OF DEATH

91-0 E 71844

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-37 St. ..... Ward.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Giordano

(a) Residence: No. 301 S. Conklin St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	16	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Sam Giordano
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carrie Catalin
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Sept 4 1931

19. UNDERTAKER Frank V. Pipitone
(Address) 2918 E. Baltimore St

20. Sept 2 1931 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1931 to Sept 1, 1931
I last saw h~~im~~ alive on Sept 1 1931 death is said to have occurred on the date stated above, at 1.25 A m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction (Acute) Date of onset Feb 1931

Other contributory causes of importance: Myocarditis of Long Sept 2 1931

Name of operation ..... Date of .....

What test confirmed diagnosis? B/C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alan Brunsten M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks

71845

HEALTH DEPARTMENT—CITY OF BALTIMORE

71845

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) St. Joseph Hospital (St.) 12 52 (Ward) 13

REGISTERED NO. 71845

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr Robert E. Sullivan

(a) RESIDENCE NO. 3343 Paine Street (St.) (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? 54 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male.	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Mary E. Sullivan (nee Rhoden)

6 DATE OF BIRTH (month, day, and year) May 3 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpentering

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C. R. & E. Co.

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jno. P. Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Annie [illegible] Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Mary E. Sullivan Wife

(Address) 3343 Paine st

15 [illegible] 3 - 1931 19

Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3-31

17

I HEREBY CERTIFY, That I attended deceased from Aug. 30 1931, to Sept 3, 1931

that I last saw him alive on Sept 3, 1931

and that death occurred, on the date stated above, at 4 40 A m.

The CAUSE OF DEATH* was as follows:

Uremia, due to chronic Nephritis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Hypertensive Cardio-vascular Renal Disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. M. Baumgardner M. D.

9/3, 1931 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Mary's Cem Frankford	Sept 7 1931

20 UNDERTAKER Walter Davis ADDRESS 3618 Gaston Ave

TION IS very important. See instructions on back of certificate

1-30—M. & T.—100 B—50L.

E 71846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 71846

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 N. Dallas ST. 8-17 WARD)

2-FULL NAME Gussie Brown

(a) RESIDENCE NO 1214 N. Dallas ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 3 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Ernst Brown

6 DATE OF BIRTH (month, day, and year) Apr 10/1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Isaih Gregs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Lillie Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Lillie Taylor (mother)

(Address) 1214 N. Dallas St

15 Filed 9-3-1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably lobar Pneumonia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) C. H. Jones, Coroner, M. D.

9/2/31 (Address) 106 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashury Cem. DATE OF BURIAL: Sept. 4 1931

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 416 N. Carey St.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 71847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71847

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 835 Edmondson Ave ST. WARD

REGISTERED No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Hamilton

(a) RESIDENCE No. 836 Edmondson ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible]

7 AGE: Years 55 Months — Days —

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Harrison Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

PARENTS

14 Informant: Etta Dorsey

(Address) 835 Edmondson Ave

15 Filed SEP 3 1931 (192) HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 2nd 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Ruptured Gastric Ulcer

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Fred Hellwig, M. D. Coroner

11 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenlawn Carolina Co Md.	Sept 4, 19 31
20 UNDERTAKER: Mrs Kate R. Williams	ADDRESS: Schroeder

TION is very important. See instructions on back of certificate.

Spec.—2-25-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1,002 ✓

E 71848

CERTIFICATE OF DEATH

95 E 71848

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Fawn St. WARD) 3-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Bertorelli

(a) RESIDENCE NO. 1003 Fawn ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S., if foreign birth? 42 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bertorelli

6 DATE OF BIRTH (month, day, and year) Dec. 25, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore City

(c) Name of employer Sanitary Department

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Peter Bertorelli

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant (Address) Mrs. Bertorelli 1003 Fawn St.

15 FILED [illegible] 3 - 1931 19 [illegible] Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1931, to Sept. 1, 1931.

that I last saw h~~im~~ alive on Aug. 31, 1931

and that death occurred, on the date stated above, at 2 25 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardiovascular disease (duration) yrs 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) A. A. Simmiello M. D.

, 19 (Address) 306 N. Greene St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Sept. 5 1931.

20 UNDERTAKER Wendell J. Hopped

ADDRESS 3000 Eutaw

H Spec.—1-30—M. & T.—2M0 Blks.

E 71849

HEALTH DEPARTMENT—CITY OF BALTIMORE E 71849

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST., 10-1st WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Juliana Bonhage

(a) RESIDENCE No. Preston & Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 15 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Frederick Bonhage

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary J Ebken

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Little Sisters of the Poor Preston & Valley St

15 Filed 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3rd 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1931 to Sept 3 1931,

that I last saw h alive on Sept 3 1931,

and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebro Sclerosis

1

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) E Gill Hall, M. D.

Sept 3 1931 (Address) 1631 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL 9/5/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

AaCo. 5-31 2500

Dr Gordy
Hayford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71850

CERTIFICATE OF DEATH

43203

Registered No. 71850

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4514 Hamptett St. 27-4th Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albie Deja Homberg

(a) Residence: No. 4514 Hamptett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lee Homberg

6. DATE OF BIRTH (month, day, year) Dec. 13. 1856

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	74	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Tobis Airey

14. BIRTHPLACE (city or town) Baltimor (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Whitaford

16. BIRTHPLACE (city or town) Baltimor (State or country) Maryland

17. INFORMANT Geo Homberg
(Address) 4514 Hamptett

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 5th 1931

19. UNDERTAKER Urliam Cook
(Address) 1217 St Paul Street

20. FILED Sept 1931 19 WRW Registrar

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3rd 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1931 to Sept 3rd 1931

I last saw h[illegible] alive on Sept 3rd 1931 death is said to have occurred on the date stated above, at [illegible] A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1926

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. K. Gordy M. D.

(Address) 925 Cathedral

Spec.—1-12-23—M&T—500 Blks.

E 71851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

13 E 71851

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2701 Pennsylvania Ave (Ward) 9-46

2-FULL NAME Annie Eliza Cash

(a) RESIDENCE NO. 2701 Pennsylvania Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or ~~divorced~~ ~~HUSBAND~~ or) WIFE of John H. Cash

6 DATE OF BIRTH (month, day, and year) June 24th 1850

7 AGE: Years 81 Months 2 Days 9 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): New Jersey

PARENTS

10 NAME OF FATHER Wm Ross

11 BIRTHPLACE OF FATHER (City or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Unknown

14 Informant: Lillie Morey

(Address) 2701 Pennsylvania Ave

15 Filed 3-1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9 1931

17 I HEREBY CERTIFY, That I attended deceased from April, 1931, to Sept 3, 1931.

That I last saw her alive on Sept 3, 1931.

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 5 yrs mos ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 9 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Ernest Zimmerman M.D.

9-3-1931 (Address) 4555 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery

DATE OF BURIAL: 9/11 1931

20 UNDERTAKER: W E Cook

ADDRESS: 1217 St Paul St

ATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71852

REGISTERED NO. 1001 71852

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4033 Eastern Ave ST. 26-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2. FULL NAME Charles Schultz

(a) RESIDENCE NO. 4033 Eastern Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Schultz

6 DATE OF BIRTH (month, day, and year) Aug 30 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Charlotte Schultz

(Address) 3712 Hudson St

15 Filed Sept 4 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? See

What test confirmed diagnosis?

(Signed) B F Kenyon MD M. D.

(Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bair Lawn Cem	Sept 4 1931
20 UNDERTAKER John C. Miller	ADDRESS 1405 E Lexington

TION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

1-16—M. & T.—100 B—581.

E 71853

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71853

CERTIFICATE OF DEATH

207

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Eastern Ave & Iris St. 36-37 (WARD)

2-FULL NAME Charles L Smith

(a) RESIDENCE NO Bay View Asylum ST., _____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5-3- yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Mrs M Smith

(Address) 626 N Newwood Ave

15 Filed 9-3- 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Accidental Killed, by Passenger train P R R.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) B F Herzog M. D. (Coroner)

9/2, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL A Pauliter Sept 4 1931

DATE OF BURIAL

20 UNDERTAKER Fun C Miller

ADDRESS 1435 E Lan

TION is very important. See instructions on back of certificate.

AGO. 5-31 250B

E 71854 # HEALTH DEPARTMENT CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

2-4 48 E 71854

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 254 S. Ann Street St. ... Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Pekar

(a) Residence: No. 254 S. Ann Street St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John . Pekar

6. DATE OF BIRTH (month, day, year) Jan. 7 1891

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	40	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME George J. Hertzonowski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Anna . Hoffman
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. John . Pekar Husband
(Address) 254 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Sep .4 1931

19. UNDERTAKER John M. Kelly
(Address) Jno. D. Chester M
C. HAMPSON JONES, M. D.

20. FILED 9-3 1931 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 31 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 31 to Aug 31 1931
I last saw h... alive on Aug 31 1931 death is said to have occurred on the date stated above, at 4.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus.	

Other contributory causes of importance:

Name of operation ... Date of July 10. 31

What test confirmed diagnosis Cyto Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Hunt Hundley M. D.
(Address) 2738 E Balto

1-30—M A T—100 B—50L.

E 71855

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71855

CERTIFICATE OF DEATH 210-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Jno Hopkins Hosp ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hobie Ruff

(a) RESIDENCE NO 926 Madison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 11 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Lab 040

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Alex Ruff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ida Rawlins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Ida Rawlings

(Address) 225 E. Cross St

15 Filed SEP 4 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

*CAUSE OF DEATH was as follows: While trying to board car to ride he slipped & fell & rear wheels of auto passed over him

(Duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in front of 432 Brooks

Did an operation precede death? yes Date of 8/22/31

Was there an autopsy? yes

What test confirmed diagnosis? Clin & Lay findings

(Signed) H. Brauer M. D. Coroner

9-3 1931 (Address) 1898 Gilmor-Elderslie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL 9-4 1931

20 UNDERTAKER Jas Wm Skinner

ADDRESS 1625 E. Baltimore St

THION is very important See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

71856

CERTIFICATE OF DEATH

97 E 71856

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 832 William St. 23 Ward)

Length of residence in city or town where death occurred 72 yrs 6 mos 11 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Geo W Warrenberger

(a) Residence: No. 137 Fielding St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jennie Warrenberger

6. DATE OF BIRTH (month, day, year): Feb 22, 1859

7. AGE: Years 72 | Months 6 | Days 11 | If LESS than 1 day hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: City

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME: Mathias Wentzel
14. BIRTHPLACE (city or town) (State or country): Switzerland
15. MAIDEN NAME: Katharine Zeh
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ella Held
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Holem Date: Sept 4 1931

19. UNDERTAKER: [illegible]
(Address)

20. FILED SEP 4 - 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 1930 to Sept. 2 1931

I last saw him alive on Sept. 2 1931 death is said to have occurred on the date stated above, at 4.00 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	8/31/30
Exhaustion	2 days

Other contributory causes of Importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Campbell M. D.
9/3/31 (Address) 1644 Hanover St

A&Co. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71357

CERTIFICATE OF DEATH

82-001

E 71357

Registered No. 15-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Clifton Ave. Ward)

Length of residence in city or town where death occurred 83 yrs. 0 mos. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Virginia Malamure

(a) Residence: No. 2900 Clifton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James M. Malamure

6. DATE OF BIRTH (month, day, year) Aug 7, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME George Woods

14. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va

15. MAIDEN NAME Louisa Crusen

16. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va

17. INFORMANT Mrs. Reed Sterck

(Address) 2900 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

(Place) London Park (Date) Dec 4 1931

19. UNDERTAKER Wm. Tickner & Sons

(Address) Funeral Directors

20. FILED Dec 4 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1931, to Dec 2 1931, that I last saw her alive on Dec 2 1931, death is said to have occurred on the date stated above, at 2:52 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Heart Disease	about 4 years
Cerebral Hemorrhage	Nov 24-31
with left Hemiplegia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Miller Cole, M. D.

(Address) 2702 Eastern Ave

IRREGULARITIES in any particular should be noted on the back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71858

E 7185 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

98V

1 PLACE OF DEATH — REGISTERED NO 15-58

CITY OF BALTIMORE (No Sinai Hospital ST 15-58 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rebecca Berlin

(a) RESIDENCE NO 3442 Park Hts. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Kopsel

6 DATE OF BIRTH (month, day, and year) Sept 10/1870

7 AGE — Years: 61 — Months: 11 — Days: 23 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 031

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Abraham Blacker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia.

12 MAIDEN NAME OF MOTHER Rosa —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address) Joseph Berlin 3442 Park Heights ave

SEP 4 1931 Filed, 19 C. HAMPSON JONES, M.D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3/31

17

I HEREBY CERTIFY, That I attended deceased from Aug 7, 1931, to Sept. 3, 1931

that I last saw h[illegible] alive on Sept 3, 1931

and that death occurred, on the date stated above, at 10:03 AM.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic gangrene of both legs.

Rt Lly - 2 wks. Lt. Lg 3½ wks.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of Aug 20 '31

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. E. Eaglesman M. D.

Sept 3 1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring Run

20 UNDERTAKER: Sol Leviton & Bro

DATE OF BURIAL: Sept 4 1931

ADDRESS 121 E Dallas st

(1) TION IS very important. See instructions on back of certificate

Spec.—9-36—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71859 — 131 — E 71859

REGISTERED NO.

E 71859
1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925, Gennalde, St.) (25-72 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helen G Batzy

(a) RESIDENCE No. 925 Gennalde Ave. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 58 yrs. 3 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Bernard Batzer.

6 DATE OF BIRTH (month, day, and year) May 5, 1873.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Thomas Cowan

11 BIRTHPLACE OF FATHER (city or town) (State or country): England.

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland.

14 Informant: Mrs Marie E. Carter
(Address): 4 Eno Wilmot Ave.

15 Filed ..... 19 ..... C. HAMPSON JONES, M. D. Registrar

P J - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/3/1931.

17 I HEREBY CERTIFY, That I attended deceased from 8/27, 1931, to 9/3/1931

that I last saw h[illegible] alive on 9/3/31, 19

and that death occurred, on the date stated above, at 7.30 A. M.

The CAUSE OF DEATH* was as follows:

Chr. Inter Nephritis
Hypertension
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Apoplexy
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Bernard J. Seay M. D.

9/4, 1931 (Address) 91[illegible] Wilmot

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem.	9/5/1931
20 UNDERTAKER	ADDRESS
John J. Cowan & Son	[illegible]

SECTION is very important. See instructions on back of certificate.

E 71860

236722

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 54-E 71860

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-E Ward)

Length of residence in city or town where death occurred yrs 4 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Henry Belton Johnson

(a) Residence: No. Mangville Texas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Cattleman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: O K

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Oklahoma

FATHER

13. NAME: J. B Johnson

14. BIRTHPLACE (city or town) (State or country): Okla

MOTHER

15. MAIDEN NAME: E Merchant

16. BIRTHPLACE (city or town) (State or country): Okla

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Mangville Texas Date: Sept 4 1931

19. UNDERTAKER: Geo M. Omit & Son
(Address) Silk Chapel Balto

SEP 4 - 1931 C. HARPER JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1930, to Sept 4, 1931

I last saw him alive on Sept 4, 1931 death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

Brain Tumor Right Cerebral Glioma — Date of onset: June 1929

Other contributory causes of importance: Recurrent Brain tumor — Jan 1931

Name of operation: Right Craniotomy — Date of: 8-15-29

What test confirmed diagnosis? Operation — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Judd Geib, M. D.
(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-23-28—L. F. S.—500 Bks.

E 71861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71861

CERTIFICATE OF DEATH

161-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Presstman ST., 16-68 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alex. B. Stuart, Jr.

(a) RESIDENCE NO. 2804 Presstman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 2, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, 24 hrs. or ___ min.
	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Alex B. Stuart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Vivian M. Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant

(Address)

15 Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__, that I last saw h__, alive on ____, 19__, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo. C. Dale, M. D.

, 19__ (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Comp. Towers.	Sept. 4 1931

20 UNDERTAKER

ADDRESS

For Undertaker's Use Only

SEP 4 - 1931 THOMPSON JONES, M.D.

AdCo 5-31 250B

E 71862

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71862

CERTIFICATE OF DEATH

137

Registered No. F3141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mr. Edward Johnson

(a) Residence: No. 843 University Pkwy St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Johnson
Mary Beall

6. DATE OF BIRTH (month, day, year) March 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	65	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Undertaker

10. Date deceased last worked at this occupation (month and year) August 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jennie Lear

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mary Beall Johnson

(Address) 843 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 5, 1931

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1810 Eutaw Place

SEP 4 1931 THOMAS JONES, M.D.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/21/31, 19 , to 7/3/31, 19

I last saw h[illegible] alive on 9/3/31, 19 death is said to have occurred on the date stated above, at 7:58 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	1930
Emphysema, Weight	?

Other contributory causes of importance:

Cystitis

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Fowler, M. D.

(Address) Union Memorial Hosp.

INSTRUCTIONS: See Instructions on back of certificate. OCCUPATION is very important.

1-30—M. & T.—100 B—60L

E 71863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71863

CERTIFICATE OF DEATH

8-45 L63

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick W. Winkelman

(a) RESIDENCE No. 2857 Lake Ave St., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Winkelman

6 DATE OF BIRTH (month, day, and year) Feb 25/1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	8 7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Food Inspector
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Md. State Health Dept.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard Winkelman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary Stitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Barbara Winkelman

(Address) 2857 Lake Ave

15 Filed SEP 4 1931 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Sulphuric Acid Poisoning

Suicide

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Probably Pulm. Tuberculosis

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes at St. Joseph Hospital

What test confirmed diagnosis?

(Signed) [signature], M. D. Coroner

9/3/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem — DATE OF BURIAL Sept 5 1931

20 UNDERTAKER [illegible] — ADDRESS [illegible]

SEE INSTRUCTIONS on back of certificate. See instructions on back of certificate. TION is very important

AACo. 5-31 250R

E 7186-1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 M01 E 71861

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Harlem ave St. 16-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Herbert Tale

(a) Residence: No. 909 Harlem ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 1899

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	32	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME James Tale

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Laurela Briner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ellen Tale

(Address) 909 Harlem ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/4/31 19

19. UNDERTAKER Lennie Carton

(Address) 916 Bruce

20. FILED 19

Registrar

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to Sept 2, 1931

I last saw h alive on Sept 2 1931, death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so,

(Signed) J. H. McIlvain M. D.

(Address) 3 E. W. Pratt

AACo. 1-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71865

CERTIFICATE OF DEATH

59 V

Registered No. E 71865

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 820 Bradley St. 47-16 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Cornish

(a) Residence: No. 820 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dor Cornish

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Simms

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Wallis

(Address) 820 Bradley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-4 1931

19. UNDERTAKER Lamy Easton

(Address) 916 Pa Ave

20. FILED Sept 4 1931 H. JONES, M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931, to Sept 1, 1931

I last saw h[illegible] alive on Sept 1, 1931, death is said to have occurred on the date stated above, at 2.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Nephritis	Aug 29
Arteriosclerosis	

(Other contributory causes of importance)

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Hall M.D.

(Address) 624 Schroeder

Spec.—I-30—M. & T.—250 Bks

E 71866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

E 71866

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 901 Parish ST. 16-22 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Floyd Fortye

(a) RESIDENCE NO. 901 Parish ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fortye

6 DATE OF BIRTH (month, day, and year) Jan. 25, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Produce dealer

(b) General nature of industry, business, or establishment in which employed (or employer) O.H.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore md

PARENTS

10 NAME OF FATHER Jacob Fortye

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant (Address) Mary Fortye 901 Parish St.

15 Filed — 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9—1—31

17 I HEREBY CERTIFY, That I attended deceased from 5—1—1931 to 9—1—1931

that I last saw him alive on 8—20—1931

and that death occurred, on the date stated above, at 7.45P m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X ray & lab. tests

(Signed) Frank A Saunders, M. D.

9-2, 1931 (Address) 1029 N Strieker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Sept 4 1931
20 UNDERTAKER	ADDRESS 916
Dennis Carton	Pace

AaCo. 5-11-2500

HEALTH DEPARTMENT CITY OF BALTIMORE

35-1847
E 71867

CERTIFICATE OF DEATH

92-001 E 71867

Registered No. 14-20

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Patterson

(a) Residence: No. 1128 Argyle Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

3a. If married, widowed, or divorced (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Apr. 18 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Lindsay Lee Va —

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Maria Wiggins Va -

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date Sept 4 1931

19. UNDERTAKER Dennis Carter
(Address) 916 Eden ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1931, to Sept 2 1931
I last saw her alive on Sept 2 1931 death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of each (specify whether years, days, or hours)
(1) Myocardial failure	?
(2) Rheumatic heart disease?	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Bedell, M.D.

(Address) Johns Hopkins Hospital

AdCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

2340
F 71868

CERTIFICATE OF DEATH

94-002E

Registered No. F 71868

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Ruxton Ave - St. 15-18 Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David Cohen

(a) Residence: No. 1633 Ruxton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) New Orleans La
13. NAME Abram Cohen
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Rukus
16. BIRTHPLACE (city or town) (State or country) New Orleans La

17. INFORMANT Abraham Cohen
(Address) 1633 Ruxton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 9-4-1931

19. UNDERTAKER Lee Sons Inc
(Address) 3[illegible] Park Ave

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 1931

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931 to Sept. 3, 1931
last saw him alive on Sept. 3, 1931 death is said to have occurred on the date stated above, at 1.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Disease	July 12, 1931

Other contributory causes of importance:

Probable Pulmonary Embolism

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Allen Jorgaman, M. D.

(Address) 2340 Eutaw Pl.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71869 — Registered No. E 71869

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 26-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grant Ballard

(a) Residence: No. 7928 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Ballard

6. DATE OF BIRTH (month, day, year) May 5 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	35	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Factory

10. Date deceased last worked at this occupation (month and year) about July 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark N. J.

MOTHER FATHER

13. NAME Eugene C. Ballard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Estella Pletzer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rose Wheatley
(Address) 7928 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 4 1931

19. UNDERTAKER Herman Lemmon
(Address) 7611 Park Heights.

20. FILED — Sept 4 1931 H. M. P. JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931, to Sept 1, 1931

I last saw h[illegible] alive on Sept 1, 1931 death is said to have occurred on the date stated above, at 8 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis	July 1931

Other contributory causes of importance:

Bronchio-Pneumonia	8 22 31

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice Feinschreiber M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

AdCo 5-31 2108

E 71870 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 23 E 71870

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Baltimore Gen Hosp St. 18-26 Ward)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Holland

(a) Residence: No. 263 N. Schroeder St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Holland

6. DATE OF BIRTH (month, day, year) Oct 29 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER

13. NAME Mary Thurman
14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. MAIDEN NAME Susan Holland
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wendell Thurman
(Address) 1220 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 11-5-31

19. UNDERTAKER Isaiah Brent Co
(Address) 1 E Lanvale St

20. FILED Nov 1 1931 Registrar.

OCCUPATION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-2- , 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-26 , 1931, to 9-2 , 1931

I last saw h[illegible] alive on 9-2 , 1931 death is said to have occurred on the date stated above, at 2:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	30 min
Other contributory causes of importance:	
Pulmonary TB	?
Chronic Diarrhea	1 yr
Inflammatory Stricture Rectum	1 yr

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. T. Truman M. D.
(Address) Mercy Balto Gen. Hosp.

B A - 1031

1-20—M. & T.—100 B—50L

E 71871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71871

CERTIFICATE OF DEATH

34

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 E. Madison ST. 7-13 WARD)

2-FULL NAME Charles D. Marshall

(a) RESIDENCE NO 1538 E. Madison ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Queenn Marshall

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 47			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) St.Lucia B.W.I.

PARENTS

10 NAME OF FATHER John T. Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Lucia, B.W.I.

12 MAIDEN NAME OF MOTHER Cornelia Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Lucia, B.W.I.

14 Informant John T. Marshall (Son)

(Address) 1538 E. Madison St

Filed SEP 4 1931 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 31/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probable Ruptured Aortic Aneurysm

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History Syphillis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) T. A. Pace M. D. Coroner

19 [illegible] 9/3/31 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary DATE OF BURIAL Sept 4 1931

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 1125 Eutaw

TION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 71872 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71872

CERTIFICATE OF DEATH

16

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 3 yrs 7 mos 26 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Joseph H. Tetz, Jr.

(a) Residence: No. 3026 Edmondson Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Tetz, Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Katherine Krenda

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph Tetz
(Address) 3026 Edmondson Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Sept 5 1931

19. UNDERTAKER Mr. & Mrs. John W. Tetz & Son
(Address) 21 N. Fountain Av.

20. FILED [illegible] 19[illegible] [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1931, to Sept 4, 1931.

I last saw him alive on Sept 4, 1931, death is said to have occurred on the date stated above, at 2:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Anterior Poliomyelitis (Bulbar Type)	8/28/31
Other contributory causes of importance:	
Diffuse Bronchopneumonia	9/3/31

Name of operation none Date of

What test confirmed diagnosis? Spinal Punctate Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Peter Mezansky M. D.

(Address) Sydenham Hospital

AaCo. 5-31 2500

E 71873 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 001 E 71873

CERTIFICATE OF DEATH

Registered No. E 71873

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Theodore Schilling

(a) Residence: No. 2269 Pulaski Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 9, 1878

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Charles Schilling
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary Kaiser
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem Date Sep. 6, 1931

19. UNDERTAKER George M. Zibbell
(Address) 1717 E. Eager St

20. FILED Sep 6 1931 H. HAMBLETON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-31-31, 19, to 9-3, 1931

I last saw h[illegible] alive on 9-3 1931 death is said to have occurred on the date stated above, at 1 [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated hernia (complete inguinal variety)	8-30-31
Other contributory causes of importance: Myocarditis (chronic)	?

Name of operation Reduction of hernia Date of 8-31-31

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Robert T. Chenworth M. D.

(Address) Md General Hospital

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71874

94-001

E 71874

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 N. Milton Ave ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Christopher Wise

(a) RESIDENCE NO. 1431 N. Milton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Wise

6 DATE OF BIRTH (month, day, and year): April 8, 1865

7 AGE: Years 66 | Months 4 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocery Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Wise

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Dorothy Fischer

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Ida Wise

(Address) 1431 N. Milton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1928 to Sept. 3, 1931

that I last saw h[illegible] alive on Sept. 3, 1931

and that death occurred, on the date stated above, at 11 30 A m. (AM)

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) Vincent F. Foska, M. D.

(Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: Sept, 8 1931

20 UNDERTAKER: George W. Zinkler

ADDRESS: 1737 E. Eager St.

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71375

CERTIFICATE OF DEATH

109 E 71875

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 S. Spring St. 3-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Mary Kent

(a) Residence: No. 109 S. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Solomon Kent

6. DATE OF BIRTH (month, day, year) 1838

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	93			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Maria Weisman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unk

FATHER

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Mrs Sarah Kent 109 S. Spring St

18. BURIAL, CREMATION, OR REMOVAL Place Mount Wilson Cem. Date Sept 6 1931

19. UNDERTAKER Sol Kerr, Inc. (Address) 1 East Biddle St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1931 to Sept 4th 1931

I last saw her alive on Sept 4 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Sept 4, 31

Other contributory causes of importance:

Senile Pneumonia	Sept 3

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) A. Fliess, M. D.

(Address) 24 S. Broadway

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71876 — 93-284 — 26 — E 71876

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 S Bond ST. 3-4 WARD)

2-FULL NAME Jacob Chulchik

(a) RESIDENCE NO 328 S. Bond ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 0 20
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant

(Address)

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Electrocution

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B Herzog M.D. Coroner, M. D.

Aug. 1931 (Address) 1305 N Patterson Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL METE

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS SEP 4 - 1931

TION is very important. See instructions on back of certificate.

FEB 4 - 1931

AaCo. 5-31 2508

Oscar Calfa

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71877

CERTIFICATE OF DEATH

114-E 71877

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward) 13-57

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oscar Calfa

(a) Residence: No. 3612 Parkdale Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Wash E Earp
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mary E Gilman
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clara E Crum
(Address) 3421 Victory Lane

18. BURIAL, CREMATION, OR REMOVAL
Pikesville Cemetery Date Sept 6, 1931

19. UNDERTAKER Chamberlain
(Address) 1 E Lanvale St

20. FILED SEP 7 1931, 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1931 to Sept 5, 1931
I last saw him alive on Sept 5 1931 death is said to have occurred on the date stated above, at 6.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	

Other contributory causes of importance:

Name of operation Thoracotomy ② Date of 8/20/31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W M Law, M. D.
(Address) University Hospital

Spec—1-30—M. & T.—250 Blks

E 71378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71378

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Girl Curtis

(a) RESIDENCE NO. 1121 N. Lafayette Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 7 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 19, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			9 d	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Benjamin Curtis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel County, Md.

12 MAIDEN NAME OF MOTHER Amanda Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster County, Pa.

14 Informant (Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) August 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from August 19, 1931, to August 27, 1931,

that I last saw h[illegible] alive on August 27, 1931,

and that death occurred, on the date stated above, at 4:40 P. m.

The CAUSE OF DEATH* was as follows:

Injection and Premature Birth

(duration) yrs. mos 9 da.

CONTRIBUTORY (Secondary) Maternal Toxaemia

(duration) yrs. 1 mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frank L. Koppelman M. D.

8-31-1931 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

SEP 4 - 1931

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71879 | 167 E 71879

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

City of Baltimore: (No.) Mercy Hospital St. 15-67 Ward

2-FULL NAME Omar M. Dodson

(a) RESIDENCE NO. 3029 W. North Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth R. Dodson

6 DATE OF BIRTH (month, day, and year) May 23, 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
About	52	3	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Real Estate, Business
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) D.C.A. Co.

PARENTS

10 NAME OF FATHER Robert H. Dodson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth N. Potter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs. Ruth R. Dodson 1628 Poplar Grove St.

15 Filed 9-4-1931 C. HARRISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Bullet through brain self inflicted while of Sick & Insane

(duration) yrs. mos. 16 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? 2 W Lexington

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton M. D.

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Sept 5 1931
20 UNDERTAKER: Wm. Wickersham Sons	ADDRESS: Rockville Pa

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 71880

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71880

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 S. Dover ST., 22-30 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Barnes
637 S Dover

(a) RESIDENCE NO. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. mos. — ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug. 30, 1931

7 AGE: Years — Months — Days: 5 mos fetus — If LESS than 1 day, hrs. or min.: lived for 30 minutes.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Isaac Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mississippi

12 MAIDEN NAME OF MOTHER Ethel Ames

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Mother)
(Address)

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 31

17

I HEREBY CERTIFY, That I attended deceased from Aug 30, 1931, to Aug 30, 19 31,

that I last saw him alive on Aug 30, 19 31,

and that death occurred, on the date stated above, at 1 03 A m.

The CAUSE OF DEATH* was as follows:

1 Hours Atelectasis
(Spontaneous)

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Isaac E. Carpenter, M. D.

19 31 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL C/o Hospital

DATE OF BURIAL SEP 4 1931

ADDRESS

20 UNDERTAKER

20a Address

UNIVERSITY OF MARYLAND
HARRISON JONES M.

Spec.—1-10-21—M&T—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71881

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Johnny Cutlinton Manor
CITY OF BALTIMORE: (No.) Fremont Ave 32nd St (Ward) 13-5 1 107

REGISTERED NO. 71881
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Gloria Lewis

(a) RESIDENCE NO. 32 St & Cutlinton Place St. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 1yr. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18th 1928

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Tolen Lewis
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Bessie Hoffman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant (Address) 32 Mont Cutlinton Place

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 16 1929 to Sept 4 1931
that I last saw h er alive on Sept 3 1931
and that death occurred, on the date stated above, at 5 A. m.
The CAUSE OF DEATH* was as follows:
Bronchopneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Idiocy
(duration) 3 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) John E Baldwin M. D.
1931 (Address) 100 E 33rd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery
DATE OF BURIAL: 9/10/ 1931

20 UNDERTAKER: Wm Cook
ADDRESS: 1217 St Paul st

CAUSE OF DEATH to be properly classified, each statement of disease may be required to be supported by a physician's certificate. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

Coroner Morrissey 3632 Roland Ave- Univ 1644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71882

X 92-401 ✓

92-E 71882

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 4612 Schenley Road Ward) 29-53

2-FULL NAME Margaret E. Thompson

(a) RESIDENCE NO. Martinsburg West Va. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm A. Thompson

6 DATE OF BIRTH (month, day, and year) July 19th 1853

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
78	1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Virginia

PARENTS

10 NAME OF FATHER Wm Dorsey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Howard Co. Md

12 MAIDEN NAME OF MOTHER Harriet Myers

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Dr Kerr D. Thompson
(Address) 4612 Schenley Road

15 Filed ... 19... Registrar

E. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion
Heart.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward E. Morrissey M. D.

9/4 1931 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	9/7/1931
20 UNDERTAKER Wm Cook	ADDRESS 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Coroner Potter 508 E. North Ave 0377

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71383 — 6 E 71383

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH West Balto Gen'l Hospital

CITY OF BALTIMORE: (No. Rayner × Dukeland ST., WARD)

2-FULL NAME Tomas Orendorf

(a) RESIDENCE NO 309 N. Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Anna E. Orendorf

6 DATE OF BIRTH (month, day, and year) Mar 4th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Husbandry
(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Chas Orendorf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER Lydia Bracky

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Anna E. Orendorf

(Address) 309 N. Pulaski St

15 Filed _____, 192_ _____ Registrar

CORONER'S CERTIFICATE OF DEATH 11:5 P.M.

16 DATE OF DEATH (month, day, and year) Sept 3rd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage-Fractured Skull
(Accidently fell from tree while topping same on premises of Geo. Reiblich Woodlawn) (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H Potter, M. D. Coroner

9/4/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenwood, Delaware — DATE OF BURIAL 9/5/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

CLAMPSON JONES, M.D.

Spec.—9-30—A. & Co.—250 Blks

71884

HEALTH DEPARTMENT—CITY OF BALTIMORE

71884

CERTIFICATE OF DEATH.

82-001

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Provident Hosp.

CITY OF BALTIMORE (No 151 Division St D WARD) 1-8

2 FULL NAME Emmett Speirs

(a) RESIDENCE No 1025 Allen St. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Mollie Mary Speirs

6 DATE OF BIRTH (month, day, and year) September.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 640

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mary Speirs 1025 Allen st.

15 Filed 5 1931 19 C. HAMPSON JONES, M. D. Registrar

17 By .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2-31

17 I HEREBY CERTIFY, That I attended deceased from 8-27-, 19 31. to 9-2-, 19 31

that I last saw him alive on 9-2-, 19 31

and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Dr. Marge McDonald M. D.

9-2-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	Sept 5 1931
20 UNDERTAKER: Jno R A Elliott	ADDRESS: 1725 Carlton Ave Balto Md

TION is very important. See instructions on, back of certificates.

Spec.—1-10-21—MAT—1500 Bks.

E 71885

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71885

CERTIFICATE OF DEATH.

157-603

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1826 Alricanna ST., WARD 24

2-FULL NAME Marie Evelyn Czarski

(a) RESIDENCE NO. 1826 Alricanna ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 days mos. 4 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	single

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) ✓

6 DATE OF BIRTH (month, day, and year) Sept 4, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) 1826 Alricanna ST Baltimore Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) ✓ (State or country)

12 MAIDEN NAME OF MOTHER Mary Czarski

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) City

14 Informant (Address) Mother 1826 Alricanna St

15 Filed ✓, 19 31 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Sept 4th, 1931,

that I last saw her alive on Sept 4th, 1931,

and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Unclosed foramen Ovale

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? Cyanotic appearance

(Signed) John Wade, M. D.

, 19 (Address) 1185 E. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem — DATE OF BURIAL Sept 5 1931

20 UNDERTAKER Louis J Siemund — ADDRESS 325 Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPA-TION is very important. See instructions on back of certificates.

S.

AaCo. 5-31 250B

71886 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71886

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 51 yrs. mos ds. How long in U.S. if of foreign birth 57 yrs mos ds.

2. FULL NAME Charles Murry

(a) Residence: No. 526 S Ethridge St., Ward 26-37
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Murray

6. DATE OF BIRTH (month, day, year) Aug 1, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Martin Murry
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Ann Shannan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient
(Address) Same address

18. BURIAL, CREMATION, OR REMOVAL Place G. Peters Date Sept. 7, 1931

19. UNDERTAKER J. A. Hagan
(Address) 1000 E. Baltimore St.

20. FILED Sept 7, 1931 C. PEMBERTON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931 to Sept 3, 1931
that I last saw h alive on Sept. 3, 1931 death is said to have occurred on the date stated above, at 12 0'4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	June 6, '31
Symptomatic	
Other contributory causes of importance: Bronchopneumonia	8-25-31
Myocardial weakness	

Name of operation Prostatectomy Date of 7-6-31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lucien E. Price M. D.
(Address) Bon Secours Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-26-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71887 — 92-00 E 71887

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Fairfield Road ~~ST.~~ WARD) 25-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William H. Alleyne

(a) RESIDENCE NO. 3206 Fairfield rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed or Divorced~~, (write the word)
male	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	51	2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Dredge Oiler on Tugboat

(b) General nature of industry, business, or establishment in which employed (or employer) ✓ Dredge

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Trinidad B. W. I.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Trinidad, B.W.I.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Trinidad B.W.I.

14 Informant William H Alleyne

(Address) 3206 Fairfield Road Baltimore Md

15 Filed ____, 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 17-31

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1931, to Aug 17, 1931, that I last saw h alive on Aug. 17, 1931 and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency eg

Indefinite (duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cardiac asthma (duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

8-18, 1931 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pt. Lorry Cemetery	Sept. 6 1931

20 UNDERTAKER Robert Williams ADDRESS 1515 McElderry St

Spec.—9-30—A. & Co.—250 Blks.

E 71888

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71888

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 318 N. Ann St. (Ward) 19

2 FULL NAME James Russell.

(a) RESIDENCE NO. 318 N Ann (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1908 June

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8 7	28 27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James A. Russell

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary Downs

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Interment (Address) Mary Russell 318 N Ann St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 30, 1931 to Sept 3, 1931

that I last saw him alive on Sept 3, 1931

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

Bi-Lateral.

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Tapeworm

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Calvin B. LeCompte M. D.

19 (Address) 1113 4 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: Sept 6 1931

UNDERTAKER: Potts & Nicholson — ADDRESS: 1515 E Eager St

TION is very important. See instructions on back of certificate.

C. RAWSON JONES, M.D.

Spec.—9-30—A. A Co.—250 Blks

E 71889 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71889

53

CERTIFICATE OF DEATH

1 PLACE OF DEATH
CITY OF BALTIMORE (No Provident Hosp St 1-3 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Spencer Ross

(a) RESIDENCE NO 1151 Duncan St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Ross

6 DATE OF BIRTH (month, day, and year) July 20 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS
10 NAME OF FATHER Thomas Ross
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Mary E. Clarke
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Carrie Ross
(Address) 1151 E. Duncan St

15 Filed SEP 5 1931 19 C. ALLISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/3/31

17 I HEREBY CERTIFY, That I attended deceased from ~~Sept 8~~ 8-17 1931 to Sept 3 1931
that I last saw h alive on Sept 3 1931
and that death occurred, on the date stated above, at 7 30 a.m.
The CAUSE OF DEATH* was as follows:
Acute edema
Myocarditis
Chronic ? Thyroid
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not known
Did an operation precede death? yes Date of 8/26/31
Was there an autopsy? yes
What test confirmed diagnosis? Path Exam
(Signed) Bernard Thom M. D.
9/5 1931 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Auburn cemetery — DATE OF BURIAL Sept 5 1931

20 UNDERTAKER Edward Bryson — ADDRESS 1281 Orleans St

IMPORTANT: See instructions on back of certificate.

E 71890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-00 | E 71890

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 960. W. Franklin ST., WARD) 17-26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irene Anderson

(a) RESIDENCE NO. 960. W. Franklin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Anderson

6 DATE OF BIRTH (month, day, and year): 1900

7 AGE — Years: 31 — Months: — — Days: — — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic Work

(b) General nature of industry, business, or establishment in which employed (or employer): House Work

(c) Name of employer: at home

9 BIRTHPLACE (City or town) (State or country): Wilmington North Carolina

PARENTS

10 NAME OF FATHER: Dont Knows

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wilmington N.C.

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Wilmington N.C.

14 Informant (Address): Husband James Anderson 960 W. Franklin

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/31/31.

17 I HEREBY CERTIFY, That I attended deceased from Aug 31.31. 19 31. to Sept 2 31.

(that I last saw her alive on Sept. 2 19 31

and (that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia with acute Endocarditis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Infected tooth.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical test.

(Signed) J. T. Gregg M. D.

19 (Address) 612 Wilmington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Sept 7, 1931

20 UNDERTAKER: Mrs Katie R Williams

ADDRESS 322 [illegible] Johnson Sq

Form—2-29-28—L. F. S.—500 Blks.

E 71891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71891

CERTIFICATE OF DEATH

REGISTERED NO. 231

1—PLACE OF DEATH

CITY OF BALTIMORE (No.) 422 Biddle ST., WARD) 1-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bertha Turner

(a) RESIDENCE NO. 422 Biddle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Negro.

5 Single, Married, Widowed, or Divorced. (write the word): Married.

6 If married, widowed or divorced HUSBAND of (or) WIFE of: Ephram Turner

7 DATE OF BIRTH (month, day, and year): July 1-1909

8 AGE: Years 22 Months 2 Days 1 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): Housekeeping.

(c) Name of employer: At home

10 BIRTHPLACE (City or town) (State or country): Victoria Virginia

PARENTS

11 NAME OF FATHER: Alexander Mason

12 BIRTHPLACE OF FATHER (City or town) (State or country): Victoria Virginia

13 MAIDEN NAME OF MOTHER: Sallie Not known

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Victoria Virginia

Informant: Ephraph Turner Husband

(Address) 422 Biddle St

15 Filed 5-1931 19 NPD Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 2, 1931.

17 I HEREBY CERTIFY, That I attended deceased from June 24th 1931 to Sept 2nd 1931.

that I last saw her alive on Sept 2nd 1931.

and that death occurred, on the date stated above, at 5.7 m.

The CAUSE OF DEATH was as follows: Miliary Tuberculosis

(duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary): Tuberculer infection

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinics & Laboratory

(Signed) J. T. Gunn M. D.

19 (Address) 52 N. Arlington Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Sept 5 19 31

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St

Spec.—2-19-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71892

CERTIFICATE OF DEATH

93-001 E 71892

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 954 Forrest ST., WARD) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Hamilton

(a) RESIDENCE NO. 954 Forrest ST., WARD 15

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: B.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 61; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Clarence Murray

(Address) 520 N. Carey St.

15 Feb 5, 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-3-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1931, to Sept 3, 1931, that I last saw him alive on Sept 2, 1931 and that death occurred, on the date stated above, at 5.30A m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) 2 yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Allen J. Culley, M. D.

19 (Address) 3012 Northern Pky Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Feb 5, 1931

20 UNDERTAKER: Wm Hallie R. Williams

ADDRESS 3227 N 8 Church St

1-10—M. & T.—100 B—6EL

E 71893

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71893

CERTIFICATE OF DEATH

174

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frederick A. Schaefer

(a) RESIDENCE NO 806 N. Central Ave St., 10-14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie T. Schaeffer

6 DATE OF BIRTH (month, day, and year) Nov 14/1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Michael Schaeffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Susanne Hochadel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Nellie T. Schaeffer

(Address) 806 N. Central Ave

15 Filed SEP 3 - 1931 No. 74 Register

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis following Knife Stab wound of abdomen

Homicide

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Jos. Carter, M. D. Coroner

9/4/31 19 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Sept 7 1931

20 UNDERTAKER Henry Stolle & Son Inc — ADDRESS 1301 E Eager St

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 71894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71894

93-004

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 E. Lafayette Ave ST., WARD) 11-24

2-FULL NAME Mary Cambell Passano

(a) RESIDENCE NO. 231 E. Lafayette Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late J.T. Passano

6 DATE OF BIRTH (month, day, and year) Aug 12/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	0	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cumberland, Md.

PARENTS

10 NAME OF FATHER John B. H. Cambell

11 BIRTHPLACE OF FATHER (city or town) (State or country) [illegible] Va.

12 MAIDEN NAME OF MOTHER E. H. Margruter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) [illegible] Va.

14 Informant Mrs. Riggs

(Address) Cecil Apts

15 Filed SEP 5 1931 HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (duration) yrs mos ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis (duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

9/5/31 (Address) [illegible] E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL Sept 5 1931

20 UNDERTAKER Henry Watkins & Co ADDRESS [illegible]

TION is very important See instructions on back of certificate.

1-10—M. & T.—100 B—50L.

E 71895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

63 ✓ E 71895

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ronald Jones

(a) RESIDENCE NO. 1515 Mosher ST., 16-22 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 18/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Comegys

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Elizabeth Jones

(Address) 1515 Mosher St

15 Filed ——, 192 ..... Registrar

C. HAMPSON JONES M.D.

9-5-1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rickets-Malnutrition

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis?

(Signed) John H. Crum, M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 5 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 303 Forstman St

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

E 71896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 V. 71896

1 PLACE OF DEATH

CITY OF BALTIMORE. (No Provident Hosp St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Dare.

(a) RESIDENCE NO 1108 Stockton St. WARD 16-23

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Alezia Dare

6 DATE OF BIRTH (month, day, and year) July 13, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	1	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co Md.

PARENTS

10 NAME OF FATHER: Alexander Dare

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Downes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): George M. Dare 1108 Stockton St

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/3/31

17

I HEREBY CERTIFY, That I attended deceased from 8/9/31, 19.., to 9/3, 19 31

That I last saw him alive on 9/3, 19 31

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows: Carcinoma Stomach

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) ..... (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Benjamin Jones M. D.

Sept 3 31 (Address) Provident Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Sept 5 1931

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 303 Pierpont St

TION is very important. See instructions on back of certificates.

53

1-30—M. & T.—100 B—50L

E 71897

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71897

CERTIFICATE OF DEATH

82-002

REGISTERED NO. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Albert McNabb

(a) RESIDENCE NO 4 N. Fulton Ave. ST., 20-27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. McNabb

6 DATE OF BIRTH (month, day, and year) March 14, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stock Yard Associate
(b) General nature of industry, business, or establishment in which employed (or employer) Cattle
(c) Name of employer Henry Fox

9 BIRTHPLACE (city or town) Harford Co.
(State or country) Md.

PARENTS

10 NAME OF FATHER William McNabb

11 BIRTHPLACE OF FATHER (city or town) Harford Co.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah B. Johnson

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.
(State or country) Md.

14 Informant Charles McNabb

(Address) 2411 W. Lafayette St.

15 Filed ..... 192 ..... Registrar

CAUSE OF DEATH in plain terms. So that it may be classified. See instructions on back of certificates. TION is very important

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) Stat yrs. mos. ds.

CONTRIBUTORY (Secondary) ----

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Union Stock Yard

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

9/5, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

New Cathedral Cemetery Sept 7, 1931

20 UNDERTAKER — ADDRESS

Ernest W. Conklin 724 E. Eager St.

AaCo. 5-31 250B

(Hurline)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71898

CERTIFICATE OF DEATH

X V E 71898

1. PLACE OF DEATH

Registered No. 122-582

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Community Hospital St., B Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Hurline

(a) Residence: No. Cockeysville Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

4-30

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of — Single

6. DATE OF BIRTH (month, day, year) Dec 30, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14 yrs	8 Mo	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Co. Md.

FATHER

13. NAME Harry S. Hurline

14. BIRTHPLACE (city or town) Baltimore
(State or country) Baltimore Co

MOTHER

15. MAIDEN NAME Clara E. Wellmer

16. BIRTHPLACE (city or town) Sunny Brook
(State or country) Baltimore Co Md

17. INFORMANT Mrs Harry S. Hurline
(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cockeysville Md Date Oct 7, 1931

19. UNDERTAKER Elmer W. Franklin
(Address) 924 Eager St

20. FILED Oct 1 1931 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1931, to Sept 4, 1931

I last saw her alive on Sept 4, 1931 death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	8/30/31

Other contributory causes of importance:

Name of operation Resection of intestine & anastomosis Date of 9/3/31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: no

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Hornbaker M. D.

(Address) University Hospital

1-30—M. & T.—100 B—50L

E 71899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71899

CERTIFICATE OF DEATH

122-002

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., _____ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward J. Marshall

(a) RESIDENCE NO 1641 Penna Ave ST., 14-20 WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7/1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	3	26 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto., Maryland

PARENTS

10 NAME OF FATHER Augustus Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Carrie Jefferson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant James R. Marshall (Address) 1348 N. Fremont Ave

15 Filed Sep 5 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 2/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Cholecystitis with adhesions (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sep 2/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Caton, M. D. Coroner

9/4/31 (Address) 1406 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 8 19 31

20 UNDERTAKER Thomas E Kelson

ADDRESS 1307 Pennsylvania Ave

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

E 7190 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 71900

CERTIFICATE OF DEATH

V 54-004

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 833 W. North Ave., St. WARD) 14-20

2. FULL NAME Benjamin Schenthal

(a) RESIDENCE NO. 833 W. North Ave. St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 13, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Hirsh Schenthal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Amelia Goldsmith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Miss. B. Strasburger (Niece) 833 W. North Ave.

15 Filed SEP 5 - 1931 Registrar: HAMILTON WOOD M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from January, 19 31, to Sept 3, 19 31

that I last saw him alive on Sept 3, 19 31

and that death occurred, on the date stated above, at 8.23 A.M.

The CAUSE OF DEATH* was as follows:

Tumor of brain? 2 yrs

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Frederick Lantz M. D.

Sept 3-31 (Address) Temple Garden Apts.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Hebrew Cem.

DATE OF BURIAL: 9/6/ 19 31

20 UNDERTAKER: Harry Sonneborn & Co.

ADDRESS: 1902 Eutaw Place

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71901

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71901

131

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dr. Michael Callahan 20-27

(a) RESIDENCE NO. 218 N. Monroe St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 If married, widowed, or divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Kate Fenton Callahan

6 DATE OF BIRTH (month, day, and year): Feb 7 1854

7 AGE: Years 77 | Months 6 | Days 29 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Daniel Callahan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret Ingor

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mrs. T. J. Callahan 244 N. Monroe

15 Filed 1931 19 C. HASAPOPOULOS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9.4.31

17 I HEREBY CERTIFY, That I attended deceased from 8.29 1931 to 9.4 1931

that I last saw him alive on 9.4 1931

and that death occurred, on the date stated above, at 5-30 P. M.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

Cardio. vascular - renal disease (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Broncho-pneumonia terminal (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Lab.

(Signed) Andrew E. Calas M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Catholic Cem

DATE OF BURIAL: 9/ 1931

20 UNDERTAKER: Geo. A. Foley Sons

ADDRESS: Fayette

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

71902 HEALTH DEPARTMENT—CITY OF BALTIMORE 71902

CERTIFICATE OF DEATH

131 V

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (a) No 1823 N. Monroe St WARD 15-21

2 FULL NAME Isabella Grant

(a) RESIDENCE NO 1823 N. Monroe St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yr mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) — — 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

PARENTS

10 NAME OF FATHER James H. Huntington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Bonnie Henderson (Address) 1823 N. Monroe St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3. 1931

17 I HEREBY CERTIFY, That I attended deceased from , 1930 , to Sept 3, , 1931

that I last saw her alive on Sept. 2d , 1931

and that death occurred, on the date stated above, at 7:55 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Lee Ellis M. D.

9-4 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem DATE OF BURIAL Sept 7 1931

20 UNDERTAKER Samuel T. Hemsley & Bro ADDRESS

TION is very important. See instructions on back of certificates

Spec.—9-20—A. & C.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71903 E 71903

CERTIFICATE OF DEATH

82-002

1 PLACE OF DEATH Baltimore City Hospitals — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST. WARD 1

2 FULL NAME Isabella Minnis

(a) RESIDENCE NO. 753 Vine St. ST. 4-26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER ?
11 BIRTHPLACE OF FATHER (city or town) (State or country) ?
12 MAIDEN NAME OF MOTHER ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-2-31

17
I HEREBY CERTIFY, That I attended deceased from 8-25-30, 19 to 9-2-31, 19
That I last saw her alive on 9-2-31, 19
and that death occurred, on the date stated above, at 8 A. M.
The CAUSE OF DEATH* was as follows:
Thrombosis - at middle cerebral artery

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & Autopsy

(Signed) Samuel T. Hensley M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. — DATE OF BURIAL: Sept 5 19 31
21 UNDERTAKER: Samuel T. Hensley — ADDRESS: 58 E. Balto

5

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E-71904

1904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 ✓

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2 FULL NAME Lee Henderson

(a) RESIDENCE NO. 245 S. Caroline st. St. 2 Ward 3-4

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Henderson

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Oyster shucker

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Norfolk Virginia

PARENTS

10 NAME OF FATHER Phillip Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elsie ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address) Hospital Records

15 Filed 19 31 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 2, 1931

17

I HEREBY CERTIFY, That I attended deceased from Feb. 17 19 31 to Sept. 2 19 31

That I last saw h 1m alive on Sept. 2 19 31

and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence L. Scott M. D.

9-2 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cem. DATE OF BURIAL: Sept 7 31

17 UNDERTAKER: Samuel Hemsley ADDRESS: 1128 E. Biddle

NRP

SEE IMPORTANT INSTRUCTIONS on back of certificate. It is very important. See instructions on back of certificate.

1-10—M & T—100 B—50L

E 71905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71905

122-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Bailey

(a) RESIDENCE NO. 635 N. Carey ST., 16-26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Bailey

6 DATE OF BIRTH (month, day, and year) Apr 16/1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Daniel Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hattie Handy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Daniel Bailey

(Address) 635 N. Carey St

15 Filed 5-1931 J2 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 4/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation of Mesentery-
Infarctions of Ileum.

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Old Post-Operative Adhesion

(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature], M. D. Coroner

9/5/31 (Address) 100 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Sept 7, 31
UNDERTAKER	ADDRESS
Edmund Hemsley	[illegible]

DIRECTIONS FOR FILLING OUT CERTIFICATE. Fill out all parts on back of certificate. See instructions on back of certificate. TION is very important.

1-30—M A T—100 B—50L

E 71906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71906

CERTIFICATE OF DEATH

X 181

REGISTERED NO

1. PLACE OF DEATH St. Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. ST., WARD)

25-12

2. FULL NAME Margaret Winters

(a) RESIDENCE NO Elkridge, Maryland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	7	15 14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Lennon Winters

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Maryland

12 MAIDEN NAME OF MOTHER Myrtle Daugherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr Carl Cunningham

(Address) Elkridge, Maryland

15 Filed 9-4-1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Burns of Body caused by Burning Clothing set afire by papers in Back Yard--Accidental

(duration) yrs. mos. 21hrs.

CONTRIBUTORY (Secondary) -----

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D.

9/4 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 9/7 1931

20 UNDERTAKER E. Leroy Stiffler, Inc.

ADDRESS 125 E. North Ave

CAUSE OF DEATH should be plainly written. See instructions on back of certificate.

TION is very important.

P5 [illegible] 1931 [illegible]

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71907.

CERTIFICATE OF DEATH.

159 E 71907

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2207 E Preston ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Baby Eifert

(Residence in Baltimore: No. 2207 E Preston St.; 8, 12 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. F

4-COLOR OR RACE. W.

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. Sept (Month) 4 (Day), 1931 (Year)

7-AGE. ... yrs. ... mos. 1 da.

If LESS than 1 day, ... hrs. or ... min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ... none
(b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE. (State or Country). 2207 E Preston St

PARENTS.

10-NAME OF FATHER. John Eifert

11-BIRTHPLACE OF FATHER (State or Country). Maryland

12-MAIDEN NAME OF MOTHER Bessie Muir

13-BIRTHPLACE OF MOTHER (State or Country). Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) John Eifert

(Address) 2207 E Preston

15-

Filed, ... 191... apr Registrar.

5 - 1931

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Sept (Month) 5 (Day), 1931 (Year).

17- I HEREBY CERTIFY, That I attended deceased from Sept 4 1931, to Sept 5 1931.

that I saw h er alive on Sept 4 1931.

and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Prematurity (6 mos)

(Duration) ... yrs. ... mos. 1 da.

CONTRIBUTORY (Secondary) ...

(Duration) ... yrs. ... mos. ... da.

(Signed) Ralph L. Lofgren M. D.

..., 191... (Address) 26 E Preston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Baltimore Cem

DATE OF BURIAL. Sept 5, 1931

20-UNDERTAKER John Ullrich

ADDRESS 2008 Eutaw

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 71908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71908

CERTIFICATE OF DEATH

23V

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

2 FULL NAME Gladys Wyatt

(a) RESIDENCE NO. 1714 McCulloh st. St. 14-20 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence Wyatt

6 DATE OF BIRTH (month, day, and year) Sept. 23, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

PARENTS

10 NAME OF FATHER Aaron Redmond

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Martha Lawrence

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant (Address) Hospital Records

15 Filed SEP 6 - 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 1, 1931

17

I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1930, to Sept. 1, 1931

that I last saw her alive on Sept. 1, 1931

and that death occurred, on the date stated above, at 1.45 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence A. Sena M. D.

9-2, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Lebanon Cem.	Sept 6 19 31
20 UNDERTAKER Wm. H. Edes	ADDRESS, Baltimore

TION is very important. See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks.

71909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002 71909

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

2 FULL NAME Julia Neal

(a) RESIDENCE NO. 824 Sterling St. 10-14 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry Neal

6 DATE OF BIRTH (month, day, and year) Dec. 16, ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	(	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of Industry, business, or establishment in which employed (or employer): Laundry

(c) Name of employer: Industrial Laundry Preston St.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: John W. Simpson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Delie Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed SEP 6 - 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-4-31

17

I HEREBY CERTIFY, That I attended deceased from 8-31-31, 19..., to 9-4-31, 19...

That I last saw her alive on 9-4-31, 19...

and that death occurred, on the date stated above, at 9:10P m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(Arteriosclerotic)

Unknown yrs. Recent attack 1 month mos. ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted? if not at place of death? No

Did an operation precede death? No Date of None

Was there an autopsy? Not reported Yes

What test confirmed diagnosis? Clinical.

(Signed) Elmer Kalberer, M.D.

(Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashley Cemetery DATE OF BURIAL: Sept. 7 31

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 469 N. Carrollton Ave.

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 71910

REGISTERED NO.

E 71910

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hosp St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Allen Studebe

(a) RESIDENCE NO Marley Neck Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of none

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab
(b) General nature of industry, business, or establishment in which employed (or employer) Ind
(c) Name of employer Wm Hudson

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF Sarah Smith

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Ind

14 Informant Mrs Sarah Yager

(Address)

15 Filed — 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fatal injury to head a
Struck by auto truck he fell
& it passed over him

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Femur

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In front of 92 Mad

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clin, Surg & Ph

(Signed) H. H. Kline Jr. M. D. Coroner

(Address) 39 39th W Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Marley Neck Cemetery Md

DATE OF BURIAL 9-6-1931

20 UNDERTAKER Mrs Thos G. Bailey

ADDRESS 1421 Jefferson

CAUSE OF DEATH. If place of death is in a hospital or institution, give its NAME instead of street and number. See instructions on back of certificate.

SEP 6 - 1931 HAMILTON JONES, M.

1-30—M. & T.—100 B—56L

7191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002 B 7191

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Archer ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Steven Watkins

(a) RESIDENCE NO 602 Archer ST., 21-29 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life.? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ? ? 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Handy Man at
(b) General nature of industry, business, or establishment in which employed (or employer): Poultry Dealers
(c) Name of employer: Prout

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Joseph Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant Lottie Snowden

(Address) 602 Archer St.

15 Filed SEP 6 - 1931 192 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) Stat yrs. mos. ds.

CONTRIBUTORY (Secondary) ---- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Thomas C. M. D. Coroner

9/5, 1931 (Address) 1203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnsons Cemetery

DATE OF BURIAL: Sept 7, 1931

UNDERTAKER: John H. Toadvine

ADDRESS 1027 Hand Ave

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71912

CERTIFICATE OF DEATH.

46 ✓ E 71912

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3123 W. North Ave (St.) (WARD) 15-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Regina Flautt

(a) RESIDENCE NO. 3123 W. North Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 26 57

7 AGE — Years: 76 — Months: 5 — Days: 8 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Samuel Flautt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Wills

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mrs Emma Flautt (Address) 3123 W. North Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 4 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 7 1930 to Sept 4 1931.

that I last saw h[illegible] alive on Sept 4 1931

and that death occurred, on the date stated above, at 10:10 a m.

The CAUSE OF DEATH* was as follows:

Abdominal Cancer
beginning at head of pancreas

(duration) yrs 11 mos ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? None — Consultn

(Signed) Chas S Parker M.D.

, 19 (Address) 3128 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Sept 7 1931

20 UNDERTAKER: W M Coulson

ADDRESS: 2235 W North

CAUSE OF DEATH to plain terms, so that it may be understood. TION is very important. See instructions on back of certificate.

FEB 1931 C. HAMPSON JONES, M. D.

AdCo. S-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71913 — 107-001 E 71913

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Castle St., Ward) 8-17

Length of residence in city or town where death occurred 1 yrs. 2 mos. 14 ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Roberta Kohl

(a) Residence: No. 1841 Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) June 15 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	1	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Roberta Kohl

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Flora Krauss

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Robert Kohl
(Address) 1841 Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Sept 7 19 31

19. UNDERTAKER John Ulrich
(Address) 2018 Orleans St

20. FILED SEP 6 - 1931 P. M. [illegible] JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4. 1931

22. I HEREBY CERTIFY, That I attended deceased from August 28 - 1931 to Sept. 4 - 1931
I last saw her alive on Sept. 3 - 1931 death is said to have occurred on the date stated above, at 10-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Aug. 28

Other contributory causes of importance:

none

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edwin B. Fenby M. D.

(Address) 1223 N. Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

7191½ **HEALTH DEPARTMENT CITY OF BALTIMORE** ✓ E 71914

CERTIFICATE OF DEATH 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Callow Ave, St. ..... Ward) 13 51

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isadore Meyerowitz

(a) Residence: No. 2302 Callow Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Meyerowitz

6. DATE OF BIRTH (month, day, year) 1872

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired tobacconist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Abraham Meyerowitz
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ida Meyerowitz, wife
(Address) 2302 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date 9-4-31 19

19. UNDERTAKER Race Funeral Inc.
(Address) 1330 Druid Pk

20. FILED SEP 4 1931 19 M. Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1931, to Sept 4, 1931

I last saw him alive on Sept 4, 1931 death is said to have occurred on the date stated above, at 8:15 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 31
Other contributory causes of importance:	
Myocardial failure	9/3/31

Name of operation Gastrotomy Date of May 1931

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in public place. ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis H Gillis, M. D.

(Address) 20 E Preston St

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-01 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

37 B 71915

B 71915

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Linden Ave & Madison St., ...Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Blugis

26-41

(a) Residence: No. 7209 Valley View Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha S. Blugis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Jailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country) Lithuania
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept. 8 1931

19. UNDERTAKER John Gabulavicz
(Address) 1423 E. Pascal St.

20. FILED SEP 8 1931 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25 1931, to Sept 5 1931

I last saw he alive on Sept. 5 1931 death is said to have occurred on the date stated above, at 2:15 A.M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation
Prostatic hypertrophy

Date of onset 8-25-31

Other contributory causes of importance:

Uremia - Myocardial failure

Name of operation Prostatectomy Date of 8-27-31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Robert F. Chenowith M.D.
(Address) Md General Hospital

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71916

CERTIFICATE OF DEATH

93-003 E 71916

1. PLACE OF DEATH Maryland General Hospital 35

CITY OF BALTIMORE: (No. Madison & Linden Ave St., 24 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Walter Nekowski (Rykowski

(a) Residence: No. 1412 Andre Av. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Rykowski

6. DATE OF BIRTH (month, day, year) Nov 27, 1897

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	33	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 4

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Albert Nekowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Annie Ekski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT [illegible] Hospital
(Address) 1412 Andree Av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 7 19 31

19. UNDERTAKER [illegible]
(Address) 1412 Andree Av

FILED SEP 8 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1931, to Sept 3 1931

I last saw he alive on Sept 3 1931 death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Cholecystitis
Obstruction of Common bile duct due to adhesions.

Date of onset 7-1-31

(Other contributory causes of importance)

Chr. Myocarditis & Myocardial failure
Nephro Sclerosis 8-21-31

Name of operation Cholecystotomy Date of 8-20-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, [illegible]

(Signed) Robert F. Chemnitz M.D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11-2500

E 71917 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 71917

CERTIFICATE OF DEATH

Registered No. 37 E 71917

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 64 yrs ... mos ... ds. How long in U.S. if of foreign birth? — yrs ... mos ... ds.

2. FULL NAME William Donahue 26-37

(a) Residence: No. No home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 27 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Wm. P. Donahue
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Sara P. Wilson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Patient
(Address) Ward

18. BURIAL, CREMATION, OR REMOVAL
Place Pot. Cemet Date Sept 7 19 31

19. UNDERTAKER John C. Butler
(Address) 2235 E. Baltimore St

20. FILED Sept 7 19 31 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1931 to Sept. 3, 1931

I last saw h[illegible] alive on Sept. 2, 1931 death is said to have occurred on the date stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy
& Urinary Retention

Date of onset ?

Other contributory causes of importance:

Uremia 8-20-31

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmet Finla, M. D.
(Address) Balto. City Hospitals

AACo. 5-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

71918

CERTIFICATE OF DEATH

87-001

E 71918

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 N. Chester St., Ward)

Length of residence in city or town where death occurred 65 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Barbara Frau

(a) Residence: No. 745 N. Chester St., Ward 7-12

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Frau

6. DATE OF BIRTH (month, day, year) Aug 23 1863

7. AGE: Years 65 | Months | Days 11 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

MOTHER FATHER

13. NAME Conrad Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Bauers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Frau (Address) 745 N. Chester St

18. BURIAL, CREMATION OR REMOVAL Place Holy Redeemer Date Sept 7, 1931

19. UNDERTAKER John A. Moran (Address) 3000 E. Baltimore St

FILED Sept 8 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4/1931

22. I HEREBY CERTIFY, That I attended deceased from 7-19 to 9-4-19 31

I last saw her alive on 9-1-19 31 and death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Heart Dis	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wm. F. Reed M.D.

Address 701 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—561.

E 71919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-062 E 71919

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE (If NO.) Balto City Hosp ST. WARD
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Leroy Minnick (Given) (Surname)

(a) RESIDENCE NO. 26-37 Augusta Ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 Single, Married, Widowed, or Divorced (write the word): Child

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 8/19/28

7 AGE — Years: 3 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Leo. Minnick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Dorothy Milestki

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto

14 Informant: Father
(Address): Augusta Ave

15 Filed SEP 6 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving Auto

CONTRIBUTORY (Secondary) (duration) Rupr Liver yrs. mos. ds.

18 Where was disease contracted if not at place of death? Augusta Ave Balto

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Hx

(Signed) H. J. Krauss M. D.
(Address) 2434 Mc Elderry

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart of Mary — DATE OF BURIAL: Sept 7 1931

20 UNDERTAKER: M. H. & E. Dippel Inc — ADDRESS: 37 Sam

CAUSE OF DEATH to be filled in plain terms, so that a definite and satisfactory classification may be made. Statements such as "Heart Failure," "Asthenia," "Old Age," "Senility," "Uremia," "Septicemia," "Pneumonia," "Tuberculosis," "Cancer," "Nephritis," "Hemorrhage," "Accident," "Fracture," "Injuries," "Burns," "Drowning," "Homicide," "Suicide," "Poisoning," "Unknown," "Undetermined," "Pending Autopsy," "Pending Inquest," "Pending Analysis," "Pending Report," "Pending Investigation," "Pending Examination," "Pending Verdict," "Pending Decision," "Pending Findings," "Pending Results," "Pending Conclusion," "Pending Determination," "Pending Evaluation," "Pending Review," "Pending Consultation," "Pending Diagnosis," "Pending Treatment," "Pending Prognosis," "Pending Recovery," "Pending Death," "Pending Burial," "Pending Cremation," "Pending Removal," "Pending Disposition," "Pending Settlement," "Pending Distribution," "Pending Probate," "Pending Administration," "Pending Guardianship," "Pending Conservatorship," "Pending Trusteeship," "Pending Executorship," "Pending Agency," "Pending Power of Attorney," "Pending Will," "Pending Codicil," "Pending Testament," "Pending Estate," "Pending Trust," "Pending Fund," "Pending Account," "Pending Deposit," "Pending Withdrawal," "Pending Transfer," "Pending Assignment," "Pending Lien," "Pending Mortgage," "Pending Foreclosure," "Pending Bankruptcy," "Pending Insolvency," "Pending Receivership," "Pending Liquidation," "Pending Dissolution," "Pending Merger," "Pending Consolidation," "Pending Acquisition," "Pending Sale," "Pending Purchase," "Pending Lease," "Pending Rental," "Pending Insurance," "Pending Claim," "Pending Policy," "Pending Premium," "Pending Benefit," "Pending Annuity," "Pending Pension," "Pending Retirement," "Pending Disability," "Pending Workmen's Compensation," "Pending Unemployment," "Pending Social Security," "Pending Medicare," "Pending Medicaid," "Pending Welfare," "Pending Charity," "Pending Donation," "Pending Gift," "Pending Bequest," "Pending Inheritance," "Pending Estate Tax," "Pending Income Tax," "Pending Property Tax," "Pending Sales Tax," "Pending Use Tax," "Pending Excise Tax," "Pending Customs Duty," "Pending Import Duty," "Pending Export Duty," "Pending Tariff," "Pending Quota," "Pending Embargo," "Pending Boycott," "Pending Strike," "Pending Lockout," "Pending Arbitration," "Pending Mediation," "Pending Conciliation," "Pending Negotiation," "Pending Settlement," "Pending Agreement," "Pending Contract

Spec.—3-1021—MAT—1500 Blks.

E. 71920 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71920

CERTIFICATE OF DEATH. 51

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3704 Winterbourne Rd WARD) 15-6

2-FULL NAME John A. Palmer

(a) RESIDENCE No. 3704 Winterbourne Rd WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Constance Palmer.

6 DATE OF BIRTH (month, day, and year) May 2 1877

7 AGE Years 54 Months 4 Days 0 If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sanitary Manufacturer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Va

PARENTS

10 NAME OF FATHER John A. Palmer

11 BIRTHPLACE OF FATHER (City or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lizzie Worthington

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md.

14 Interment Agnes Palmer (Address) Fredericksburg Va

Registrar

SEP 6 - 1931

Via E-C-T-R

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6 1931

17 I HEREBY CERTIFY, That I attended deceased from 3/17/31 to 9/5/31 that I last saw h/~~is~~ alive on 9/6/31 and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH was as follows: Originally Cancer Prostate

(Duration) yrs mos ds

CONTRIBUTORY (Secondary) Metastases of Cancer

Serious - Hopkins Urology Dr.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of Fall of 1930

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. E. Marker M. D.

19 (Address) 3123 St. Paul

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredericksburg Va.

DATE OF BURIAL 9-7-31

20 UNDERTAKER Mendell E. Humphreys

ADDRESS 15-01 N. Broadway.

CAUSE OF DEATH in plain terms, so that it may be properly classified. PARTICULAR ATTENTION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

Wittka

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71921

CERTIFICATE OF DEATH

93-003 E 71921

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Maryland ST. WARD)

2 FULL NAME Joseph Wittka

(a) RESIDENCE No. 244 East Avenue ST. 1-2 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 4 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Karl Wittka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lotta Kreinester

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Baltimore City Hospitals Record

15 Filed 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-5-31

17 I HEREBY CERTIFY, That I attended deceased from 2-6 1931 to 9-5 1931

that I last saw him alive on 9-5-31 19 9:30 am

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic
Parkinsons syndrome
Arteriosclerosis

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Elmer Highberger M. D.

9-5 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem

DATE OF BURIAL: Sept 7 1931

20 UNDERTAKER'S ADDRESS: Stephen Gulkowski 1000 S Renwood Ave

ADDRESS

C. HAMILTON JONES, M. D.

TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

Dr Hoff 2020 N. Charles St Univ 0565 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71922

CERTIFICATE OF DEATH

93-003 E 71922

Registered No.
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Ewing Ave St., Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Nettye R. Beck 26-40

(a) Residence: No. 3404 Ewing Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of John H. Beck

6. DATE OF BIRTH (month, day, year) Sept 2, 1876

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John T. Butler
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca McNeal
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John H. Beck
(Address) 3404 Ewing Ave

18. BURIAL, CREMATION, OR REMOVAL Date 9/7/1931

19. UNDERTAKER W. E. Cook
(Address) 1217 St Paul St

20. FILED 9-7-1931, 19 [illegible] Registrar.

OCCUPATION is very important. See Instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1931 to 9/4, 1931

I last saw h[illegible] alive on 9/4, 1931 death is said to have occurred on the date stated above, at 11:35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Valvular heart disease	24 yrs
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. E. Hall, M. D.

(Address) 2020 N. Charles

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71923 E 71923

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2433 Everton St. 27 WARD)

2 FULL NAME Nicholas Zollinger Popplein

(a) RESIDENCE NO. 2433 Everton Rd ST. 27-54 WARD

(Usual place of abode) (If not resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 67 yrs. 2 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie R. Popplein

6 DATE OF BIRTH (month, day, and year) June 29 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	67	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Vice President of

(b) General nature of industry, business, or establishment in which employed (or employer) N. F. Popplein Co.

(c) Name of employer Paint Company

9 BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

PARENTS

10 NAME OF FATHER Jno. T. Popplein

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Matilda Campbell

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Maryland

14 Informant Mr. Jno. T. Popplein (Brother)

(Address) 3-E-27-S-City

15 [illegible] 19[illegible] [illegible] Registrar

SEPT 1 1931 H.M. [illegible] JONES M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 3rd 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 4th 1927 to Sept 3rd 1931

that I last saw him alive on Sept 3rd 1931

and that death occurred, on the date stated above, at 3.15 A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris with chronic myocarditis

Probable (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) weak heart of uncertain (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not done where

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? many examinations

(Signed) Amanda T. Rossi M. D.

9/3 1931 (Address) 1924 Mt Royal Terrace

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Sept 7 19 31
20 UNDERTAKER	ADDRESS
Stewart & Owen Company	Balto

TION is very important. See instructions on back of certificate.

AdCo. 5-11 2408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71924 (833) E 71924

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Woodson

(a) Residence: No. 1037 N. Eutaw St., 11-24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Mar. 7 1928

7. AGE: Years 3 | Months 5 | Days 19/8 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER

13. NAME: William Woodson

14. BIRTHPLACE (city or town) (State or country): Va

FATHER

15. MAIDEN NAME: Viola Harris

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Records JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Cem. Date Sept 7. 1931

19. UNDERTAKER (Address): Samuel T. Kemp & Son 512 N. Middle St.

20. FILED SEP 7 1931 19... H. P. COE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 5 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 . 1931 to Sept 5 . 1931

I last saw her alive on Sept 5 . 1931 death is said to have occurred on the date stated above, at 11 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	6/1/31

Other contributory causes of importance:

Pulmonary tuberculosis	(unknown)

Name of operation ..... Date of .....

What test confirmed diagnosis? T Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) G. C. Goodwin . M. D.

(Address) J. H. Hosp

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

25216 E 71925

CERTIFICATE OF DEATH

13-002 E 71925

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilbur Smith

(a) Residence: No. 1725 Edmonson Ave St., ... Ward. 19-27

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 13-1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Joe Ruffin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Jenny Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date Sept 8 1931

19. UNDERTAKER Samuel J. Hemmeter

(Address) 378 N Biddle St.

FILED SEP 8 1931 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1931 to Sept 5 1931

I last saw h im alive on Sept 5 1931 death is said to have occurred on the date stated above, at 6 39 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, acute bacillary	Aug 27.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. G. Coulter, M. D.

9/5/31 (Address) Johns Hopkins Hosp

Spec.—1-30—M. & T.—250 Bks.

E 71926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71926

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Ednor Ave ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nannie E. Hartman

(a) RESIDENCE NO. 3300 Ednor Ave ST., 8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Hartman

6 DATE OF BIRTH (month, day, and year) Nov. 4 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Northumberland Co Va

PARENTS

10 NAME OF FATHER Benedict Combest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Fleet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) J. W. Hartman Son 3300 Ednor Ave

15 Filed ... G. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6 1931

17 I HEREBY CERTIFY, That I attended deceased from 9.1.31. 19 , to 9.6.31. 19 ,

that I last saw her alive on 9.3.31. 19 ,

and that death occurred, on the date stated above, at 2 00 P.M.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Willis B. Towles M. D.

19 (Address) 1432 William St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Sept 8 1931

20 UNDERTAKER ADDRESS

Elmer W. Combest 924 E. Eager St.

TION is very important See instructions on back of certificates.

AaCo. 5-31 2-08

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71927

CERTIFICATE OF DEATH

108

E 71927

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Brook St., ... Ward)

Length of residence in city or town where death occurred 6 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Henry Kelly

(a) Residence: No. 1527 Brook St., 21-24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elizabeth Kelly

6. DATE OF BIRTH (month, day, year) About 1856

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland Me

MOTHER FATHER

13. NAME Daniel Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Mack

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth Kelly

(Address) 1527 Brook

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date Sept 8 1931

19. UNDERTAKER Wilmer E. Jones

(Address) 1531 Druid Hill Ave

Filed Sept 8 1931 WILMER E. JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1931, to Sept 6, 1931

I last saw h[illegible] alive on Sept 5, 1931 death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Murray Craig, M. D.

(Address) 729 Cathedral. Balto.

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71928

CERTIFICATE OF DEATH 93-003 E 71928

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5515 Roland Ave St., Ward) 69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 0 mos 26 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Charles Edward Bonday 27-53

(a) Residence: No. 5515 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Claud Bonday

6. DATE OF BIRTH (month, day, year) Aug 11, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant / Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME James Bonday Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Christina White

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Annie C. Bonday

(Address) 5515 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date Sept. 9 1931

19. UNDERTAKER Wm. J. Rieul & Sons

(Address) North & Penna. Aves.

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1924 to Sept 6 1931

I last saw him alive on Sept 5 1931 death is said to have occurred on the date stated above, at 1.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis arteriosclerosis - Hypertension	1924
Myocardial degeneration	
Coronary thrombosis	9/20/29
" "	9/3/31

Other contributory causes of importance:

Renal insufficiency	
Uremia	9/5/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Cleveland M. D.

(Address) 222 Cleveland Road

AACo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71929

CERTIFICATE OF DEATH

82-001 E 71929

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216- E. Federal St. St., ...Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth R. Wilkening 9-18

(a) Residence: No. 1216- E. Federal St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Wilkening

6. DATE OF BIRTH (month, day, year) 7/30/1867

7. AGE Years	Months	Days	If LESS than 1 day hrs
64	1	5	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

MOTHER FATHER

13. NAME Chris Gassner

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Caroline Schauff

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT William Wilkening

(Address) 1216- E. Federal Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 9/5/31

19. UNDERTAKER Geo. J. Kelly Inc.

(Address) 1930 Hanford Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 5 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 . 1931, to Sept 5 . 1931

I last saw h[illegible] alive on Sept 5 1931 death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Paralysis

Name of operation ?no Date of

What test confirmed diagnosis? Was there an autopsy ?no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ?no Date of injury . 19

Where did injury occur? ?no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ?no

Nature of injury ?no

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert L. Levy, M. D.

(Address) 605 S. Protestant St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-19-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71930

CERTIFICATE OF DEATH

92-001 E 71930

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3504 Spaulding Ave WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Cynthia Peregoy

(a) RESIDENCE NO. 3504 Spaulding ST. Ave WARD 27-56

(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced, (write the word)~~: Married

If married, widowed, or divorced (or) WIFE of: George F. Peregoy

6 DATE OF BIRTH (month, day, and year): Feb 28th 1874

7 AGE: 57 Years | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Home Duties

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Co Md

PARENTS

10 NAME OF FATHER: Jacob Bull

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Martha Tracy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant: Geo F. Peregoy

(Address): 3504 Spaulding Ave

15 Filed: C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from April 1st, 1931, to Sept 5th, 1931, that I last saw h alive on Sept 4th, 1931, and that death occurred, on the date stated above, at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Mitral Endocarditis

(duration) 8 yrs. mos. da.

CONTRIBUTORY (Secondary): Exhaustion and anorexia

(duration) yrs. 3 mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Clinical Evidence

(Signed) C. B. Turner, M. D.

9-5, 1931 (Address) 4936 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Sept. 8- 1931.

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3631 Falls Road

IMPORTANT: See INSTRUCTIONS ON BACK OF CERTIFICATE

Spec.—1-29—V. A T.—250 Blks.

71931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71931

CERTIFICATE OF DEATH.

48

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE (No. 4704 Harford Road WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Josephine Gundrina 27-44

(a) RESIDENCE NO. 4704 Harford Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Louis Gundrina

6 DATE OF BIRTH (month, day, and year): May 5th 1859

7 AGE: Years 72; Months 4; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: William Doell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Mayer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. J. Henry Lisle (Address) 4704 Harford Road

15 Filed 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1931, to Sept. 5, 1931, that I last saw he alive on Sept 5, 1931, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Exhaustion from Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 0

Did an operation precede death? 0 Date of

Was there an autopsy? 0

What test confirmed diagnosis? Clinical Symptoms & Findings

(Signed) C. Dan Swope, M.D.

(Address) 4706 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL: Sept 7 1931

20 UNDERTAKER: George L. Schwab ADDRESS: 2101 Eutaw Ave

THIS SECTION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

71932

CERTIFICATE OF DEATH

23 E 71932

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 864 W. 37th ST., WARD) 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Evelyn Pearl Ross

(a) RESIDENCE NO. 864 W. 37th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 5 mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
female	white	married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence Wm Ross

6 DATE OF BIRTH (month, day, and year) Dec 26-1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Brunswick
(State or country) Md.

PARENTS

10 NAME OF FATHER James H. Ferner

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Florence Hovermale

13 BIRTHPLACE OF MOTHER (city or town) Berkley Springs
(State or country) West Virginia

14 Informant Florence Ferner
(Address) 864 W. 37th St.

15 Filed 19 Registrar

SEP 7 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 7— 1927, to September 6 1931, that I last saw her alive on September 5— 1931 and that death occurred, on the date stated above, at 7:30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about 4 years.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum Test

(Signed) Chester Roland, M. D.

9-6 1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Sept 9 1931

20 UNDERTAKER Walter P. McNamee ADDRESS 4104 Fallsway

Important. See instructions on back of certificates.

1-30—M. A. T.—100 B—581.

E 71933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71933

CERTIFICATE OF DEATH

182-001

REGISTERED NO. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead ST., Balto. General Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2. FULL NAME Leona Irene Smith

(a) RESIDENCE NO 2629 Loretta Ave ST., 20-67 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July2/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		2	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Clarence Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Christine A. Ringe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Clarence Smith

(Address) 2629 Loretta Ave

15 Filed SEP 7 1931, 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 5/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Suffocation in bed

(duration) yrs mos da

CONTRIBUTORY (Secondary) (duration) yrs mos da

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. H. Carter, M. D. Coroner

19 (Address) 9/7/31 1500 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem. DATE OF BURIAL 9/8/31 19

20 UNDERTAKER Josiah Ryker ADDRESS 1600 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill out all items. Use ink. Write plainly. Do not use abbreviations. Do not write in margins or on back of certificate.
TION is very important. See instructions on back of certificate.

A&Co. C31 1928

HEALTH DEPARTMENT CITY OF BALTIMORE ✓

E 71934 CERTIFICATE OF DEATH X 13-002 **E 71934** Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. - mos. 2 da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Col M Goldsmith

(a) Residence: No. Owings Mills Balto St., Ward. 4-30

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 10 1926

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME William S. Goldsmith

14. BIRTHPLACE (city or town) (State or country) Md.-A

MOTHER

15. MAIDEN NAME Lelia White

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William S. Goldsmith

(Address) Owings Mills Balto Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Date Sept 9 1931

19. UNDERTAKER J. F. Falkenstein & Sons

(Address) Reisterstown Md

20. FILED — 19— — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1931, to Sept 6 1931

I last saw him alive on Sept 6 1931 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery.	Sept 1.
Other contributory causes of importance:	
Bronchopneumonia	Sept 4

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice Jones Abraham M.D.

(Address) Owings Mills

INSTRUCTIONS: Items are very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71935

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals 34

CITY OF BALTIMORE: (No Baltimore Md. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Peter Fizer

(a) RESIDENCE NO. 704 Barn Cut St 4-26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not known

6 DATE OF BIRTH (month, day, and year): Apr. 19, 1880

7 AGE: Years 51; Months 6; Days 13; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chair caning. Old workshop for the Blind

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Baltimore City Hospitals

15 Filed 9-7 1931 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-4-31

17 I HEREBY CERTIFY, That I attended deceased from 8-20, 1931, to 9-4, 1931

that I last saw h[illegible] alive on 9-4, 1931

and that death occurred, on the date stated above, at 12.60 [illegible] m.

The CAUSE OF DEATH* was as follows:

Hemiplegia right.
Arteriosclerosis

(duration) 25 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? None of

Was there an autopsy? Yes

What test confirmed diagnosis? Confirmed by autopsy

(Signed) Elmer Hightbarger, M.D.

9-4, 1931 (Address) Bressler City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Sept 7, 1931

20 UNDERTAKER: Mrs Katie R Williams — ADDRESS 312 N Schroeder St.

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 71936 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71936

CERTIFICATE OF DEATH

119

1 PLACE OF DEATH Provident Hosp. REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 514 Division St C WARD)

2 FULL NAME Quindairian Taylor

(a) RESIDENCE NO 419 S. Fremont Ave St. 21-31 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or mins.
		1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baby.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER E Taylor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Rebbeca Scott

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant E Taylor
(Address) 419 S Fremont ave

15 Filed 1931, 19 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-6-31

17

I HEREBY CERTIFY, That I attended deceased from 9-2-, 1931, to 9-6-, 1931

that I last saw h.r alive on 9-6-, 1931

and that death occurred, on the date stated above, at 4:30 A m.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Disturbance

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Undetermined

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

9-6-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson	Sept 8 1931

20 UNDERTAKER ADDRESS

Joseph A Swidy 409 N Mount st

TION is very important. See instructions on back of certificates.

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 71937

REGISTERED NO.

E 71937

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St., Ward) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gus Av Kamis

(a) RESIDENCE NO. 805 Hamilton Ter. Apts. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Gus Kargas
(Address) 901 Whitlock St

15 Filed 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 - 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Feldt M.D.

9/6 1931 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Sept 7, 1931
20 UNDERTAKER Rhinowell & Son	ADDRESS 345 Edmondson Ave

IMPORTANT. See instructions on back of certificate. Exact statement of OCCUPATION is very necessary. All items must be properly classified. Exact statement of OCCUPATION is very

1-30—M. & T.—100 B—50L

E 71938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

E 71938

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Baxton St ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Patrick O'Connor

(a) RESIDENCE NO 2704 Baxton St ST., 1-3 WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie O'Connor

6 DATE OF BIRTH (month, day, and year) June 28 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	51	2	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 109
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER William O'Connor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Cath McWilliams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Annie O'Connor

(Address) 2704 Baxton St

15 Filed SEP 7 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Oesophagus

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B P Herzog M. D. (Coroner)

Sept 6 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto Cem	Sept 7 1931
20 UNDERTAKER	ADDRESS
Stephen J. Tedford	1500 Kenwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71939

93-003 E 71939

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 71939

1-PLACE OF DEATH

City of Baltimore: (No. 219 Cove Alley St., Ward) 14-26

2-FULL NAME Andrew Allen

(a) RESIDENCE NO. 219 Cove Alley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colord	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Allen

6 DATE OF BIRTH (month, day, and year) Aug 9-1884

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	47		25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Estella Allen (Address) 219 Cove Alley

15 Filed . 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller, M. D.

9/7, 1931. (Address) 2738 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 9 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 321 N Schroeder St

Be sure to be careefully supplied. Also should be stated OF DEATH in plain terms, so that it may be properly c important. See instructions on back of certificate.

Exact statement of OCCUPATION is very

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71940

CERTIFICATE OF DEATH

175 E 71940

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Hamilton E.Johnson

(a) RESIDENCE No 402 N.Bruce ST., 19-27 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6 DATE OF BIRTH (month, day, and year) April 6,1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bottling Ginger Ale
(b) General nature of industry, business, or establishment in which employed (or employer) -----
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Johnson Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calverton Maryland

12 MAIDEN NAME OF MOTHER Mamie Buckman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dickersonville Md.

14 Informant George Johnson

(Address) 322 N.Bruce St.

15 Filed ... 192 ... Registrar

E. HAMPTON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug.28, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: iron Hit in the Head by a bed roller or castor--Homicide

(duration) -- yrs. mos ds.

CONTRIBUTORY (Secondary) Fracture of Skull with extra-dural hemorrhage yrs mos ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Guy N. Cromwell, M. D. Coroner

8/30 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Sept 8, 1931
20 UNDERTAKER	ADDRESS 3222
Mrs Katie P Williams	Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71941 94-001 E 71941

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Fait Ave ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Barbara Tuchalka 26-37

(a) RESIDENCE NO. 3607 Fait Ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Gustav Tuchalka

6 DATE OF BIRTH (month, day, and year) Oct 14 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	10	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Berlin Ned

PARENTS

10 NAME OF FATHER George Bauman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Gustav Tuchalka

(Address) 3607 Fait ave

15 Filed SEP 7 1931, 192 H. A. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B. Klugon M.D. Coroner, M. D.

9/7, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Sept 9 1931
20 UNDERTAKER	ADDRESS
L. J. Gezik	Baltimore Md

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71912

CERTIFICATE OF DEATH

148 B 71912

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 S. Bouldin St. St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola M. Presti

(a) Residence: No. 941 S. Bouldin St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

26-1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vincent Presti (husband)

6. DATE OF BIRTH (month, day, year) Feb 23, 1909

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	22	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Ludwig Staudenmaier
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Daum
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Vincent A. Presti (husb.) 941 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL. Place Sacred Hearts Cem. Date Sept 9, 1931

19. UNDERTAKER Lilly & Zeiler, Inc. (Address) ~~403 S. Wolfe St. Balti. Md~~

20. FILED SEP 7 - 1931 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1931, to Sept 6, 1931

I last saw her alive on Sept 6 1931 death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus following forceps delivery	

(Other contributory causes of importance)

Name of operation Stat forceps delivery Date of Sept 31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William Brauer, M. D.
(Address) 701 St Paul

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71943

CERTIFICATE OF DEATH

X 81 E 71943

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 30 Ward)

Length of residence in city or town where death occurred yrs. mos. 35 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Brown

(a) Residence: No. Earleigh Ave St., Ward. Irving Park, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of (or) ~~WIDOW of~~ Irving Brown

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 1886
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER
13. NAME Charles Brown
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Cecilia Tilley
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Brown
(Address) Irvington Md

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Sept 9 1931

19. UNDERTAKER W. P. Cook Co.
(Address) 1217 W. Fayette St.

20. FILED SEP 9 - 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1931 to Sept. 6 1931

I last saw him alive on Sept. 6 1931 death is said to have occurred on the date stated above, at 11:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of the Epididymis	July 20

Other contributory causes of importance:

Cystitis & Pyelitis	July 26
Prostatic Ulcer	" 26

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Hornbaker, M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 71944

E 71944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83

1 PLACE OF DEATH Baltimore City Hospitals

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 7-11 ST WARD)

2 FULL NAME Thomas A. Casey

(a) RESIDENCE NO 711 N. Linwood Ave. ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 11, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Solicitor

(b) General nature of Industry, Business, or establishment in which employed (or employer)

(c) Name of employer himself

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Julia Keithley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Interment Records of
(Address) Balto. City Hosp.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-6-31

17

I HEREBY CERTIFY, That I attended deceased from 11-19-30, 19 to 9-6-31, 19

that I last saw h is alive on 9-6-31, 19

and that death occurred, on the date stated above, at 12:20 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Lobar - Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jas. E. Edmonds, Jr. M.D.

9/6 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 9/8 1931

20 UNDERTAKER J. H. Cook

ADDRESS 1217 E. Baltimore St.

CAUSE OF DEATH MUST BE PLACED ON CERTIFICATE BY PHYSICIAN ONLY. TION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

E 71945

CERTIFICATE OF DEATH.

E 71945

REGISTERED NO. 71943

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette & Calhoun (St.) (Ward) 14-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Carrie Inez Berry

(a) RESIDENCE NO. 109 Berry St. WARD

(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (b) HUSBAND of (or) (c) WIFE of: Mr. Berry.

6 DATE OF BIRTH (month, day, and year): June 14, 1894

7 AGE — Years: 37 — Months: 2 — Days: 18

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Piney Creek North Carolina

PARENTS

10 NAME OF FATHER: James T. Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Piney Creek North Carolina

12 MAIDEN NAME OF MOTHER: Louisa Fowlks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Piney Creek North Carolina

14 Interment (Address): Robert E. Evans Cascade Maryland

15 Filed SEP 8 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-7-1931

17 I HEREBY CERTIFY, That I attended deceased from 8-27-1931, to 9-7-1931, that I last saw he alive on 9-7-1931, and that death occurred, on the date stated above, at 11:45 A m.

The CAUSE OF DEATH* was as follows:

Acute yellow atrophy of liver,

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Pregnancy

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Wm. B Schultz M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery — DATE OF BURIAL: Sept 9 1931

20 UNDERTAKER: Dean & Suter — ADDRESS: Baltimore Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spmr—8-16-29—L. F. S.—100 Blks.

E 71946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 71946

1—PLACE OF DEATH

REGISTERED NO. 15-63

CITY OF BALTIMORE: (No. 3918 W. Garrison Ave.) WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mathew J. Cavanaugh

(a) RESIDENCE NO. 3918 W. Garrison Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Cavanaugh

6 DATE OF BIRTH (month, day, and year): About Year of 1879

7 AGE: Years: About 52; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Stage Mgr.

(b) General nature of industry, business, or establishment in which employed (or employer): Theater

(c) Name of employer: Keiths

9 BIRTHPLACE (city or town) (State or country): Cleveland Ohio

PARENTS

10 NAME OF FATHER: Mathew Cavanaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mr. John F. Travis

(Address): 3918 W. Garrison Ave.

15 Filed SEP 8 - 1931 19 WILLIAM JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 4 1931

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1931, to Sept 4, 1931,

that I last saw h alive on Sept 4, 1931

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis, pulmonary, acute

(duration) 2 mos. da.

CONTRIBUTORY (Secondary) Tuberculous ulceration of throat and intestine (duration) yrs. mos. 15 da.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Sputum exam

(Signed) C. W. Hyneman, M. D.

19 (Address) 8 East Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery Co.

DATE OF BURIAL: Sept 7 1931

20 UNDERTAKER: C. Vernon Zimmerman

ADDRESS: 467 Park Ave.

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—60L

E 71947.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001
82 E 71947

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 S Clinton ST. 76-1 WARD)

2-FULL NAME Katherine Gebhardt

(a) RESIDENCE NO. 940 S Clinton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., If of foreign birth? 50 yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Gebhardt

6 DATE OF BIRTH (month, day, and year) Feb 21 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Wm Benning

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant John Gebhardt

(Address) 940 S Clinton St

15 Filed . 192 Registrar

HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. Fehrenbach, M. D. Coroner

9/7, 1931 (Address) 1305 N Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Sept 10 1931
20 UNDERTAKER	**ADDRESS**
George W. Zurkey.	1737 E. Eager St

A&Co. 5-D 2568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71948 — 93-003 — E 71948

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Maryland General Hosp. St. 16-23 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME FLORENCE SNOWDEN

(a) Residence: No. 822 N. CARROLTON AVE. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	COLORED	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
74	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown, Mass

FATHER

13. NAME Joshua Snowden

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Asciona Bordley

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hosp records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date Sept 7, 1931

19. UNDERTAKER John N Frazier
(Address) 1027 Edmondson Ave

20. FILED Sept 8 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-5, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1931, to 9-5, 1931

I last saw him alive on 9-5 1931 death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Scarlet Anemia	3 yrs.

Other contributory causes of importance

Acute myocardial dilatation	3 hrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenoweth, M. D.

(Address) Md. General Hospital

D. [illegible] C. WATSON JONES, M. D.

See instructions on back of certificate. OCCUPATION is very important.

E 71919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 71919

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Leslie ST. 15-21 WARD

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Robins

(a) RESIDENCE NO 1529 Leslie ST., _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6/1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Howard Robins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Amy Kyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Amy Robins
(Address) 1529 Leslie St

15 Filed SEP 8 1931, 19__ Fx. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 6/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Pulmonary Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. H. Kitzmiller, Coroner, M. D.

9/7/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sept Mt Auburn DATE OF BURIAL Sept 8 1931

UNDERTAKER Virginia A. Brooks ADDRESS 1463 N Caroline

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71950 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71950

CERTIFICATE OF DEATH. 157-004

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital 20-70 (Ward)

REGISTERED No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph James Hanlon

(a) RESIDENCE No. 319 Monastery Ave. St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 4 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James Hanlon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Helen Augustine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Hosp Records

15 Filed _____ 19__ _____ Registrar

SEP 9 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9.6.31

17 I HEREBY CERTIFY, That I attended deceased from 9.4 1931 to 9.6. 1931

that I last saw h/4 alive on 9.6 1931

and that death occurred, on the date stated above, at 6 30 P. m.

The CAUSE OF DEATH* was as follows:

Prematureness (8 months)
Microcephalus
(duration) birth

CONTRIBUTORY (Secondary) Respiratory failure (cerebral origin)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical + autopsy.

(Signed) Andres E. Calas M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 9/8 31

20 UNDERTAKER: Enoch A Fahey — ADDRESS: Fulton & Fayette

CAUSE OF DEATH to be plainly written in ink. Do not use abbreviations. See instructions on back of certificate.

RAYMOND JONES, M.

1-20—M. & T.—100 B—501.

E 71951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 71951

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Caroline & Lancaster ST. 2-4 WARD)

2-FULL NAME Frederick Heis

(a) RESIDENCE NO. 810 S Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 27 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 042
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Milton Heis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Carbon Lachman

(Address) 725 N Linwood Ave

15 Filed Sept 8 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) B G Bernard M.D. Coroner, M. D.

1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem DATE OF BURIAL Sept 9 1931

20 UNDERTAKER M. W. E. Dippel ADDRESS 37 S Amity

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 71952 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71952

CERTIFICATE OF DEATH

Registered No. 23V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-50 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Clarence J Burner.

(a) Residence: No. 410 E 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Long Burner

6. DATE OF BIRTH (month, day, year) Dec 10, 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	57	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alleghany Maryland

FATHER

13. NAME J. A. R. Burner
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Long
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Burner
(Address) 410 E 31st St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Date Sept 8 1931

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1931, to Sept 8, 1931

I last saw h[illegible] alive on Sept 8, 1931 death is said to have occurred on the date stated above, at 2:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal loss of lumps	30 yrs.
Hernia indirect inguinal Left, strangulated.	

(Other contributory causes of importance:)

Name of operation Herniaplasty Date of Aug 25

What test confirmed diagnosis? T. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McC Lanahan M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 71953

71953 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE (No. Wilkens & Caton Aves ST.) 5-8 (WARD)

2 FULL NAME Dr Kostas, Prospero

(a) RESIDENCE NO. 134 N. Fagette Street ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dr

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant George B. Petite
(Address) American Bldg.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/7/31

17
I HEREBY CERTIFY, That I attended deceased from
8-24 1931, to 9-7 1931
that I last saw h[im] alive on 9-7 1931
and that death occurred, on the date stated above, at 1135 A m.
The CAUSE OF DEATH* was as follows:
Cirrhosis of the liver.

(duration) 1 yrs. ... mos. about

CONTRIBUTORY (Secondary) Chronic
(duration) yrs 3 mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? Yes Date of 9 3 31
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) Dr. Louis Tonatro M. D.
19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Sept 9 1931

20 UNDERTAKER: Thenard Helou

ADDRESS: 3615 Pleasant Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Give address of occupation in case of children. Write plainly in ink. Do not use abbreviations or ditto marks. Consult the reverse side of certificate. TION is very important. See instructions on back of certificate.

Spec.—9-31—A. & Co.—250 M's

E-71954

71954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2100 Sidney Ave, Westport WARD 5-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Trenz.

(a) RESIDENCE NO. 2100 Sidney Ave. Westport WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Augusta Trenz.

6 DATE OF BIRTH (month, day, and year): Aug 26 1875

7 AGE: Years 56 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Electrician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: Nikolas Trenz.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant (Address): Augusta Trenz. 2100 Sidney Ave Westport

Filed SEP 6 1931 19 C. HERBERT JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to September 6, 1931

that I last saw him alive on Sept 4 1931

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) W. F. Frankenberger M. D.

19 (Address) 6 E Redwood St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Sept 9 1931

21 UNDERTAKER: Chenowith & Son

ADDRESS: 3615 Edmondson Ave

CAUSE OF DEATH IN PLAIN TERMS, SO THAT A LAY-MAN MAY UNDERSTAND IT MAY BE NECESSARY. TION IS VERY IMPORTANT. See instructions on back of certificate.

AaCo. 5-31 2M8

E 71955 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71955

CERTIFICATE OF DEATH

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 6-10 Ward)

Length of residence in city or town where death occurred ___ yrs ___ mos ___ ds How long in U.S. If of foreign birth? ___ yrs ___ mos ___ ds

2. FULL NAME James Evans

(a) Residence: No. 202 N. Edmund Ave St. ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31. 1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	17	8 9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice truck.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Aldie Evans

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lillian Dealy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lillian Evans
(Address) 202 N Edmund Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Sept 9 1931

19. UNDERTAKER John Ullrich
(Address) 1002 Orleans St

20. FILED ___ 19 ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1931, to Sept. 7, 1931

I last saw him alive on Sept. 7 1931 death is said to have occurred on the date stated above, at 5.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	8/21/31

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? Cl. cult Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Hambaker, M. D.

(Address) University Hosp.

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

Cor.—11-15-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71956

CERTIFICATE OF DEATH

E 71956

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hospital St. 16-2 Ward

2-FULL NAME Elizabeth Foeffler

(a) RESIDENCE NO. 3210 Foverton Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced. (write the word): Widow

6a If married, widowed, or divorced (or) WIFE of: late John Foeffler

6 DATE OF BIRTH (month, day, and year): May 10-1876

7 AGE: Years 55 | Months 3 | Days 26 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer

9 BIRTHPLACE (city or town): City
(State or country)

PARENTS

10 NAME OF FATHER: Henry Peterson

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Md.

12 MAIDEN NAME OF MOTHER: Louise

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Md.

14 Informant: Louis F. Foeffler
(Address): 3210 Foverton Ave

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3210 Foverton Ave

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) B Piverotz M.D. M. D.

9/7, 1931 (Address) 130-52 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel — DATE OF BURIAL: Sept. 9 1931

20 UNDERTAKER: Philip Herring — ADDRESS: 2016 Orleans St

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vernon (Viernan)

E 71957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 71957
REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 721 N. Rose (St.) 7-12 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Vernon (Viernan)

(a) RESIDENCE NO. 721 N. Rose St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose Vernon

6 DATE OF BIRTH (month, day, and year) Jan 30, 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Schneider

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER John Vernon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Emmert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md Known

14 Informant Rose Vernon
(Address) 721 N. Rose St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 1/31

17
I HEREBY CERTIFY, That I attended deceased from June 30 to Sept 1 19 31
that I last saw h[illegible] alive on Sept 1 19 31
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:
Tuberculosis (Chronic Ulcerative)

(Duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray Sputum etc.

(Signed) Geo. Hand M. D.

19 (Address) Med. Arts Bldg Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Sept 10 31
20 UNDERTAKER Mrs C. Miller	ADDRESS 2334 Jeffries St

CAUSE OF DEATH—Item 17 must be filled in. So much of the MEDICAL CERTIFICATE as can be filled in should be filled in. ATTENTION is very important. See instructions on back of certificate.

1-30—M & T—100 B—60L.

E 71958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71958

CERTIFICATE OF DEATH

159

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1128 Peach Alley. ST. 23-31 WARD

2-FULL NAME Infant of Benj. Williams & Annie Snowden(C)

(a) RESIDENCE NO 1128 Peach Alley. ST. _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. _____ mos. 1 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) 3.30 a.m. September 6, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				2 hrs. 11 min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Benjamin Williams(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia.

12 MAIDEN NAME OF MOTHER Annie Snowden.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Annie Snowden.(C) mother.

(Address) 1128 Peach Alley.

15 Filed SEP 9 - 1931 19__ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 6, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Premature Birth.

(duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Ennulat, M. D. Coroner

9/7, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Ct — DATE OF BURIAL: 9/8/31 19

20 UNDERTAKER: Frank L Brown & Son — ADDRESS: 134 Montgomery

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—501.

71959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 E 71959

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 309 Forest ST. 5-8 (WARD)

2.-FULL NAME Samuel Smelting

(a) RESIDENCE NO. 309 Forest ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs 3 mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Single

5a If married, widowed, or divorced (or) HUSBAND of / WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 26 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	3	11	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salt City

PARENTS

10 NAME OF FATHER Charles Smelting

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Rose Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlottsville Va

14 Informant Rose Smelting

(Address) 309 Forest

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs mos 3 ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? 309 Forest

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenlon, M. D. Coroner

8, 1931 (Address) 720 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL Sept 8, 193

20 UNDERTAKER Handel & Hippy

ADDRESS 300 N Dal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-36—A. & Co.—250 Blks.

71960 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 71960

CERTIFICATE OF DEATH

23V

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6718 Eversall ave (Ward) 27-42 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George C. Rist

(a) RESIDENCE NO. 6718 Eversall ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Georgia A Rist

6 DATE OF BIRTH (month, day, and year) July 7 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	30	1	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engraver

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Constantine Rist

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary Waldhauser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Mary Waldhauser 6718 Eversall ave

15 Filed SEP 8 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 5 1931

17

I HEREBY CERTIFY, That I attended deceased from Jan 22 1929 to Sept 5 1931

that I last saw h[illegible] alive on Sept 5 1931

and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) ———

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) A. E. Schuhmann M.D.

9/7 1931 (Address) Maplewood Belair Rd M. D.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 9 1931

20 UNDERTAKER: William G. Schaefer — ADDRESS: 846 Fremont

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71961

CERTIFICATE OF DEATH

107-001

E 71961

REGISTERED NO.

1—PLACE OF DEATH 140 W Hamburg St

CITY OF BALTIMORE: (No.) ST. 23-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carrol Vaughn.

(a) RESIDENCE NO. 140W Hamburg ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Sing

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Chief

6 DATE OF BIRTH (month, day, and year): Sep 14 - 1930

7 AGE: Years 0 1 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Carrol Vaughn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Helen Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Helen Vaughn

(Address): 140 W. Hamburg St.

15 Filed 4004, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7 - 31

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1931, to Sept 7, 1931, that I last saw him alive on Sept 7, 1931, and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Pneumonia + Broncho

Sep 2 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) W Walter Walker, M. D.

, 19 (Address) 910 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hope Cemetery

DATE OF BURIAL: 9/9 19 31

20 UNDERTAKER: Walter B. Spriggs

ADDRESS: 839 W Hamburg St

Important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71962

CERTIFICATE OF DEATH

46 VE 71962

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 8-18-76 St. Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME J. Wesley Barney

(a) RESIDENCE NO. 857 W. Franklin St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Rachel Rolins

6 DATE OF BIRTH (month, day, and year) Sept. 4 ?1

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer none

9 BIRTHPLACE (City or town) (State or country) Calvert Co. Md.

PARENTS
10 NAME OF FATHER Issac
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.
12 MAIDEN NAME OF MOTHER Rachel Rolins
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Records of
(Address) Balto. City Hos.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-5-31

17:
I HEREBY CERTIFY, That I attended deceased from 7-22-31, 19 , to 9-5-31, 19
that I last saw him alive on 9-5-31, 19
and that death occurred, on the date stated above, at 4:45 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(duration) yrs. 7 mos. ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & Surgery

(Signed) Jas. E. Arnold M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery — DATE OF BURIAL 9/9 1931

20 UNDERTAKER Walter B. Spriggs — ADDRESS 134 W. Lombard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

File # 71963 | 71963

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3910 Northern Parkway St., 27 Ward) 27-42

Registered No. 46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard A. Dengler

(a) Residence: No. 3910 Northern Parkway St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha C. Dengler (Wife)

6. DATE OF BIRTH (month, day, year) May 26 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	11/0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed 0/0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME Sigmund Dengler
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER
15. MAIDEN NAME Catherine Hergel
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Martha C. Dengler (wife)
(Address) 3910 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept 9 1931

19. UNDERTAKER Lilly & Zeiler, Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1931, to Sept 6, 1931
I last saw him alive on Sept 6, 1931 death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma. Rectum.	8 mos. ±

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Harding, M. D.
(Address) 4810 Belair Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—60L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71964

E 71964

CERTIFICATE OF DEATH

157-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N.Mount St. 19-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Henry Ross

(a) RESIDENCE NO 407 N.Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 2 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) Sept.2,1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ----
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer ----

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Harry Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Pearl Ross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Pearl Ross

(Address) 407 N.Mount St.

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept.4th. 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Heart Disease

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) ----- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -----

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. (Coroner)

9/5. 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL SEP 7 - 1931

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D.
Registrar

Should be carefully supplied. As to CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 71965

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

158 E 71965

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hospital St. 13-51 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard B Hill

(a) Residence: No. Home Charleston Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30 12

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
7 yrs	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Wm Penn

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Jessie L Hill

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mother
(Address) Home Charleston Home

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS HOSPITAL -3931

19. UNDERTAKER Despreaux Undertaking Co
(Address) 1 Eutaw & Mosher

20. FILED JUL 6 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/6 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/5/31, 1931 to 9/6, 1931

I last saw h[illegible] alive on 9-6 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jean D Capers M.D.
Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

71966

CERTIFICATE OF DEATH

71965

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No 7-9 St. WARD) 107

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susan Robinson

(a) RESIDENCE NO 1524 McElderry St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 to 75 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Anne Arundel Co. Md.

PARENTS

10 NAME OF FATHER Harry

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Harriett Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-6-31

17 I HEREBY CERTIFY, That I attended deceased from 8-27-30 .19 to 9-6-31 .19

that I last saw h er alive on 9-6-31 .19

and that death occurred, on the date stated above, at 4:30 A.M.

The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic

more than (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Hartman

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) [illegible] M. D.

.19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gistwy Amity

DATE OF BURIAL: 9-9-31

20 UNDERTAKER: Robert W. Williams

ADDRESS: 1515 McElderry

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 2908

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71967

CERTIFICATE OF DEATH

E 71967

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Montford Ave 8-12 Ward)

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm S Martin

(a) Residence: No. 1121 Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 4-31

7. AGE	Years	Months	Days	If LESS than 1 day 2 hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Earle R. Martin.
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Catherine Hyman
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) Earle Martin

18. BURIAL, CREMATION, OR REMOVAL The Hebrew Cem SEP 8 - 1931

19. UNDERTAKER (Address)

FILED SEP 8 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4 1931

22. I HEREBY CERTIFY, That I attended deceased from Sep 4 1931 to Sep 4 1931

I last saw h-e alive on Sep 4 1931 death is said to have occurred on the date stated above, at 2.45 pm

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature birth

Other contributory causes of importance:

Seven months pregnancy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W W White Jr M. D.

(Address) 2800 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71968 E 71968

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 46 Registered No. 17-25
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 56 yrs. ... mos. ... ds.

2. FULL NAME William Bishop

(a) Residence: No. 521 Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Bishop

6. DATE OF BIRTH (month, day, year) June 11 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) India

FATHER
13. NAME James Bishop
14. BIRTHPLACE (city or town) (State or country) India

MOTHER
15. MAIDEN NAME Martha ?
16. BIRTHPLACE (city or town) (State or country) India

17. INFORMANT Parent
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem Date SEP 8 - 1931

19. UNDERTAKER ...
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Sept 3, 1931
I last saw h[illegible] alive on Sept. 2, 1931 death is said to have occurred on the date stated above, at [illegible] am
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Liver	?

Other contributory causes of importance:

Uremia	9-1-31
Bronchopneumonia	

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fielding H. Smith, M. D.
(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

E 71959

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71969

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. ST. 11-24 WARD 173)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wm Westley.

(a) RESIDENCE No. 1212 Ruther ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: S

6 DATE OF BIRTH (month, day, and year): Aug 18 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	30	—	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Della Dotson

(Address): 1212 Ruther

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Aug 31 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, Autopsy and Autopsy find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Hemorrhage due to Ruptured Gastric Ulcer and Liver

(duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Autopsy

What test confirmed diagnosis?

(Signed) H. Feldman, M. D. (Coroner)

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
	19
20 UNDERTAKER	ADDRESS

JOHNS HOPKINS HOSPITAL C. HAMPSON JONES, M. D.

SEP 2 1931

mation should be carefully supplied. Exact statement of OCCUPA-
be properly classified.
CAUSE OF DEATH in plain terms, so that it may be
TION is very important. See instructions on back of
k of certificate.

AdCo. S-11 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

E 71970

CERTIFICATE OF DEATH

158 E 71970

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Jewish Hospital St. 13-51 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Montemer Hurl

(a) Residence: No. 1 Eaton Cutbert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	0	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Jessie Hurl

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Temple Eastern Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date SEP 3 1931

Place Loudon Park Cemetery

19. UNDERTAKER Wm. J. Gallagher Health.

(Address)

20. FILED SEP 3 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-3-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-1-1931 to 9-3 1931

I last saw h alive on 9-2 1931 death is said to have occurred on the date stated above, at 2 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Malaria Tert.

	Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm D. Travers M. D.

(Address) Union Memorial Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 3 1931

Spec.—9-30—A. & Co.—250 Blks.

E 7197 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 1971

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 10-1-31 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Frank Di Pasquale

(a) RESIDENCE NO. 1037 Somerset ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ? Grocery Store
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Itely

PARENTS
10 NAME OF FATHER Joseph Di Pasquale
11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Italy
12 MAIDEN NAME OF MOTHER Filomena ? Clementi
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Italy

14 Informant Records of
(Address) Balto. City Hosp.

Filed SEP 8 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7-31

17
I HEREBY CERTIFY, That I attended deceased from 8-6-31, 19, to 9-7-31, 19
that I last saw him alive on 9-7-31, 19
and that death occurred, on the date stated above, at 7:20 P. M.
The CAUSE OF DEATH* was as follows:

Ch. Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Ch. Nephritis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Jos. Edmunds Jr. M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 9/9/31

20 UNDERTAKER George J. Kelly ADDRESS 1733 Hanover

CAUSE OF DEATH to be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Size—(2-23-21)—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71972

E 71972

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of BALTIMORE: (No. 2738 Maryland St. 17-51 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Dunnigfield Hall

(a) Residence No. 2738 Maryland Ave. St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Hall

6-DATE OF BIRTH (month, day and year): Sept-12-1855

7-AGE: 75 yrs. 11 mos. 25 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cement Building Contractor
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Petersville Balto Co Md

PARENTS

10-NAME OF FATHER: Benjamin Hall

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Co Md

12-MAIDEN NAME OF MOTHER: Richard Wagner

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto Co Md

14-Informant: Elizabeth Hall
(Address) 2738 Maryland Ave

15-Filed: 9-8-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Sept 7-31

17-I HEREBY CERTIFY, That I attended deceased from June 1929 to Sept 7 1931

that I last saw him alive on Sept 6 1931

and that death occurred, on the date stated above, at 12:01A m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage with left hemiplegia

(Duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary): arteriosclerosis

(Duration) 2 yrs. — mos. — ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Chas J Keller M D

9/7 1931 (Address) 2226 Monument E

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Sept 9 1931

20-UNDERTAKER: Hyett Gordon & Hall

ADDRESS: Broadway

Exact statement of OCCUPATION is very important. Entries must be made in plain terms, so that it may be properly classified. Examine instructions on back of certificate.

P 8

AdCo. 5-11 2500

71973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 71973

Registered No. 27755

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Strathmore Ave. St. ..... or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rena Strauss Jandorf

(a) Residence: No. 3500 Strathmore Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gustavus Jandorf

6. DATE OF BIRTH (month, day, year) May 10, 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	49	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Henry F. Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fannie Burgunder

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. G. Jandorf (Husband)
(Address) 3500 Strathmore Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Date Sept. 9, 1931

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place.

FILED SEP 8 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Sept 1931

I last saw her alive on Sept 6 1931 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of spine	Jan 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel Hutzler Levin M. D.

(Address) 1810 Eutaw Place.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

71974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 71974

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2114 Mount St.) (WARD) 8-17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Mary M. Gilbert

(a) RESIDENCE NO. 2114 ST. Mount WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Otis J. Gilbert

6 DATE OF BIRTH (month, day, and year) Dec 15 1850

7 AGE Years 34 Months 6 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED none

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) primarily housework

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Albemarle County Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant (Address)

15 Filed P 8 - 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6-31

17

I HEREBY CERTIFY, That I attended deceased from Aug Sept, 1930, to Sept 6, 1931

that I last saw her alive on Sept 5, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

Coma

(Duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. F. Wright M. D.

Sept 6 1931 (Address) 1014 St. Edmonds Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Pleasant

DATE OF BURIAL Sept 8 1931

20 UNDERTAKER John C. Miller

ADDRESS 35 E Lanvale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

E 71975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002 E 71975

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2755 Tivoly ST., 9-46 (WARD)

2. FULL NAME Walter J. Reinheimer

(a) RESIDENCE NO. 2755 Tivoly M ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas L Reinheimer

6 DATE OF BIRTH (month, day, and year) Sept 22 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) — Isaac Pearson & Son
(c) Name of employer — Paper Box Co

PARENTS

9 BIRTHPLACE (City or town) (State or country) — Balto Md

10 NAME OF FATHER — Lawrence Reinheimer

11 BIRTHPLACE OF FATHER (State or country) — Germany

12 MAIDEN NAME OF MOTHER — Barbara Pinckert

13 BIRTHPLACE OF MOTHER (State or country) — Balto Md

14 Informant — Thomas L. Reinheimer (Address) 2755 Tivoly Ave

15 Filed SEP 8 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7 1930

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows: Pul Thrombi following an auto accident on June 7th in Wilmington Del

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pul Thrombi

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2755 Tivoly Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. Grant Ellis, M. D. Coroner

19 (Address) 2739 W. Eldorado

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Loudon Park — DATE OF BURIAL Sept 10 1931

20 UNDERTAKER — Mr. Mrs. John M. Tevis & Son — ADDRESS 501 N Fayette

be stated EXACTLY. PHARMACIAN should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

AAC. 5-11 1928

Dr. Diebel 1224 Hanover St South 0100

E 71976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 71976

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 Colemans Court 23-31 (Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kohlbus

(a) Residence: No. 116 Colemans Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Louis Kohlbus

6. DATE OF BIRTH (month, day, year) About 1846

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	About 85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Kohlbus (Address) 116 Coleman Court

18. BURIAL, CREMATION, OR REMOVAL Loudon Park (Cemetery) Date 9/10/ 1931

19. UNDERTAKER Wm Cook (Address) 1219 St Paul St

20. FILED 9 8 1931, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8th 1931

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1931 to Sept. 8. 1931

I last saw her alive on Sept. 8. 1931 death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia following acute bronchitis	Sept. 4, 193

Other contributory causes of importance:

aortic regurgitation of heart about 2 years.

Name of operation - - - - - Date of - -

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - - Date of injury - -, 19....

Where did injury occur? - - - - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury - - - -

Nature of injury - - - -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify - - - -

(Signed) Harry Diebel, M. D.

(Address) 1224-1226 Hanover Street,

To prevent delay, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. Pearson Jones, M. D.

Spec.—9-30—A. & Co.—250 Blks

E 71977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71977

CERTIFICATE OF DEATH.

47

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (Street) (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bernhardt Osten

(a) RESIDENCE NO. 109 N. Madeira St. (Madeira St) WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah E. Osten

6 DATE OF BIRTH (month, day, and year): March 27 1876

7 AGE — Years: 56 — Months: 5 — Days: 10 — If LESS than 1 day, hrs. or min.: 11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Watchman

(b) General nature of industry, business, or establishment in which employed (or employer): Dr Martel

(c) Name of employer: Dr Martel

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Bernhardt Osten

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Wilhelmina Buchmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Sarah Osten 121 Baltimore St

15 Filed 1931 Registrar

P 8 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-7-31

17

I HEREBY CERTIFY, That I attended deceased from July 16, 1931 to Sept 7, 1931

that I last saw him alive on Sept 7, 1931

and that death occurred, on the date stated above, at 11.20 P. M.

The CAUSE OF DEATH* was as follows:

adeno-Carcinoma of lungs and trachea

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no. Date of

Was there an autopsy? yes.

What test confirmed diagnosis? Biopsy

(Signed) G. W. Baumgardner M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn — DATE OF BURIAL: 9/10 1931

20 UNDERTAKER: H M Cole — ADDRESS: 1217 Eutaw St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 71978

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 71978

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 N. Fulton Ave. 16-21) (WARD)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Dorothy Robinson

(a) RESIDENCE NO. 1543 N. Fulton Ave. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residency in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: John J. Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Ellen B Ruiz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): John J. Robinson 1543 N. Fulton

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6-1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 23, 1931, to Sept. 5, 1931

that I last saw h alive on Sept. 5, 1931

and that death occurred, on the date stated above, at 3 30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) - yrs. - mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

9/7 1931 (Address) 1501 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 9/9 1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1211 N. Fulton Ave

P 8 - 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 71979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71979

CERTIFICATE OF DEATH

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2341 Eastern Ave ST. 1-3 WARD)

2-FULL NAME Lindsay L Melton

(a) RESIDENCE No 2313 Eastern Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 6 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	44	5		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Gordonsville Va.

PARENTS

10 NAME OF FATHER Elijah Melton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice R Groff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Edward Melton

(Address) Richmond Va

15 Filed SEP 8 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Haemorrhage of Left Lung due to Tuberculosis Pulmonalis
Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B P Herzog M D, M. D. Coroner

9/8, 1931 (Address) 1305 Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gordonsville Va. DATE OF BURIAL: Sept 1931

20 UNDERTAKER: H E Blackwell ADDRESS: 1127 Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

(Tarman)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71989

87 - 002 - E 71980

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat STREET (or WARD) 28th & 3

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline Tarman

(a) RESIDENCE NO. Mt Hope Retreat ST. 28 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of X

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
abt	77	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Nursing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore (?) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 Informant Records of Mt Hope Retreat (Address) Mt Hope Md

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 15th, 1928, to Sept 7, 1931, that I last saw h[illegible] alive on Sept 7, 1931, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Jacksonian Epilepsy Post Cerebral Hemorrhage.

abt (duration) yrs. 2 mos 0 ds.

CONTRIBUTORY (Secondary) Senile Dementia (duration) 6 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? At Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank J Flannery, M. D.

. 19 (Address) Mt Hope Retreat

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's (Grave)

DATE OF BURIAL 9/10 1931

20 UNDERTAKER Herman Zimmer

ADDRESS 760 Pa. Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of cause of certificates. TION is very important! See instructions on back of c

P H 1024 C HAMILTON JONES M D

Spec.—9 30—A & Co.—250 Blks.

E 7198½ HEALTH DEPARTMENT—CITY OF BALTIMORE E 7198½

CERTIFICATE OF DEATH

62

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 5-4 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alice Oberney

(a) RESIDENCE NO. 151 N. High St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single ~~Married~~

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ~~Aug. 21, 1906~~ Oct. 21, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24 ~~25~~	10	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: unemployed

9 BIRTHPLACE (city or town) (State or country): Chicago Ill.

PARENTS
10 NAME OF FATHER: John ~~Oberney~~ Einkis, Jr.
11 BIRTHPLACE OF FATHER (city or town) (State or country): ~~Poland~~ Lithuania
12 MAIDEN NAME OF MOTHER: Elizabeth Mark[illegible]
13 BIRTHPLACE OF MOTHER (city or town) (State or country): ~~Poland~~ Lithuania

14 Informant (Address): Records of Balto. City Hosp.

15 Filed [illegible] 19 [illegible] Registrar: C. HAMPSON JONES, M. D

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7-31

17
I HEREBY CERTIFY, That I attended deceased from 8-12-31, 19, to 9-7-31, 19
that I last saw her alive on 9-7-31, 19
and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. G. Arnold M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 9/10 1931

20 UNDERTAKER: Vernon Lemmon

ADDRESS: 4011 Pa. Ave.

P 8 - 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. AGE must be given in all cases. Information is very important. See instructions on back of certificates.

Spun—9-30—A A Co.—250 Blks

E 71382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71382

CERTIFICATE OF DEATH

93-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 312 Whitridge Ave WARD 56

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John H. Gallagher

(a) RESIDENCE NO. 312 Whitridge Ave WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. about 55 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Gillespie Gallagher

7 DATE OF BIRTH (month, day, and year) April 16 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman 086

(b) General nature of industry, business, or establishment in which employed (or employer) Street Cleaning Dept.

(c) Name of employer Balto. City

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER John Gallagher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Jane Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant (Address) Mr Stanley Gallagher 312 Whitridge Ave

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/6/31

17

I HEREBY CERTIFY, That I attended deceased from 9/1 1931 to 9/6 1931

that I last saw h[illegible] alive on 9/5 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. J. Wilde M. D.

9/8 1931 (Address) 1279 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Sept 9 1931

20 UNDERTAKER Margaret E. Flynn ADDRESS 1402 Light St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 9 1931

Form—3-29-28—L. F. S.—500 Blks.

Pat Henderson

HEALTH DEPARTMENT—CITY OF BALTIMORE

Gil 6562

E 71983

CERTIFICATE OF DEATH

159

REGISTERED NO. E 71983

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3047 N. Stricker ST. 19-27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Premature Infant

(a) RESIDENCE NO. 3047 N. Stricker ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Premature

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 8, 1931

7 AGE: Years — Months — Days: Premature — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balt. Md.

PARENTS

10 NAME OF FATHER: James B. Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Darty Kenable

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Mother

(Address): 124 N. Stricker

Filed SEP 9 - 1931 19 Reg'd. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 8, 1931

17 I HEREBY CERTIFY, That I attended deceased from Premature, 19 , to , 19 , that I last saw h alive on Premature Infant, 19 , and that death occurred, on the date stated above, at Infant h.

The CAUSE OF DEATH* was as follows:

Premature Infant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Infant

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George McDonald, M. D.

, 19 (Address) 908 W. Franklin

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL SEP 9 - 1931 19

20 UNDERTAKER Baltimore Health Dept.

ADDRESS

UNIVERSITY OF MARYLAND HARRY R. JONES, M. D.

OF DEATH in plain terms, so that it may be properly classified. Fatal statements must be important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 71984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71984

CERTIFICATE OF DEATH

X 137

1 PLACE OF DEATH

CITY OF BALTIMORE (No) St. Joseph's Hosp. (St) 9-17 (Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward Nolan

(a) RESIDENCE NO (Usual place of abode) Upper Falls, Md. ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 13 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie Nolan

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Carpenter
(b) General nature of Industry, Business, or establishment in which employed (or employer): 15
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hamilton Square New Jersey

PARENTS
10 NAME OF FATHER: Edward Nolan
11 BIRTHPLACE OF FATHER (city or town) (state or country): New Jersey
12 MAIDEN NAME OF MOTHER: Unknown
13 BIRTHPLACE OF MOTHER (city or town) (state or country): Unknown

14 Informant (Address): Fred E. Anderson Upper Falls Md

15 Filed 19 Sept 9 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 8 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1931 to Sep. 8 1931
that I last saw h[illegible] alive on Sep. 8 1931
and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:
Myocardial degeneration
Hypertrophy
Bronchitis
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Acute dilatation of heart (duration) Sudden

18 Where was disease contracted if not at place of death?
Did an operation precede death? Yes Date of Sep 8 1931
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) M B Kenney M. D.
19 Sept 9 1931 St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hamilton Square N J
DATE OF BURIAL: Sept 11 31

20 UNDERTAKER: David Davidson
ADDRESS: Upper Falls

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250M

E 71985

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71985

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 N. Kenwood Ave St. 9-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Franz

(a) Residence: No. 543 N. Kenwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced (or) WIFE of Late Julius Franz

6. DATE OF BIRTH (month, day, year) Jan 20 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City Louis Barth

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth E. Freitag

(Address) 543 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Sept 9th 1931

19. UNDERTAKER Philip Herring

(Address) 2016 Orleans St.

20. FILED SEP 9 1931 19 C. HANSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6th 1931

22. I HEREBY CERTIFY, That I attended deceased from 19 to Sept 6 1931

I last saw h alive on Sept 4 1931 death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus (cervix)	July 1928

(Other contributory causes of importance)

Uremia (terminal) due to ureter infiltration & bladder

Name of operation Cautery of cervix Date of Oct 1928

What test confirmed diagnosis? Path Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Emil Novak M. D.

(Address) 26 E Preston St

INFORMATION SHOULD BE GIVEN IN THIS CERTIFICATE in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71986

E 71986

23 v

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (Tbc.) 21-31

CITY OF BALTIMORE: (No) (STREET) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Barber

(a) RESIDENCE NO. 536 W. West st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia Barber

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1904

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	26	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Barber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lottie Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records

(Address)

15 Filed SEP 8 1931 Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1931, to Sept. 6, 1931

That I last saw h im alive on Sept. 6, 1931

and that death occurred, on the date stated above, at 2 A. M. p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous enteritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Laurence L. Sena M. D.

9-7 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dion + Fair Church sept 9 1931

DATE OF BURIAL

20 UNDERTAKER Edward Bryan

ADDRESS 1931 Orleans st

INFORMATION SHOULD BE CAREFULLY SUPPLIED. Exact statement of OCCUPATION should be given, so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 71987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

E 71987.

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

City of BALTIMORE: (No. 11-15 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Elizabeth Pennington

(a) RESIDENCE NO. 1121 N. Calvert St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1858

7 AGE: Years 73 | Months | Days | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER Chas S Pennington

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Taylor Wendell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Easton Md

14 Informant
(Address) Pleasant Hill Pennington

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from 9-3 1931, to 9-5 1931, that I last saw h[illegible] alive on 9-5 1931, and that death occurred, on the date stated above, at 7:30 p. m.

The CAUSE OF DEATH* was as follows:
Chronic myocarditis with myocardial degeneration

(duration) 11 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Allyn B. Choate, M. D.

9/5 1931 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem — Date of Burial: 9-9-1931

20 UNDERTAKER: Henry W. Jenkins Sons Co. — ADDRESS: Orchard & McCulloh

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS IMPERATIVE. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

L-30 m-M. & T.—100 B—50L

E 71938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 E 71938

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST., 26-42 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ethel L. Jehnert

(a) RESIDENCE No 6109 Belair Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6 DATE OF BIRTH (month, day, and year) Oct. 30, 1917

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work --
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward B. Jehnert, Jr.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Buelah Osborn

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Edward B. Jehnert, Jr.
(Address) 6109 Belair Road.

15 Filed SEP 9 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 8, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Burns over body-clothes caught when gasoline ignited from spark while automobile was being cleaned with gasoline

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D.
Coroner

19 (Address) 9/9/31 [illegible] Belair Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem.	9/10/31
20 UNDERTAKER	ADDRESS
[illegible] Sons	7401 Belair Rd.

N.B.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71989

CERTIFICATE OF DEATH.

161-001

E 71939

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 447 N Curley ST. 6-11 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James L. Gutt

(a) RESIDENCE NO. 447 N Curley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced. (Write the word) Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 5 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Norman Gutt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Edith Kellam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Edith Gutt
(Address) 447 N Curley St

15 Filed SEP 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1931 to Sept 6 1931

that I last saw him alive on Sept 6 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acidosis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Coma Acidosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Groane M.D.

(Address) 801 N Lemmon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Sept 7 1931

20 UNDERTAKER Mrs E Mullan

ADDRESS 2364 Jefferson St

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71990

93-003 E 71990

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Lizzie King

(a) RESIDENCE NO. Preston & Valley ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (or) WIFE of: George King

6 DATE OF BIRTH (month, day, and year) _____

7 AGE	Years	Months	Days	If LESS than 1 day, __ hrs. or __ min.
	77			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Year old

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Johns Day

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Nancy Fragmachin

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Little Sisters of the Poor (Address) Preston & Wolfe St

15 Filed SEP 8 1931 19__ HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 6th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1931 to Sept 6 1931, that I last saw her alive on Sept 4 1931, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 6 mos. da.

CONTRIBUTORY (Secondary): Edema Lungs

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? None

(Signed) E Gill Hall, M. D.

Sept 7 1931 (Address) 1631 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Sept 9 1931
20 UNDERTAKER: Rita Weidefeld	ADDRESS 914 Grant Ave

mation should be carefully supplied. Note that it may be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificates.

AaCo. 5-B 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71991

CERTIFICATE OF DEATH

23 E 71991

Registered No.

1. PLACE OF DEATH Baltimore, Md

CITY OF BALTIMORE: (No. 800 Division Ave St. Ward) 97-47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs Margaret C Cohen

(a) Residence: No. 822 Division Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 4, 1897

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	34	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bond Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) Feb 1931

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME J M Rehm

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary J Fahey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Son
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Cem Date Sept 12 1931

19. UNDERTAKER Bill Wuebfeld
(Address) 14 Monument Sq

20. FILED 1931 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 1931

22. I HEREBY CERTIFY, That I attended deceased from June 9 1931 to Sept 8 1931

I last saw h[illegible] alive on Sept 6 1931 death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis 6 mo.

Date of onset

(Other contributory causes of importance)

Intestinal tuberculosis

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J Fenwick , M. D.

(Address) Cathedral apts

information should be carefully supplied. Exact statement of
state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-15-29—M&T—500 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71992

131 E 71992

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Druid Hill St. 14-54 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph C. Hamer Sr.

(a) RESIDENCE NO. 2218 Druid Hill St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: Anna J.

6 DATE OF BIRTH (month, day, and year): Sept 12-1871

7 AGE: Years 59 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Joseph C. Hamer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Harriet Howe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Anna J. Hamer 2218 Druid Hill Ave

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7 1931

17 I HEREBY CERTIFY, That I attended deceased from August 31, 1931, to Sept 7, 1931, that I last saw him alive on Sept 6, 1931 and that death occurred, on the date stated above, at 1 1P m.

The CAUSE OF DEATH* was as follows:

Uraemia Coma

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Enlarged Prostate - Nephritis Interstitial

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary Physical

(Signed) Wm. H. Wright, M. D.

9/8, 1931 (Address) 1209 Presbrian St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 9/11/1931

20 UNDERTAKER: Wm. Leo. H. Holland — ADDRESS: 1608 Druid Hill Ave

mation should be carefully supplied. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

1-26—M. & T.—100 B—50L

1993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13/V E 71993

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 338 Presstman ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Lula Brooks

(a) RESIDENCE NO 338 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Brooks

6 DATE OF BIRTH (month, day, and year) May 14/1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	23 24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER John Henry Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington, D.C.

12 MAIDEN NAME OF MOTHER Mary P. ---- --

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington, D.C.

14 Informant Gladys C. Brooks

(Address) 338 Presstman St

15 Filed SEP 9 - 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Nephritis- general (duration) yrs. mos. ds.

Arteriosclerosis

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

9/8/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington, D.C. DATE OF BURIAL 9/10/1931

20 UNDERTAKER Mrs. Geo. E. Holland ADDRESS 1031 Druid Hill Ave

S. B.—WRITE PLAINLY. WITH UNFADING INK. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Blks.

E 71994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 22-6 S. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Williams

(a) RESIDENCE NO. 10 E. York ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Peddler 045

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Wash. Co. Ala.

PARENTS

10 NAME OF FATHER: Wm. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Miss.

12 MAIDEN NAME OF MOTHER: Louise De Priest

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Miss.

14 Informant: Records of
(Address): Balto. City Hosp.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7-31

17

I HEREBY CERTIFY, That I attended deceased from 8-17-31, 19..., to 9-7-31, 19...

that I last saw him alive on 9-7-31, 19...

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 3 mos. 7 ds.

CONTRIBUTORY (Secondary) Secondary Carcinoma of Liver (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Catonsville

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) E. E. Stumpf M. D.

(Address) Balto. City Hosp. 19...

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	Sept 10 1931
20 UNDERTAKER: John F. Denny	ADDRESS: 715 Light St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 71995

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71995

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2536 Aruna Ave ST. 16-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Elizabeth Jones Williams

(a) RESIDENCE NO. 2536 Aruna Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William J. Williams

6 DATE OF BIRTH (month, day, and year): Sept 16 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Private House Maid

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Mathews Co Virginia

PARENTS

10 NAME OF FATHER: Robt Peters

11 BIRTHPLACE OF FATHER (city or town) (State or country): Gloucester Co Va

12 MAIDEN NAME OF MOTHER: Arnall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Gloucester Co Va

14 Informant (Address): Mrs Elizabeth Williams 2536 Aruna Ave

15 Filed SEP 9 - 1931 C. HAMILTON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931, to Sept 7, 1931, that I last saw h/s alive on Sept 7 1931, and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 9 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas E. Montague M. D.

, 19 (Address) 3201 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Evergreen Dalsdell Va via Chesapeake Line to Gloucester

DATE OF BURIAL: Sept 9 19 31

20 UNDERTAKER: John F. Denny

ADDRESS: 73 Eutaw St

Information should be carefully supplied. Age, month or day if under one year. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blo

E 71996 ✓ E 71996

E 71996 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) St. Agnes Hosp. Ward W-70

2-FULL NAME Mrs. Olive Hill.

(a) RESIDENCE No. 136 N. Linton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Wh	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Owen Hill

6 DATE OF BIRTH (month, day, and year) May 5 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge, Md.

PARENTS

10 NAME OF FATHER Thos. Hillis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Mary Cruse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cambridge Md

14 Informant (Address) Owen W. Hill 136 N. Linton St

15 Filed SEP 8 1931 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7, 1931

17 I HEREBY CERTIFY, That I attended deceased from 8/25 1931 to 9/8 1931

that I last saw he alive on 9/8 1931

and that death occurred, on the date stated above, at 9.55 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

Contributory pelvis - (duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) Cachexia - (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? 136 N. Linton St

Did an operation precede death? Yes Date of 2 mo. ago

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) Geo. Gordon, M. D.

, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cambridge Md	Sept 10 19 31
20 UNDERTAKER St Luke's Home	ADDRESS Northern

mation should be carefully supplied. Age must be given. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 71997

CERTIFICATE OF DEATH

98 E 71997

1 PLACE OF DEATH Provident Hospital

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 14-20 WARD

2 FULL NAME Thomas Ballard

(a) RESIDENCE NO. 432 E Pennsylvania St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Corella

6 DATE OF BIRTH (month, day, and year) ? 1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): Leopard Pratt

(c) Name of employer: Hospital

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thomas Ballard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Roella Ballard 1822 Eutaw Ave Town

15 Sept 9 1931 C. HARRIS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to Sept 6, 1931

that I last saw h[e] alive on Sept 6, 1931

and that death occurred, on the date stated above, at 11 20 P. m.

The CAUSE OF DEATH* was as follows:

Gangrene of Rt. leg
Septicemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis of

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 5-10-31

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) D. Maynard Higgins M. D.

19 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lebanon Cem

DATE OF BURIAL: 9/9 1931

20 UNDERTAKER: Mrs. Lee H. Holland

ADDRESS: 1013 Druid Hill Ave

Filed

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must be particular. Terms should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71998 34 E 71998

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1702 Lanetta ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Calvin James ~~Lee~~ Williams

(a) RESIDENCE NO. (Usual place of abode) 1702 Lanetta ave ST. WARD

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: colored

5 Single, Married, Widowed, or Divorced. (Write the word): single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 8-26-31

7 AGE — Years — Months — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Calvin Asbury Williams

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER: Mary Hall

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto, Maryland

14 Informant: Calvin Asbury Williams

(Address): 1702 Lanetta ave

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-8-31

17 I HEREBY CERTIFY, That I attended deceased from 8-24 . 1931 . to 9-8 . 1931 .

that I last saw him alive on 9-8 . 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Congenital lues

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death): at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. [illegible] Campbell M. D.

. 19 (Address) 1242 N. Carrollton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn cemetery

DATE OF BURIAL: Sept 9, 1931

20 UNDERTAKER: Mr Peter R Williams

ADDRESS 321 S Broadway

mation should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—3M A & T—100 B—50L

E 71999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

708 71999

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Gen. ST. 4-26 WARD

2-FULL NAME Joseph Burton

(a) RESIDENCE NO 229 Myrtle Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos da. How long in U. S., if of foreign birth? yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 11 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5	2	26	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Child

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jos Burton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minnie Chambers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Joseph Burton Sr.

(Address) 229 Myrtle Ave.

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) and from other evidence find that said deceased came to a death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which he was riding collided with street car

(Duration) yrs mos da

CONTRIBUTORY (Secondary) (duration) yrs mos da

18 Where was disease contracted if not at place of death? Hanover & Ostend

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. E. Krause Coroner, M. D.

4/4 1931 (Address) Raffin Coroner City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Sept 10, 1931

ADDRESS

20 UNDERTAKER Mrs Kate R. Williams

TION is very important

1-30—M & T.—200 B—561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72000 ✓ 708 E 72000

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Bello Ave. ST. 4-26 WARD

2-FULL NAME Castie Barton Butler Price

(a) RESIDENCE NO 229 Myrtle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Percy Price

6 DATE OF BIRTH (month, day, and year) 3/7/1892

7 AGE Years 39 Months 6 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) 037
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Butler

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Janie Johnson

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant June Butler

(Address) 1359 W ard St

15 Filed ..... 19.. C. HAMPSON JONES, M. Registrar

SEP 9 - 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7-1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto in which she was a rider collided with street car

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Hanover & Henry Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L Frame M. D.

9/4, 1931 (Address) Traffic Coroner City Hall

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 9, 31

20 UNDERTAKER Mrs Kate P. Williams

ADDRESS 322 Saratoga St.

CAUSE OF DEATH in plain terms. See instructions on back of certificates. THON is very important

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72001

CERTIFICATE OF DEATH

708 E 72001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. South Balto Gen ST. 21-29 WARD)

2-FULL NAME Mammie Smith

(a) RESIDENCE NO 135 Lancaster St ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Smith

6 DATE OF BIRTH (month, day, and year) Nov 5- 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Wm. Adam

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Lucinda Mish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Benjamin Smith

(Address) 352 Carroll St.

15 Filed SEP 2 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: As to w which she was a pdn collided with a street car

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hanover & Charles Sts

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) A Braun M. D.

(Address) Raffin Coroner City of Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Sept 10, 1931

20 UNDERTAKER Mrs Katie R Williams ADDRESS 332 Lafayette Ave

THIS IS A PERMANENT RECORD. P... should be stated EXACTLY. PHYSICI... may be properly classified. Exact stateme... mation should be carefully supplied. AGE should b... CAUSE OF DEATH in plain terms, so that it may be ... TION is very important. See instructions on back of ... k of certificates.

1-30—M. & T. 250 B—50L

E 72002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72002

REGISTERED NO. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 St. James ST. 10-14 WARD)

2-FULL NAME Catherine Tyler

(a) RESIDENCE NO 1203 St. James ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 49			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Pvt
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catharine Oden

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md
(State or country)

14 Informant Sarah McDonald

(Address) 1600 N. Lallag

Filed SEP 9 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acute Alcoholism

(duration) yrs mos ds

CONTRIBUTORY (Secondary)
(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. H. Carter, M. D.
Coroner

(Address) 100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL Sept 8, 1931

20 UNDERTAKER Mrs R. C. Elliott — ADDRESS 1725 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72003

CERTIFICATE OF DEATH

82-001
82 E 72003

1 PLACE OF DEATH Balto. City Hospitals

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 46-37 St. Ward)

2 FULL NAME John Turney

(a) RESIDENCE NO. none St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 10, 1861

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Pat Turney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Cath. Blake

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Records of Balto. City Hosp.

15 Filed SEP 9 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-6-31

17

I HEREBY CERTIFY, That I attended deceased from 8-30-28, 19, to 9-6-31, 19

that I last saw him alive on 9-6-31, 19

and that death occurred, on the date stated above, at 5:50 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into cerebrum left
Hypertension

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) ~~Hypertension~~ - Bronchopneumonia

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thos Glennon M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart — DATE OF BURIAL: 9/9 19 31

20 UNDERTAKER: John J. Foley Sons — ADDRESS: 318 Eph

N B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 72004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72004

REGISTERED NO. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Mainfield Ave ST., ____ WARD)

2-FULL NAME Francis J. Lingner

(a) RESIDENCE NO. 4603 Mainfield Ave ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 3/1899

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	32	5	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Francis J. Lingner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Annie Relf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Margaret Swisler

(Address) 3108 Echodale Ave

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas Asphixiation
(Suicide) (Gas range)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) History of Melancholia

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Rice, M. D.
Coroner

9/7/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible]	9/10 19 31
20 UNDERTAKER	ADDRESS
[illegible]	[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72005

CERTIFICATE OF DEATH

131 E 72005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Monroe St. 27-44 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Irma M. Simpson

(a) Residence: No. 1603 Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Irvin Simpson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 0 37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. Tyler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Irvin Simpson
(Address) 3112 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place G. H. Cem Date Sept 9 1931

19. UNDERTAKER J. Wm. Applegarth & Son
(Address) 1611 Edmondson Ave

20. FILED SEP 9 1931 C. HAMPSON JONES, M.D. Registrar

No. E 72005

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1931 to Sept 6, 1931

I last saw her alive on Sept 5, 1931 death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Sept 7/31
Pneumonia	

Other contributory causes of importance:
Hypertension Cerebral Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry Lewis Geyer M.D.

(Address) 1933 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 72006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72006

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital St. 9-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Dretos

(a) RESIDENCE NO. Fredericktown, Pa. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 28/1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Vestaburg, Pa

PARENTS

10 NAME OF FATHER Louis Dretos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Margaret Toth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant E. D. Hagerty

(Address) Fredericktown, Pa.

15 Filed Sep 9 - 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull and other injuries Accidently struck by B & O Engine in freight yard.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Jones, M. D. Coroner

19 (Address) 9/9/31 [illegible] North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fredericktown, Pa

DATE OF BURIAL 9/10/31 19

20 UNDERTAKER Geo. J. Watts Inc

ADDRESS 1731 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should note CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 72007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114 E 72007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mitchell Wills

(a) Residence: No. 714 W. Fairmont St. Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Robert D. Wills

6. DATE OF BIRTH (month, day, year): Aug 3, 1871

7. AGE — Years: 59 | Months: 1 | Days: 17 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Key West Fla.

FATHER

13. NAME: Gilbert Mitchell

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Jackson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Rebecca Custis

(Address): 714 W. Fairmont Ave. Wash. Co.

18. BURIAL, CREMATION, OR REMOVAL: Washington D.C. Sept 9-31

Place Date

19. UNDERTAKER: Samuel Stephenson & Co.

(Address): 518 N. Eutaw St.

20. FILED: SEP 9 1931

C. H. THOMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-9, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-19, 1931, to 9-9, 1931

I last saw h alive on 9-9, 1931 death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess Right Lung upper lobe.	7-1-31
Other contributory causes of importance: Acute Myocardial failure - Empirical	12 hrs

Name of operation: Thoracotomy Date of 9-7-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben L. Lewis, M. D.

(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 72008 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72008

CERTIFICATE OF DEATH

1 PLACE OF DEATH Good Shepherd Hospital 131

CITY OF BALTIMORE: (No. 512 Gilmor St 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Peters

(a) RESIDENCE NO. 1409 Prestman (Usual place of abode) ST. WARD

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: A. A.

5 Single, Married, Widowed, or Divorced, (write the word): married.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Peters.

6 DATE OF BIRTH (month, day, and year): Mar 9, 1892

7 AGE: Years 39 Months 5 Days 28 31

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: James T. miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Addison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): John T. miller 6476 Falls Rd

Filed SEP 9 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/6/31

17

I HEREBY CERTIFY, That I attended deceased from 8/1 19 31 to 9/6 19 31

that I last saw h[illegible] alive on 9/6 19 31

and that death occurred, on the date stated above, at 11[15] A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertensive-Cardio-vascular renal (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Carson C. Jonson M. D.

19 (Address) 632 Baker

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Sept 10 19 31

21 UNDERTAKER: Thomas. E. Kelson

ADDRESS: 1303 Hessiman St

THIS IS A PERMANENT RECORD. Entry in ink—WRITE PLAINLY, WITH UNFADING INK—THIS information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72009

CERTIFICATE OF DEATH.

2100-001

E 72009

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 217-W-25th St. 12th Ward)

2-FULL NAME Columbus Johns Nicholson

(a) RESIDENCE NO. 217-W-25th St. 12 Ward

(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 28 ds. How long in U. S., if of foreign birth 80 yrs. 4 mos. 28 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Stanson Nicholson

6 DATE OF BIRTH (month, day, and year) April-12-1851

7 AGE: Years 80 | Months 4 | Days 28 | If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer none

9 BIRTHPLACE (city or town) Balto.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Isaac Lee Nicholson

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Caroline Cook

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Miss Mary F. Nicholson (Daughter)
(Address) 217-W-25th St. City.

15 Filed SEP 10 1931 19...

16a Registrar G. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said decease came to death on the day stated above.

CAUSE OF DEATH* was as follows: Struck with Back of a Bus and was injured by it

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Atlys Cordell N

(Duration) ... yrs. ... mos. ... ds.

(Signed) E. Frank M. D.

(Coroner) 9/9. 19 31 (Address) 500 Fallsway City

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death — yrs., — mos., — ds. In the State — yrs., — mos., — ds.

Where was disease contracted, if not at place of death? — 2 yrs 11 mos Baltimore Md

Former or usual residence — — — — —

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery Date of Burial 9/11 19 31

20 UNDERTAKER Stewart & Co. ADDRESS 1 W. Balto

R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72010

CERTIFICATE OF DEATH

9/3/ E 72010

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7301 Wiltshire ave St. 26-42 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Fleischer

(a) Residence: No. 7301 Wiltshire St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Fleischer

6. DATE OF BIRTH (month, day, year) Aug 25 1848

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	83	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemical Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D 59

10. Date deceased last worked at this occupation (month and year) 5 yrs ago

11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wm. Benz

(Address) 7301 Wiltshire Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Western Cem. Sept 11 1931

19. UNDERTAKER John Ulrich

(Address) 2228 Gilmore St

20. FILED SEP 10 1931 H. M. JONES M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 8 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 . 1931 to Sept 5 . 1931

I last saw him alive on Sept 5 1931 death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 14 1931
Arterial Hypertension	Aug 1930

Other contributory causes of importance: Uremia & Exhaustion Aug 31 1931

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Albert Einstein M. D.

(Address) 2025 E Madison St

A. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

2-5-1674

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72011

CERTIFICATE OF DEATH

11-001 E 72011

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 7-9 (Ward)

Length of residence in city or town where death occurred 17 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Louis Rocella

(a) Residence: No. 435 E. Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) (about June) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
58	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S.H. Storeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Simon Rocella
14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Rebecca Rocella
16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 11 1931

19. UNDERTAKER John Leuck
(Address) 2102 Pulaski St

20. FILED Sept 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 9 1931

22. I HEREBY CERTIFY, That I attended deceased from June 7 1931 to Sept 7 1931

I last saw h[illegible] alive on Sept 7 1931 death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	1930 Nov
Other contributory causes of importance:	

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Barsten, M. D.

(Address) Johns Hopkins Hospital

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE 1931 [illegible] M. D.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—501.

E 72012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72012

93-003

CERTIFICATE OF DEATH

44-26

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 8.)

2. FULL NAME Robert E. McClure

(a) RESIDENCE NO 1502 Pennsylvania Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs mos da. How long in U. S., if of foreign birth? yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) ? ? 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pitcher

(b) General nature of industry, business, or establishment in which employed (or employer): -----

(c) Name of employer: Black Sox Ball Team

9 BIRTHPLACE (city or town) (State or country): ----- Texas

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Ida Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Texas

14 Informant: Benjamin Taylor

(Address) 1502 Penn. Ave.

15 Filed SEP 10 1931, 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 6th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Disease

(duration) yrs. ? mos. da.

CONTRIBUTORY (Secondary) ----- (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? At home ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

9/9 19 31 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Cavalry Cemetery

DATE OF BURIAL: Sept 11 19 31

20 UNDERTAKER: John M. Johnson

ADDRESS 2338 Madison Ave

AACo. 5-11 250B

E 72013 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

13 E 72013

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 W Lafayette St) 16-23 Ward

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Frank Thomas Chesley

(a) Residence: No. 1333 W. Lafayette Ave, Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elmer Chesley

6. DATE OF BIRTH (month, day, year): Sept 17 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	46	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year): Dec 1930

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Joseph Chesley

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Ella Gilpin

16. BIRTHPLACE (city or town) (State or country): Richmond Va. Virginia

17. INFORMANT: Elmer Chesley

(Address) 1333 W Lafayette

18. BURIAL, CREMATION, OR REMOVAL: McCubbin Date Sept 11 1931

19. UNDERTAKER: Samuel Stansbury

(Address) 338 N Eutaw St

20. FILED ..... 19..... Registrar

SEP 13 1931 HAMPSON JONES, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/3 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/2 1931 to 9/8 1931

I last saw h[illegible] alive on 9/7 1931 death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	9mo
Chronic Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Frankel M. D.

(Address) 1111 W Lee

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

72014

CERTIFICATE OF DEATH

V 82-004

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. 72014

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 1512 Gilmor St. 11-24 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Abbie Matthews

(a) Residence: No. 1131 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 60 | Months | Days | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

MOTHER

13. NAME: Sophia Wms

14. BIRTHPLACE (City or town) (State or country): Md

FATHER

15. NAME: James A Matthews

16. BIRTHPLACE (City or town) (State or country): Md

17. INFORMANT (Address): Myra E Stafford 1131 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL: Laurel Cem. Sept 10 1931

19. UNDERTAKER (Address): Lawrence Kennedy 578 N Eutaw St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-6-31. 19

22. I HEREBY CERTIFY, That I attended deceased from April 10- 1931 to 9-6- 1931

I last saw her alive on 9-6 1931 death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	about April 10th 1931
Arteriosclerosis	

Other contributory causes of importance:

Hypertension

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) I. R. Boykin M. D.

(Address) 1512 Gilmor.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 12 1931

Spec.—6-9-19—H. P. Co.—1000 Blks.

E 72015 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72015

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 700 Dolphin St.: 17-24 (Ward)

2-FULL NAME Samuel Braxton

(a) RESIDENCE. No. 700 Dolphin St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 Single, Married, Widowed, or Divorced (write the word): Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): August 1867.

7 AGE: Years: 64 Months: Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Pedderal Transfer Co

9 BIRTHPLACE (city or town) (State or country): Essex Co. Va

PARENTS

10 NAME OF FATHER: Carter Braxton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Co. Va

12 MAIDEN NAME OF MOTHER: Sarah Carey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex Co Va

14 Informant: Charley Braxton (Address) 700 Dolphin St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 . 1931 . to Sept. 7 . 1931 . that I last saw h alive on Sept. 7 . 1931 . and that death occurred, on the date stated above, at 10.30 A m.

The CAUSE OF DEATH* was as follows:

Valvular Heart Disease

about (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Chas. T. Wardlaw M. D.

Sept 9 , 19 (Address) 871 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft. Auburn Cem. DATE OF BURIAL: 9/10

20 UNDERTAKER: Samuel F. Hemsley ADDRESS: 1138 N Bond

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72016

CERTIFICATE OF DEATH

3 1 E 72016

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-55 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Silverberg

(a) Residence: No. 7109 Park Heights Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mrs Dolan Silverberg (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Yankiel Silverman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther —
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Silverberg
(Address) 7109 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Levy Lodge Date 9-10- 1931

19. UNDERTAKER Leffler Bros Inc
(Address) 1423 Linden Ave

20. FILED SEP 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1931, to Sept 9, 1931
I last saw him alive on Sept 9, 1931 death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoma Prostate	4/1/30
Other contributory causes of importance:	
Cardio-vascular-renal disease	4/1/31

Name of operation Suprapubic Cystotomy Date of 5/20/31
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George N. Gruger, M. D.
9/9/31 (Address) University Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 72017

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23 E 72017

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 6-9 St.) (WARD)

2 FULL NAME David Ansbell

(a) RESIDENCE NO. 411 N. Wolfe St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Ansbell

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Eli Ansbell

11 BIRTHPLACE OF FATHER (City or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fagel

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Russia

14 Informant (Address) Niece 1431 E. Baltimore St.

15 Filed SEP 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1931 to Sept 9, 1931

that I last saw him alive on Sept 9, 1931

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) TOC. peritonitis, TOC enteritis (duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Milton B. Kersh M. D.

19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Levine Memorial Park

DATE OF BURIAL 9-11- 19 31

20 UNDERTAKER Jos. Levine, Inc.

ADDRESS 1431 E. Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Edith E Watkins

Spec.—1-10-21—M&T—1500 Blks. E 72018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72018

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Howard A Kelly Hospital (St.) 1-4-98 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Edith E. Watkins

(a) RESIDENCE Lorraine Ohio (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 V da. How long in U. S., if of foreign birth? 60 yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female white

4 COLOR OR RACE:

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 20 1861

7 AGE — Years: 70 — Months: 1 — Days: 21 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dress maker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Herefordshire England

PARENTS

10 NAME OF FATHER: Williams C. Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Sarah Ann Garland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Mrs E. C. Loofbourrow Lorraine Ohio

15 Filed SEP 10 1931 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep. 10th 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1931, to Sep. 10th, 1931, that I last saw h[illegible] alive on Sep 9th, 1931, and that death occurred, on the date stated above, at 5:30 A m.

The CAUSE OF DEATH* was as follows: Carcinoma Pelvis, Primary Recurred Carcinoma Pelvis Secondary

(duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Senile Weakness

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Tissue Taken

(Signed) Curtis J Bowman, M. D.

, 19 (Address) 1418 Eaton Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Ohio — DATE OF BURIAL: Sept 10 1931

20 UNDERTAKER: Chas. S. Black — ADDRESS: 742 W. Fayette

C. HAMPSON JONES

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Spar.—9-30—A. & Co.—250 Blks.

72019 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72019

V 46

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1534 N. Caroline 9-17 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Preller

(a) RESIDENCE NO. 1534 N. Caroline St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 11 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS
10 NAME OF FATHER: George Preller
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
12 MAIDEN NAME OF MOTHER: Barbara Dorn
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Wm. George Preller 1534 N. Caroline St.

15 Filed 1931 C. HAMILTON JONES, M. D. Registrar

By —

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 9th 1931

17
I HEREBY CERTIFY, That I attended deceased from July 21. 1931 to Sept. 9. 1931.
that I last saw her alive on Sept. 8. 1931.
and that death occurred, on the date stated above, at 5 0 m.
The CAUSE OF DEATH was as follows:
Gastric Carcinoma

CONTRIBUTORY (Secondary) Cardiac Insufficiency (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Examination

(Signed) Benj. D. Hayman M. D.
9/9 1931 (Address) 124 E. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery
DATE OF BURIAL: Sept. 11 1931
UNDERTAKER: Henry Heeb Sons Inc.
ADDRESS: 1301 E. Eager St.

This is a permanent record of death. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. A Co.—250 Bks.

E 72020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72020

CERTIFICATE OF DEATH

V 93-003

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals 14-20

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise Conquest

(a) RESIDENCE NO. 626 W. Mosher ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elex

6 DATE OF BIRTH (month, day, and year) Dec. 24 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Temperville Va.

PARENTS

10 NAME OF FATHER: Henry Conquest

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Harriett Logan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Records of

(Address): Balto. City Hosp.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-6-31

17 I HEREBY CERTIFY, That I attended deceased from 5-20-31, 19 , to 9-6-31, 19

that I last saw her alive on 9-6-31, 19

and that death occurred, on the date stated above, at 12:55 A m.

The CAUSE OF DEATH* was as follows:

Heart disease, arteriosclerotic

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Arnold Jr. M. D.

, 19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL 9-11 19 31

20 UNDERTAKER: Dennis Eustace ADDRESS 916 Pa Ave

SEP 10 1931 H. LAMSON JONES, M. D. Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 72021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 173 E 72021

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Provident Hospital St. 4-25 WARD)

2-FULL NAME Earnest Sawyer.

(a) RESIDENCE NO 663 W Fayette ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1904

7 AGE: Years 27; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country): unknown

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant Martha Sterling

(Address) 663 Fayette ave

15 Filed SEP 10 1931, 192

J. HAMILTON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wounds of brain & neck

Homicide

(Inquest to be held later)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? on street

Did an operation precede death? no Date of

Was there an autopsy? yes by Dr. McCleary

What test confirmed diagnosis?

(Signed) H. W. Bond, M. D. Coroner

9/10/31 (Address) 100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Potters Field

DATE OF BURIAL: 9-10 1931

UNDERTAKER: Louis Easton

ADDRESS 911 Pratt

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 lbs.

SENER

E 72022 HEALTH DEPARTMENT—CITY OF BALTIMORE 72022

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH Baltimore City Hospitals 76-2 REGISTERED NO.

CITY OF BALTIMORE: (NO. ST. WARD.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Kate Siener or Sener

(a) RESIDENCE NO. 3214 Foster Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	?

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) ? 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ? Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) ? Unknown

12 MAIDEN NAME OF MOTHER ? Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ? Unknown

14 Informant (Address) Records of Balto. City Hosp.

15 Filed 19 C. HARRISON JONES, M. D., Registrar

SEP 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-9-31

17 I HEREBY CERTIFY, That I attended deceased from 8-8-11, 19, to 9-9-31, 19

that I last saw her alive on 9-9-31, 19

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows:

Heart disease, Arteriosclerotic Senility

more than (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension & Arteriosclerosis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Ida E. Arnold M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Carmel Cem.	Sept 11 — 1931
UNDERTAKER	ADDRESS
Lilly & Zeller Inc.	403 S. Wolfe

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72023

CERTIFICATE OF DEATH

115 E 72023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 15-58 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Nettie Perlman

(a) Residence: No. 7517 Fayola Southway Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Myron Perlman

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Myron Perlman
(Address) 7517 Fayola Southway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date 9-10- 1931

19. UNDERTAKER Jack Kline Inc.
(Address) 1401 E. Biddle St.

FILED SEP 10 1931 H. HAMPSON JONES, M. D. Registrar
No. ...

WRITE PLAINLY, WITH INK. ALL ITEMS MUST BE ANSWERED. AGE should be carefully supplied. PHYSICIANS should information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to Sept 9, 1931

I last saw h[illegible] alive on Sept 9, 1931 death is said to have occurred on the date stated above, at 9:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic sore throat	8/26/31
Chronic myocarditis	Past year

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) Sydenham Hospital

Spec.—9-30—A. & Co.—250 Blks

B 72024

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 72024

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals (The.) 23 REGISTERED NO. 15-21

CITY OF BALTIMORE: (No.) ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Johnson

(a) RESIDENCE NO. 1552 Woodyear st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mch. 13, ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work *Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Chas. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Hospital Records (Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug. 31, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 22, 19 31, to Aug. 31, 19 31

that I last saw h 13 alive on Aug. 31, 19 31

and that death occurred, on the date stated above, at 3.45 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous bronchopneumonia

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Laurence H. Sera M. D.

8-31-31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. HOPKINS

DATE OF BURIAL 19

UNDERTAKER Undertaker Hosp.

ADDRESS

SEP 1 1931

SEP 10 1931

AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72025

CERTIFICATE OF DEATH

207 E 72025

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 16-23 WARD

2-FULL NAME George Carter

(a) RESIDENCE No. 1016 Woodyear ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Undertaker, Hospital

(Address) Bacto, Md

15 Filed 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck by B & O R.R.

Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Amputation left arm

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pikesville, Md

Did an operation precede death? Yes Date of May 30/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feltz, M. D. Coroner

8-9, 1931 (Address) 37 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL 19

20 UNDERTAKER — ADDRESS

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNIVERSITY OF MARYLAND SEP 10 1931 G. RAWSON JONES, M.D. SEP - 1931

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125208 72025 108 72026

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) S. 22-30 Ward 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Calvin Washington

(a) Residence: No. 515 Welcome alley St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 20-31

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	6 5-	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Leonard Cross

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Cross

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date SEP 9 - 1931

19. UNDERTAKER

(Address)

20. FILED SEP 10 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931 to Sept 1, 1931

I last saw h[illegible] alive on Sept 1, 1931 death is said to have occurred on the date stated above, at 12[illegible] m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset Aug 22, 1931

Other contributory causes of importance:

Malnutrition

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. L. Goodwin, M. D.

(Address) E. H. Hosp

information should be carefully supplied. A CERTIFICATE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-01 2508

25813 HEALTH DEPARTMENT CITY OF BALTIMORE ✓

Pur. E 72027 CERTIFICATE OF DEATH 15 42 72027

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 13-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Smith

(a) Residence: No. 2324 Madison Ave St., ... Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~single, Married, Widowed, or Divorced~~ (write the word)
Male	Black	Child

5a. ~~If married, widowed, or divorced~~ ~~the husband of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-10-31

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

MOTHER FATHER

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) ...

15. MAIDEN NAME Loretta Smith

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cemetery Date SEP 9 - 1931

19. UNDERTAKER ... (Address) ...

20. FILED SEP 10 1931 C. EARL PHILLIPS, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEPT 1 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1931, to Sept 1, 1931

I last saw h[illegible] alive on Sept 1, 1931 death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Aug 10

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) G. H. Gordon, M. D.

(Address) J. H. Hosp.

Information should be carefully supplied. All ITEMS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

AE 72028

CERTIFICATE OF DEATH

15 E 72028

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 25-72 St. ..... Ward .....)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Lange

(a) Residence: No. 170 S Hunter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/5/31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

FATHER

13. NAME J. Bernard Lange

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Amy

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Parent
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date SEP 9 - 1931

19. UNDERTAKER
(Address)

20. FILED SEP 9 1931, 19... C. PAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 - 6 PM, 1931, to Sept 5 10th PM, 1931

I last saw h[illegible] alive on Sept 5 10 PM 1931 death is said to have occurred on the date stated above, at 10th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Bernard Lange, M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

25-2-261

HEALTH DEPARTMENT—CITY OF BALTIMORE

25-2-72029

CERTIFICATE OF DEATH

+ 160 E 72029

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9-9 St., Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Collins

(a) Residence: No. 819 - 9 St. St., Ward. Spanns Pt -

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/1/31

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			5 —	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hattie Aleschuler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place of Med College Date SEP - 1931

19. UNDERTAKER (Address) Com. Asylum Health.

20. FILED 19 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 , 1931, to Sept 6 , 1931

I last saw her alive on Sept 6 , 1931 death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	9/4/31

(Other contributory causes of importance:) anoxia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. S. Anderson M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 72030

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72030

CERTIFICATE OF DEATH.

154

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Joseph's Hospital 17-51 WARD)

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Callery

(a) RESIDENCE No. 2145 Huntingdon ave
(Usual place of abode) ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 9-6-31

7 AGE — Years | Months | Days: 2 1/2 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charles Edward Callery

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Carl Anna Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Interment (Address): Mrs. Carl Callery

15 FILED SEP 10 1931 C. HAMPSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-9-31

17 I HEREBY CERTIFY, That I attended deceased from September 6, 1931, to Sept 9, 1931

That I last saw him alive on Sept 9, 1931

and that death occurred, on the date stated above, at 2.45 A m.

The CAUSE OF DEATH* was as follows:

Prematurity —

Premature —

(Duration) yrs. mos. 2½ ds.

CONTRIBUTORY (Secondary) prematurity - Light Weight (Duration) yrs. mos. 2½ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wilbur Davis M. D.

(Address) Asst. Resi. Physician

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS SEP 9 - 1931

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be careful that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 10 1931

RRH

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72031

E 72031

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 26-37 (Street) (Ward) Registered No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Byrd

(a) Residence: No. 3715 E. Baltimore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 18, 1928

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	3	6 4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME William Byrd.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Katherine Renhard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemetery Date 9/14, 1931

19. UNDERTAKER Wm Cook
(Address) 1213 E Fleet St.

20. FILED SEP 14 1931, 19 APH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 10 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1931 to Sept 10, 1931

I last saw her alive on Sept 10 1931 death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lupus vulgaris Ulcero-destructive	1-26-31
Tuberculosis	9-5-31
Bronchopneumonia	9-9-31

Other contributory causes of importance:
Tuberculosis - intestinal
Tuberculosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. S. Ayderson, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 72032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72032

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1817 Light St. WARD 24-34

2-FULL NAME Dorothy C. Robertson

(a) RESIDENCE NO. 1817 Light St. ST. WARD

(Usual place of abode)

(Length of residence in city or town where death occurred yrs. 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 20 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto-

PARENTS

10 NAME OF FATHER Lee. Robertson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto-

12 MAIDEN NAME OF MOTHER Jessie Baynes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto-

14 Informant Lee. Robertson (Address) 1817 Light St-

15 Filed SEP 10 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1931, to Sept. 10, 1931, that I last saw her alive on Sept. 9, 1931, and that death occurred, on the date stated above, at 1:00 A m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis 6 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia 2 ds.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. K. Campbell M. D.

9/10 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: Sept-12 1931

20 UNDERTAKER: H^m Cook — ADDRESS: 1217 E. Pratt

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 10 1931

C. HAMPSON JONES, M. D.

1-30—M. & T.—100 B—50L

E 72033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72033

REGISTERED NO. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 16-26 WARD)

2-FULL NAME Furman Sampel Garrison

(a) RESIDENCE NO. 859 Harlem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Garrison

6 DATE OF BIRTH (month, day, and year) Oct 27/1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	14/3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Diemond Cab Co

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Arch S. Garrison, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Mary E. Weatherger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Arch S. Garrison, Sr.
(Address) 859 Harlem Ave

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John Collins, M. D. Coroner

(Address) 808 E. Northern Ave

Sept 10/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 9/12/ 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

SEP 10 1931

NOTE: ... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC... TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

E 72034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72034

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 8-45 St. 82 Ward 7) REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mittie Creager

(a) RESIDENCE No. 1721 Cliftview Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6 DATE OF BIRTH (month, day, and year): Mar. 22, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): ? Va.

PARENTS

10 NAME OF FATHER: William Price

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Eliza Lucas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Records of Balto. City Hosp.

15 Filed 10-1-31 C. HAMPSON JONES, M. D. Registrar

EP 10 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-9-31

17

I HEREBY CERTIFY, That I attended deceased from 5-11-31, 19, to 9-9-31, 19

That I last saw her alive on 9-9-31, 19 and that death occurred, on the date stated above, at 12:30 P. M.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum, left

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jos. S. Arnold Jr. M. D.

9/10/31 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Wards Chapel — DATE OF BURIAL: Sept 12 1931

20 UNDERTAKER: Williams Cook — ADDRESS: 1217 St Paul

A&Co. 5-31 2568

E 72035

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

X45 E 72035

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospt (St.) ~~Ward~~

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wade H. Cummings

(a) Residence: No. Fairmont, Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah E. Cummings

6. DATE OF BIRTH (month, day, year) Oct 26, 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co, Md.

FATHER
13. NAME John W. Cummings
14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER
15. MAIDEN NAME Sarah E. Stevenson
16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

17. INFORMANT Hospital record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Wilgreen M. E. Church Cem. Date 9/13/1931

19. UNDERTAKER Wm C. Kerr
(Address) 121 E. Pratt St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 — 1931, to Sept 10, 1931
I last saw him alive on Sept 10 1931, death is said to have occurred on the date stated above, at 7½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lip @ metastasis to Rt. neck (Squamous cell epithelioma)	8-10 yrs
Other contributory causes of importance: Hemorrhage from neck.	4 hrs

Name of operation Resection of glands Date of 2-7-31 2-12-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Robert F. Chenoweth M.D.
(Address) Md General Hospital

Information should be carefully supplied. Any space which may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250M

E 72036

252377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 72036

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — 12-51

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Lyons

(a) Residence: No. Florence Crittenden Home St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 30 - 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rose Lyons

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Date Sept 11, 1931

19. UNDERTAKER John Ulrich
(Address) 2121 E. Monument St.

20. Filed SEP 10 1931, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931, to Sept 9, 1931

I last saw her alive on Sept 9 1931 death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 4
Other contributory causes of importance:	
Pelvis	

Name of operation Nil Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Eastly, M. D.
(Address) Johns Hopkins Hosp

Information should be carefully supplied. All questions must be answered. If unknown, so state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2000

Dr Bishop York Rd. Sheridan Ave Hunt Valley 2420

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72037

CERTIFICATE OF DEATH

13 E 72037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4652 Kenwood Ave Ward) 27-48 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche H. Taylor

(a) Residence: No. 4652 Kenwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 17th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min
73	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Wm H. Taylor
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Amanda Williams
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs D. W. Gilmour
(Address) 4652 Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cemetery Date 9/11/1931

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

C. P. IMPSON JONES, M. D.

20. FILED 19 Sept 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 9th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1927 to Sept 8 1931

I last saw h alive on Sept 8 1931 death is said to have occurred on the date stated above, at 2.00 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	5 Yr
Ch. Arthritis	5 Yr
Arteriosclerosis	5 Yr

Other contributory causes of importance: Cerebral Hemorrhage 1 Mo.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Bishop M. D.

(Address) 3201 Sheridan Ave

Information should be carefully supplied. Age, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PROOF

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 72038 — E 72038

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Louis Bach Gen Hosp St. 24-33 Ward)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Stallings

(a) Residence: No. 1 Hazel Av Lansdowne Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

3a. If married, widowed, or divorced HUSBAND of Pearl Stallings

6. DATE OF BIRTH (month, day, year) Feb 19 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Shops

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Stallings

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Augusta Seymore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Blanche L. Stallings

(Address) Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lansdowne Date Sept. 12 1931

19. UNDERTAKER Easton Sons

(Address) Edmondson

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 25 1931, to Sept 10, 1931

I last saw him alive on Sept 10 1931 death is said to have occurred on the date stated above, at 3.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	9/10/31

Other contributory causes of importance:

Enlarged prostate gland
Cystitis
Arteriosclerosis

Name of operation Hypogastric Cystotomy Date of 8-25-31

What test confirmed diagnosis? Surg. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nathan Snyder, M. D.

(Address) Balt Sea Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

72039 L 72039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 72039

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No Watkins & Caton Sts. WARD) 25-12

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Hildemina Adolphi

(a) RESIDENCE NO. Ocala, Maryland ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: August Adolphi

6 DATE OF BIRTH (month, day, and year): May 27 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Augusta Adolphi

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): George Adolphi Ocala Baltimore Md

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from July 22 . 1931 to Sept 10 . 1931

that I last saw him alive on Sept. 10 . 1931

and that death occurred, on the date stated above, at 11 05 P M.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia
(Total)

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Cachexia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis

(Signed) George Horatos M. D.

. 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ocala Cem — DATE OF BURIAL: Aug 13 1931

20 UNDERTAKER: Easton Sons — ADDRESS: Ellicott City

SEP 12 1931 HAMILTON JONES, M. D.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCa. 5-31 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72040

CERTIFICATE OF DEATH

V 95-002 72040

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705- Mura Street St. 10-14 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Boyle

(a) Residence: No. 705-Mura Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert J. Boyle

6. DATE OF BIRTH (month, day, year) 4/11/1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs.
61	4	18 29	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Patrick Hagerty
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Gallagher
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Robert J. Boyle
(Address) 705-Mura Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Vincent Date 9/11/31 19

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED SEP 11 1931 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9/31

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 '31 to Sept 9 1931
I last saw h[illegible] alive Sept 7 1931 death is said to have occurred on the date stated above, at 4 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	

Other contributory causes of importance:

Cardiac Arteriosclerosis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Emmett H. Levy, M. D.
(Address) 800 E. Preston St

Information should be carefully supplied. Age, color, and sex should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 72041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72041

CERTIFICATE OF DEATH

V 59

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE, (No.) Mulberry & Calvert Sts. (Street) 9-28 (Ward)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Mary Horan

(a) RESIDENCE NO. 304 S. Mount Street ST. WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Horan

6 DATE OF BIRTH (month, day, and year) Dec 11 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	47	8	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER Michael Sammett
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Maria Hallyan
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs Michael Horan 304 S. Mount Street

15 Filed SEP 11 1931 K.K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 4, 1931, to Sept 9, 1931
that I last saw her alive on Sept 9, 1931
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:
(a) Cerebral Embolism
(duration) 10 mos. ds.
CONTRIBUTORY (Secondary) Infected Wound Embolism Multiple
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 9/9/31 Surgical Ward
Did an operation precede death? Date of 9-9-31
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam
(Signed) Hal. S. Anderson M. D.
9/9/31 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Charles Cemetery Catonsville — DATE OF BURIAL 9/12/31

20 UNDERTAKER Geo A Fuhrman & Sons Inc — ADDRESS Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-29—XAT—500 Blks.

E 72042 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72042

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1016 Hanover St. (Ward) 23-31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Goemmer

(a) RESIDENCE NO. 1016 Hanover St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie A. Goemmer

6 DATE OF BIRTH (month, day, and year) Jan 18th 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Henry Goemmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Henrietta Goemmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Anna M. Goemmer 1016 Hanover st

15 Filed ... 19... Registrar

C. HARRISON JONES, M. D.

SEP 11 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from June 7th, 1931, to Sept 8th, 1931, that I last saw him alive on Sept 8th, 1931 and that death occurred, on the date stated above, at 2.45 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the liver

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Cachexia

(duration) ___ yrs. ___ mos. 2 1 ds.

18 Where was disease contracted, if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings, X-ray

(Signed) Henry Heller M. D.

9/10, 1931 (Address) 224-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cem	Sept 11th 1931
20 UNDERTAKER	ADDRESS 1039
E Schleman & Son	Hanover st

MAJOR should be carefully supplied. Age should be given in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72043

CERTIFICATE OF DEATH

1931 003 72043

REGISTERED No.

1 PLACE OF DEATH

27-41

CITY OF BALTIMORE (No. 4210 Belair Road ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Christian H. Grieb

(a) RESIDENCE No. 4210 Belair Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adele Grieb

6 DATE OF BIRTH (month, day, and year) June 22, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Herbert J. Grieb
(Address) 4205 Kolb Ave.

15 Filed SEP 1 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1931 to Sept 9 1931

that I last saw her alive on Sept 9 1931

and that death occurred, on the date stated above, at 8:45 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, a
Heart Block

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Electrocardiogram

(Signed) Chas Smith M. D.

9/10, 19 31 (Address) 4206 Belair Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Sept 12 19 31

20 UNDERTAKER Frederick Lorsch & Son ADDRESS 7401 Belair Rd.

INFORMATION should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

CAUSE OF DEATH in plain terms, so that it may be

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72044 V 115-001 E 72044

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 Cambridge St St., 12 Ward)

Registered No. E 72044

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edward Szymanski

(a) Residence: No. 2242 Cambridge St St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	child

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) July 26.1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md

FATHER

13. NAME Charles Szymanski

14. BIRTHPLACE (city or town) (State or country) Wilmington. Del

MOTHER

15. MAIDEN NAME Stella Sas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Stella Szymanski(mother)
(Address) 2242 Cambridge St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy*Cross Date Sept 11 19 31

19. UNDERTAKER Lilly&Zeiler Inc
(Address) 403.S.Wolfe.st

20. FILED SEP 11 1931 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 . 1931 to Sept. 10 . 1931

I last saw him alive on Sept. 10 . 1931 death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchus Pneumonia
acute Follicular Tonsilitis

Date of onset

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___ . 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? If so, specify ___

(Signed) Andrew Kuczowski, M. D.

(Address) 2559 Eastern Ave.

INSTRUCTIONS: Please answer questions in ink. Write plainly so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Spec.—9-28—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

481 E 72045

REGISTERED NO.

E 72045

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 3006 Glenmore Ave. ST. 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME ELIZABETH JANE PORTER

(a) RESIDENCE No. 3006 Glenmore Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of William James Porter

6 DATE OF BIRTH (month, day, and year) July 18,1858

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	73	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Invalid

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country): Annapolis Maryland

PARENTS

10 NAME OF FATHER: Columbus Steigelman

11 BIRTHPLACE OF FATHER (city or town) (state or country): Lancaster Pennsylvania

12 MAIDEN NAME OF MOTHER: Katherine Norman

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Baltimore Maryland

14 Informant (Address): Mrs. Sarah Clark (Sister) 3006 Glenmore Ave.

15 Filed ___ 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10. 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 1/30, 19___ to Sept 10/31, 19___

that I last saw h[illegible] alive on Sept 10/31, 19___

and that death occurred, on the date stated above, at 4.00a. m.

The CAUSE OF DEATH* was as follows:

Cancer of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) [illegible] M. D.

(Address) 1203 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept. 12, 1931

20 UNDERTAKER: Henry Sander & Sons. Inc.

ADDRESS: BALTIMORE ST & BROADWAY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46 E 72046

E 72046

CERTIFICATE OF DEATH.

1. PLACE OF DEATH Franklin Square Hospital — REGISTERED NO. 20-70

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 7 Fayette (Street) Calhoun ST. (WARD)

2. FULL NAME Mrs Mary Wilson

(a) RESIDENCE No. 3041 Hofford ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (~~HUSBAND of~~ or) WIFE of: George Henry Wilson

6 DATE OF BIRTH (month, day, and year): Jan 15 1885

7 AGE: Years 46 Months 7 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Henry Velter

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Minnie Lenz

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

14 Informant (Address): George Henry Wilson 3041 Hofford St

15 Filed SEP 1 1931, 19 — H. AMBLER JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-9-1931

17 I HEREBY CERTIFY, That I attended deceased from 9-2-1931 to 9-9-1931

that I last saw her alive on 9-9-1931

and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Generalized Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Pathology

(Signed) [illegible] M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 9/12/31

20 UNDERTAKER: Geo Kehn & Son — ADDRESS: 2503 Edmondson

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 72017 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 82-E 72017

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 14-20 St. Ward)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Butler

(a) RESIDENCE No. 580 Pressman St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy

6 DATE OF BIRTH (month, day, and year) June 15, ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmhand

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER George

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Maggie Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Records of Balto. City Hosp.

15 Filed SEP 11 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-9-31

17

I HEREBY CERTIFY, That I attended deceased from 8-14-31, 19, to 9-9-31, 19

that I last saw him alive on 9-9-31, 19

and that death occurred, on the date stated above, at 9:45 A. m.

The CAUSE OF DEATH* was as follows:

Hemorrhage into Cerebrum

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? Yes Date of Sept. 8 1931

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Jas. S. Lowe M. D.

19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Thomas Cem	9/11/31
UNDERTAKER	ADDRESS
Samuel J. Hemsley	Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 72048

E 72048 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 50 V

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1219 N Central Ave (St.) 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Augusta Ebert

(a) RESIDENCE NO. 1219 N Central Ave (St.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S., if of foreign birth: yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

(If married, widowed, or divorced) (or) WIFE of John H Ebert

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (state or country): Balto Md

PARENTS

10 NAME OF FATHER: Mr Weber

11 BIRTHPLACE OF FATHER (city or town) (state or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Not Known

14 Informant (Address): John H. Ebert 1219 N Central Ave

15 Filed Sept 10 1931 C. P. Simpson Clerk M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 9 1931

17 I HEREBY CERTIFY, That I attended deceased from June 17 1931 to Sept 9 1931

That I last saw h alive on

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Mammary Carcinoma

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthenia (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Sept 10 1931 C. P. Simpson M. D. 1402 Belair Ave (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery DATE OF BURIAL: Sept. 15 1931

20 UNDERTAKER: Henry Roe & Sons Inc ADDRESS: 1301 E Eager St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 72049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72049

CERTIFICATE OF DEATH

Registered No. 72-00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hospital St. 20-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Thomas Creamer

(a) Residence: No. 112 Linden Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Emma Creamer

6. DATE OF BIRTH (month, day, year) Sept 12-1867

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
63	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lift Foreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David Creamer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Jane Love

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cathedral Date 9/10/31

19. UNDERTAKER Smith & Son

(Address) 835 Hollins St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/8/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-24, 1931 to 9-8, 1931

I last saw him alive on 9-8, 1931 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	

(Other contributory causes of importance)

Left inguinal Hernia
Right sid Hydrocele

Name of operation Herniotomy & Hydrocele Date of 8/25/31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J Yeatro, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

E 72050 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72050

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2803 Godwood Rd. St. 27-44 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Katherine Fretwell

(a) Residence: No. 2803 Godwood Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Sept 22, 1918

7. AGE Years 12 | Months 11 | Days 12 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Chester T. Fretwell

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Julia T. Hanson

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs. Julia T. Fretwell

(Address) 2803 Godwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 12 1931

19. UNDERTAKER Joseph Morgan

(Address) 3600 Eastern Ave.

20. FILED DEC 11 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/9, 19 31

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to 9/9, 1931

I last saw h[illegible] alive on 9/9 1931 death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis.	
Hydronephrosis.	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? / Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hyde W. Kelly M. D.

(Address) 5703 Harford Rd

state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-15-29—A Co.—100 Blks.

72051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

E 72051

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Mem Hospital St. 12 (Ward) 6

2-FULL NAME Clifton Bennett

(a) RESIDENCE NO. Parkton St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
M	W	Single

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of —none—

6 DATE OF BIRTH (month, day, and year) Mar 14 1906

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Agriculture
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co
(State or country)

PARENTS

10 NAME OF FATHER Fred S. Miller

11 BIRTHPLACE OF FATHER (city or town) Balto Co
(State or country)

12 MAIDEN NAME OF MOTHER Mary Baker

13 BIRTHPLACE OF MOTHER (city or town) Balto Co
(State or country)

14 Informant Paul N. Hartenstein
(Address) New Freedom Pa

15 Filed SEP 11 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Uremia was due to or resulted from a fracture

Fracture of Right Femur (duration) 6 mos. (mos. ds.)

CONTRIBUTORY (Secondary) Broken Arm (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Parkton

Did an operation precede death? no Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Phy

(Signed) [illegible] M. D.

9/11 1931 (Address) Baltimore Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westlawn Cemetery Balto Co Md	Sept 13 1931
20 UNDERTAKER	ADDRESS
Hartenstein Monument Co	New Freedom Pa

N. B.—WRITE PLAINLY WITH INDELIBLE PENCIL. All questions must be answered if possible. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

72052

CERTIFICATE OF DEATH

119 E 72052

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt. Gen. Hosp. 23-32 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolores R. Langrehr

(a) Residence: No. 1619 Elkins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-17-31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas. C. Langrehr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillie R. Phiffer.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Langrehr.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mary Land G.A. Co. Date 8/12 1931

19. UNDERTAKER J. H. Mc Cully
(Address) 130 E Ford.

20. FILED 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-29, 1931, to 9-11, 1931

I last saw her alive on 9-11, 1931, death is said to have occurred on the date stated above, at 4 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Enteritis	11 days
Other contributory causes of importance: Bedsore	2 days

Name of operation — Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. G. Tiernan, M. D.
(Address) from the Balto Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L-001 × 125 E 72053

E 72053

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 h. mount St. 16-2-K WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Pratt

(a) RESIDENCE NO. 1002 h. mount St. WARD Pratt Pt Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-5-1883

7 AGE: Years 47 | Months 9 | Days 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): King Geo. Co. Virginia

PARENTS

10 NAME OF FATHER: George Pratt

11 BIRTHPLACE OF FATHER (city or town) (State or country): King Geo Co Virginia

12 MAIDEN NAME OF MOTHER: Amy Muse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): King Geo. Co Virginia

14 Informant: Chenly Pratt

(Address): 1002 h. Mount St

15 Filed SEP 14 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-9-31

17 I HEREBY CERTIFY, That I attended deceased from 8-26-, 1931, to 9-9-, 1931, that I last saw h[illegible] alive on 9-8-, 1931, and that death occurred, on the date stated above, at 4.25 a. m.

The CAUSE OF DEATH* was as follows:

Acute yellow atrophy of liver

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Physical Signs & Path

(Signed) John E. Calper, M. D.

19 (Address) 724 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: North Point Md.

DATE OF BURIAL: Sept 11, 1931

20 UNDERTAKER: M. & R. G. Elliott

ADDRESS: 1725 Eutaw

IMPORTANT—READ CAREFULLY. CERTIFICATE OF DEATH must be properly classified. Each statement of information is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 72054 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13-02 E 72054

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Danata Logan

(a) Residence: No. 1602 Barney St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	—

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 12 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Sept 11, 1931

19. UNDERTAKER Mrs. F. M. Elliott
(Address) 1525 Ashland Ave.

20. FILED SEP 11 1931 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 9 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1931 to Sept 9 1931
I last saw h[illegible] alive on Sept 7 1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery, acute bacillary	July 15

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. S. Anderson M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 72055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72055

CERTIFICATE OF DEATH.

159

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 W. Lombard ST., 11 WARD)

2-FULL NAME Baby Girl Allen

(a) RESIDENCE NO. 802 W. Lombard ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7th 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER William Allen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pittsburgh Penna

12 MAIDEN NAME OF MOTHER Pauline Fraser

13 BIRTHPLACE OF MOTHPR (city or town) (State or country) Miller's Mol

14 Informant Mother (Pauline Allen)
(Address) 802 W. Lombard St

15 Filed SEP 1 1931, 19 Registrar

C450

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 8th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1931, to Sept. 8, 1931.

that I last saw her alive on Sept. 7, 1931.

and that death occurred, on the date stated above, at 1:15 A. m.

The CAUSE OF DEATH* was as follows:

Immaturity (28 wks)

(duration) ____ yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) Lamb & Rosenhaus M. D.

9/10 1931 (Address) Emil Hoop

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL ____ 19

20 UNDERTAKER HAMPTON JONES, Inc.

ADDRESS 1111 E. Baltimore St.

SEP 11 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Part Statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72056

CERTIFICATE OF DEATH.

E 72056

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 17-23 WARD)

REGISTERED NO. 160-02

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Briscoe

(a) RESIDENCE NO. 729 Brunt ST., WARD Baltimore

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 3, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1 2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER William L. Briscoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Marys County, Md.

12 MAIDEN NAME OF MOTHER Hallie Somerville

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Marys County Md.

14 Informant

(Address)

15 Filed SEP 1 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 3, 19 31, to Sept. 4, 19 31, that I last saw him alive on Sept. 4, 19 31, and that death occurred, on the date stated above, at 10 15 P m.

The CAUSE OF DEATH* was as follows:

Intra-Cranial Hemorrhage

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Frank H. Langhans M. D.

19 31 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS SEP 1 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9 30—A. & Co.—250 Blks.

E 72057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72057

CERTIFICATE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE (No.) 1209 N Bradford St (WARD) 8-12-92

2 FULL NAME George Hartman Harrison

(a) RESIDENCE NO. 1209 Bradford St. WARD
(If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Frida Stinnemann

6 DATE OF BIRTH (month, day, and year) Apr 5 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	5	

8 OCCUPATION OF DECEASED
(a) Trade, professina nr particular kind of work: Printer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS
10 NAME OF FATHER: Wm H Harrison
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto
12 MAIDEN NAME OF MOTHER: Margaret Savage
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Interment (Address): Wm H. Harrison, 1512 E. Fairmount St

15 Filed SEP 11 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10-31

17
I HEREBY CERTIFY, That I attended deceased from 8-21-, 1931, to 9-10-, 1931
that I last saw h~~im~~ alive on 9-8-, 1931
and that death occurred, on the date stated above, at 4.45 m.
The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (Secondary) Acute cardiac decompensation
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) George A Bowden M. D.
9/10 1931 (Address) 4517 E Northave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Sept. 14 19 31

20 UNDERTAKER: George W. Zirkler — ADDRESS: 1737 E. Eager St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72058

CERTIFICATE OF DEATH

93-2 72058

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bro Felix Schnellein

(a) Residence: No. Mt Hope Retreat St., 28 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) June 26 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	71	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) (2) Germany

MOTHER FATHER

13. NAME George Schnellein
14. BIRTHPLACE (city or town) (State or country) (2) Germany
15. MAIDEN NAME Barbara Neubauer
16. BIRTHPLACE (city or town) (State or country) (2) Germany

17. INFORMANT Records of Mt Hope Retreat
(Address) Mt Hope Balto Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cumminsdale Date Sept 14th 1931

19. UNDERTAKER Loyd Kaiser
(Address) Govanstown Md.

20. FILED ... 19 ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 - 1925 to Oct 10th 1931
I last saw him alive on Oct 10th 1931 death is said to have occurred on the date stated above, at 9.45 P m.
The principal cause of death and related causes of importance were as follows:

Senile Psychosis - Chronic Arterio sclerosis -

Date of onset
About 1 year ago -

(Other contributory causes of importance)

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Frank J. Flannery - M. D.
(Address) Mt Hope Retreat

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

72059

CERTIFICATE OF DEATH

107-001 E 72059

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 n Ann 2 18 St. 6-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Jackson

(a) Residence: No. 418 n Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M		

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Child~~ 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Mrs Arthur Jackson

14. BIRTHPLACE (city or town) (State or country) Md

FATHER

15. MAIDEN NAME Julia Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Arthur Jackson
(Address) 418 n Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cem Date Sept 12 1931

19. UNDERTAKER Edward Bryan
(Address) 1631 Orleans St

20. FILED , 19 Sept
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 , 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 , 1931 to Sept 11 , 1931

I last saw him alive on Sept 11 , 1931 death is said to have occurred on the date stated above, at 5 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Sept 7-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Fetal statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 72060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72060

CERTIFICATE OF DEATH

REGISTERED NO. 1001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 4725 WARD 82)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME George Green

(a) RESIDENCE NO. 651 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Green

6 DATE OF BIRTH (month, day, and year) abt 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Broom maker
(b) General nature of industry, business, or establishment in which employed (or employer) Co
(c) Name of employer School for Blind

9 BIRTHPLACE (city or town) (State or country) Phila., Pa

PARENTS

10 NAME OF FATHER Mr. Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna

14 Informant Frances Green (Address) 651 W. Mulberry St

15 Filed SEP 14 1931 192 HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John W. Boles, M. D. (Coroner)

19 Sept 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Sept 12 1931

20 UNDERTAKER Samuel W. Cleaver & Son — ADDRESS Harford & Fulton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

Spec.—1-30-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72061

CERTIFICATE OF DEATH.

1591 E 72061

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1102 Thomlord St. 18-29 (Ward)

2-FULL NAME Dorothy Anne Hattaway,

(a) RESIDENCE No. 1102 Thomlord St. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Sept 2, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (City or town) (State or country) Butler, Md.

PARENTS

10 NAME OF FATHER Edward L. Hattaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Butler, Md.

12 MAIDEN NAME OF MOTHER Ethel Linton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Connersville, Ind.

14 Informant Edward L. Hattaway (Address) 1102 Thomlord St

15 Filed SEP 1 1931 H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 2, 1931 to Sept 10, 1931, that I last saw h[illegible] alive on Sept. 10, 1931, and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

(Premature Birth
(7 Mo. a 3 Lbs.)

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Malnutrition.

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical Clinic

(Signed) H. Hampson Jones, M. D.

(Address) 1102 Thomlord St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNDERTAKER	SEP 1 1931
ADDRESS	

JOHNS HOPKINS HOSPITAL
Commissioner of Health.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-20—M. & T.—100 B—501.

E 72062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72062

CERTIFICATE OF DEATH

10-63 179

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. WARD)

2-FULL NAME Mary Elisabeth Young

(a) RESIDENCE NO 1429 E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29/28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Eric Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Wright

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Elizabeth Young

(Address) 1429 E. Eager St.

15 Filed SEPT 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 10/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Terminal)
Lead Poisening*General Paralysis.
(Poisening accidental)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

, 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Sept. 13 1931
20 UNDERTAKER	ADDRESS
Samuel H. Chase Est.	611 W. Lan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2MB

Dr Gordy Harford & Overland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72063

CERTIFICATE OF DEATH

V B 72063

82-001 Registered No.

97-46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4313 Old York Rd (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzo Slaysman

(a) Residence: No. 4313 Old York Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth B. Slaysman

6. DATE OF BIRTH (month, day, year) Feb 11th 1852

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Slaysman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sophia Weddinger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Elizabeth Slaysman 4313 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 9/12/ 1931

19. UNDERTAKER (Address) Wm Gaul 1217 St Paul St

20. FILED 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1931 to Sept 10th 1931 I last saw h— alive on Sept 10th 1931 death is said to have occurred on the date stated above, at 10:56 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset 9-10-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) T. A. Gordy, M. D.

(Address) Harford & Overland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill all blanks on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72064

CERTIFICATE OF DEATH

82-001

E 72064

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 10-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Edmond Coyne

(a) Residence: No. 815 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12 1890

7. AGE Years	Months	Days	If LESS than 1 day hrs or min
40 11 22	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City
10. Date deceased last worked at this occupation (month and year) 1-1-31
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Patrick Coyne
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Dunn
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Coyne Prenger
(Address) 578 E. 35th St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9/12/1931

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED SEP 11 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/10/31 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1931 to Sept. 10, 1931

I last saw him alive on 7/10/31 19 death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
- Cerebral Hemorrhage	
Hypertension with	
Chronic Nephritis	
Not determined.	

(Other contributory causes of importance)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Earl L. Chambers, M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms. An entry of "heart failure," "asthenia," or "old age" is not sufficient. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72065

CERTIFICATE OF DEATH.

95-01 E 72065

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1212 N Eden St., 15-58 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Faraone

(a) RESIDENCE NO. 3700 Overview Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernestino Faraone

6 DATE OF BIRTH (month, day, and year): 16 Feby 1902

7 AGE: Years 29 | Months 6 | Days 25 | IF LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 37

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Antonio Pistorio

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy.

12 MAIDEN NAME OF MOTHER: Rose Pistorio

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant (Address): Salvatore Pistorio 1919 S. Eden St

15 Filed OCT 1 1931, 19 at 11 AM

C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/10/1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to Sept 10, 1931, that I last saw h[illegible] alive on Sept 10, 1931, and that death occurred, on the date stated above, at 12.45 pm.

The CAUSE OF DEATH* was as follows:

Acute fibrillation

(duration) 1 yrs 9 mos ds.

CONTRIBUTORY (Secondary): Acute nephritis Carcinoma of Uterus 4 months

(duration) yrs 1½ mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) J. J. MacMurchy M. D.

(Address) 2147 Hoffman Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem

DATE OF BURIAL: 9/12/31

20 UNDERTAKER: Geo. J. Roth Inc

ADDRESS: 133 Hoffman

CAUSE OF DEATH in plain terms, so that it may be properly classified. Any statement of opinion may be made. TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 lbs

72066 HEALTH DEPARTMENT—CITY OF BALTIMORE

5/12 72066

CERTIFICATE OF DEATH

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH — Sinai Hospital
CITY OF BALTIMORE (No) Broadway & Monument (WARD) 8-17

2 FULL NAME Mr. William Wasserman

(a) RESIDENCE NO 1603 N. Bond St (WARD)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine (Bouchelle) 9/5/1854

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	7	2	X

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Policeman 61
(b) General nature of industry, business, or establishment in which employed (or employer) — Police Dept
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) — Baltimore Md

PARENTS
10 NAME OF FATHER — Wm. Wasserman
11 BIRTHPLACE OF FATHER (city or town) (State or country) — Balto Md
12 MAIDEN NAME OF MOTHER — Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) — Unknown

14 Informant (Address) — Eli Wasserman 1603 N. Bond St

15 Filed SEP 1 1931 19 Per — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/10/31

17 I HEREBY CERTIFY, That I attended deceased from 5/28 19 31 to 9/10 19 31
that I last saw him alive on 9/10 19 31
and that death occurred, on the date stated above, at 10:30 P. m.
The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate (duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr. nephritis (duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? M. D.
(Signed) J. R. Lankenau
19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — London Park Cem
DATE OF BURIAL 9/14/31 19
UNDERTAKER — Geo. J. Ruth Inc
ADDRESS 1735 Harford Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact residence must be given. Name of hospital or institution may be used. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2-08

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 72067

CERTIFICATE OF DEATH

108 E 72067

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3240 - E. Baltimore St. 26-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Waite

(a) Residence: No. 3240 -E.Baltimore St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Stanley

6. DATE OF BIRTH (month, day, year) 6/19/1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Opr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canton, Ohio

MOTHER FATHER

13. NAME William Waite
14. BIRTHPLACE (city or town) (State or country) N. J.
15. MAIDEN NAME Annie Heffner
16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Laura Stanley
(Address) 3240-E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/3/31 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to Sept 11, 1931

I last saw him alive on Sept 10, 1931 death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Sept Lobar Pneumonia	Sept 4-1931
Influenza Afebrile	Sept 8 1931
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) R. O. Cannon, M. D.

(Address) 1701 N Caroline St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

[illegible] CANNON, M. D.

AdCo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72068

CERTIFICATE OF DEATH

59 E 72068

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033-Westfield Ave. St. 27th (Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Thomas F. Dempsey

(a) Residence: No. 3033-Westfield Ave St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary (Fay)

6. DATE OF BIRTH (month, day, year) 6/13/1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Police Dept.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER FATHER

13. NAME William Dempsey
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine Gormerly
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT George Dempsey
(Address) 3033-Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 9/14/31 19

19. UNDERTAKER Geo. J. Ruth Inc
(Address) 1765 Hollins Ave Balto

20. FILED 1931 By C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Sept 10, 1931

I last saw him alive on Sept 10, 1931 death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of heart 1 day	
Arteriosclerosis Hyper-tension 2 days	

Other contributory causes of importance:
Senile gangrene & pardisis agitan

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) John W. Sandison M. D.

(Address) 1414 N. Charles St

P 1 1931

State CAUSE OF DEATH in plain terms. No abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 72069

CERTIFICATE OF DEATH

107 B 72069

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5708 Bellona Ave. (St.) 27-46 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Josephine Goth

(a) RESIDENCE NO. 5708 Bellona Avenue (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? 7 yrs. 7 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph J. Goth

6. DATE OF BIRTH (month, day, and year) Jan-2-1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9. BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10. NAME OF FATHER Joseph Hunel

11. BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12. MAIDEN NAME OF MOTHER Anna Braunstein

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14. Informant (Address): Mr. Charles Goth (son) 5708 Bellona Avenue

15. Filed Oct 1 1931 (Registrar) C. HAMPSON JONES, M. D.

Burial Oct 4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 9/10/31

17. I HEREBY CERTIFY, That I attended deceased from 8/28, 1931 to 9/10, 1931

that I last saw her alive on 9/10, 1931

and that death occurred, on the date stated above, at 11.9 m.

The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Person & Symptoms

(Signed) Geo. H. Hoehling M. D.

1931 (Address) 5535 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Sept 12 '31

20. UNDERTAKER: Stewart & Mowen Company — ADDRESS: 108 W. Fayette St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of TION is very important. See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks.

B 72070

HEALTH DEPARTMENT—CITY OF BALTIMORE

72070

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No St. Joseph's Hospital ST. 26-70 WARD) Bx a

REGISTERED No 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Muenzing

(a) RESIDENCE No. 817 Catoctin Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Zell

6 DATE OF BIRTH (month, day, and year) May 7th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	19	

8 OCCUPATION OF DECEASED .049

(a) Trade, profession or particular kind of work Retired Electrician

(b) General nature of industry, business, or establishment in which employed (or employer) Railway Co

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER John Muenzing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Annie Zell 817 Catoctin Ave

15 Filed 1931 19 Registered

C. HAMPSON JONES, M. D. Health Officer

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/9/31

17

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931 to Sept. 9, 1931

That I last saw h[illegible] alive on Sept. 9, 1931

And that death occurred, on the date stated above, at 10.45 P m.

The CAUSE OF DEATH* was as follows:

Anaemia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic examination

(Signed) Blood clinic by H. J. Gangloff M. D.

, 19 (Address) St. E. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lindenwood Cemetery DATE OF BURIAL 9/12/31

UNDERTAKER F. D. Hufnagel ADDRESS 301 Eutaw Place

CAUSE OF DEATH must be plainly written, so that any physician may understand it. Read carefully the instructions on back of certificates. TION is very important. See instructions on back of

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 20 72073

Registered No. 25231

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 20-69 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Christiana Frau

(a) Residence: No. 130 S. Calverton Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 3/17/56

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/14/31

19. UNDERTAKER J. F. Wehrheit
(Address) 309 Eutaw Place

20. FILED JAN 14 1931 C. HAMPSON JONES, M. D. Registrar
No. 1123

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-10-1931

22. I HEREBY CERTIFY, That I attended deceased from 9-4-1931 to 9-10-1931

I last saw h.. alive on 9-10-1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism — Date of onset 9-10-31
following laparotomy
for non malignant
neoplasm of uterus

Other contributory causes of importance:
Arterio sclerosis, for yrs.
Myocardial Insufficiency 5 yrs

Name of operation Laparotomy Date of 9-9-31
What test confirmed diagnosis? Operation Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W Leib M. D.
(Address) [illegible]

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

AdCo. 5-31 2500

E 72072

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 72072

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2909 Christopher Ave. St. 8-45 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Harry Bell

(a) Residence: No. 2909 Christopher Ave. St., Ward.
(Usual place of abode) (If Non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth A. Bell

6. DATE OF BIRTH (month, day, year) April 11, 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	4	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) July 1931

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME John N. Bell

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Anna Belson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Elizabeth A. Bell
(Address) 2909 Christopher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Sept. 12 31

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.

20. FILED SEP 14 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1. 1931 to Sept 10. 1931
I last saw him alive on Sept 10. 1931 death is said to have occurred on the date stated above, at 12.15 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Laryngitis	7/12/31

Other contributory causes of importance:

Tuberculosis Pulmonal Frontal 1930

Name of operation None Date of —

What test confirmed diagnosis? Sputum Was there an autopsy? No

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 888 W. Lombard St.

state CAUSE OF DEATH in plain terms. No abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

Form—6-8-29—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72073 X 13 E 72073

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2422 E. Eltring St. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Rebecca Greene

(a) RESIDENCE. NO. 2422 Eltring ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. Has long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 14, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cook - 21
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Invalid for 8 mos -

9 BIRTHPLACE (city or town) (State or country): Charles Co Md

PARENTS

10 NAME OF FATHER: Alfred Greene
11 BIRTHPLACE OF FATHER (city or town) (State or country): Charles Co -
12 MAIDEN NAME OF MOTHER: Charity ??
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charles Co Md

14 Informant (Address): Mary F. Adams 2422 Eltring St

15 Filed SEPT 1 1931 G. HAMPSON JONES, M. D. Registrar
No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 10 1931

17 I HEREBY CERTIFY, That I attended deceased from June 27 1931, to Sept 10, 1931, that I last saw her alive on Sept 9 1931, and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse Nephritis & Thrombosis (duration) yrs. 8 mos. ds.
CONTRIBUTORY (Secondary) Gangrene (Dry) - both lower legs. (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.
9/11 1931 (Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Sept 12 1931
20 UNDERTAKER: Thomas E. Kelson	ADDRESS: 1303 Presstman St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Rev.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72074

CERTIFICATE OF DEATH

119 ✓ E 72074

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2919 Dillon ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Amelia Scheuerman

(a) RESIDENCE NO. 2919 Dillon ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 3, 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert F. Scheuerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Marie Kerbler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

14 Informant Mrs. Marie Scheuerman
(Address) 2919 Dillon St.

15 DEC 1 1931 C. HAMPSON JONES, M. D. Registrar

Filed

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10-31

17 I HEREBY CERTIFY, That I attended deceased from 8-16-31, 19..., to 9-10-31, 19...

That I last saw her alive on 9-10-31, 19...

and that death occurred, on the date stated above, at 12;50 p m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum, followed by acute Bronchitis

(duration) yrs. mos. 27 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What (es) confirmed diagnosis? Physical signs of death

(Signed) I. B. Bronushas, M. D.

9-11-31 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Paul's Cemetary	9-12-31
UNDERTAKER	ADDRESS
Upton J. Tallbert	

Important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 72075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 72075

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3000 Batavia Ave. ST. 27-47 WARD

2-FULL NAME Lawrence A. Brown.

(a) RESIDENCE NO. 3000 Batavia Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs ——— ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

3a If married, widowed or divorced, HUSBAND of Margaret Brown.

6 DATE OF BIRTH (month, day, and year) December 8, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer.
(b) General nature of industry, business, or establishment in which employed (or employer): Marine.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lynn, Mass.

PARENTS

10 NAME OF FATHER John L. Brown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lynn, Mass.

12 MAIDEN NAME OF MOTHER Fannie Bowden.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lynn, Mass.

14 Informant Maragaret Brown. (wife)

(Address) 3000 Batavia Ave.

15 Filed SEP 1 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) September 10, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.
Acute Gastritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) H. Leonard Coroner, M. D.

9/11, 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem. DATE OF BURIAL: Sept 12, 1931

20 UNDERTAKER: A. Howard Evans ADDRESS: 22 E. Fayette

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A. A Co.—250 Blks

(Antony Patrik)

HEALTH DEPARTMENT—CITY OF BALTIMORE

72076

CERTIFICATE OF DEATH

122 [illegible] 72076

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1645 Eddot (St.) 25-77 (WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Antony Patrik

(a) RESIDENCE NO. 1645 Eddox ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frances Patrik

6 DATE OF BIRTH (month, day, and year): unknown -

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS
10 NAME OF FATHER: Frank Patrik
11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania
12 MAIDEN NAME OF MOTHER: Mary Lucy
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant (Address): Frances Patrik 1645 Eddox St

15 Filed 9 12 1931 — 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 10/31

17
I HEREBY CERTIFY, That I attended deceased from Sept 5, 1931, to Sept 10, 1931, that I last saw him alive on Sept 9, 1931, and that death occurred, on the date stated above, at 8 A m.

The CAUSE OF DEATH* was as follows:
Hemiplegia - City Hosp. March '31
Mental deterioration
Myocardial insufficiency
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (Secondary): unknown diarrhea
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Psychiatric Dept City Hosp.
Did an operation precede death? no Date of March 1931
Was there an autopsy?
What test confirmed diagnosis? clinical findings

(Signed) Anthony V. Bukowski M. D.
9/10 1931 (Address) 1651 Eddox St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross — DATE OF BURIAL: Sept 14 1931

20 UNDERTAKER: Frank Coach & Son — ADDRESS: Westminster

CAUSE OF DEATH in plain terms, so that it may be properly classified. Write plainly in ink. Do not use abbreviations. Be sure to answer every question. Where there is no entry, write none, or unknown, as the case may be. Do not write on back of certificate. TION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

B 72077. 13 VE 72077

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 917 Washington Ave 22 29 Ward)

2-FULL NAME George Knell

(a) RESIDENCE NO. 917 Washington Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henrietta Knell

6 DATE OF BIRTH (month, day, and year): July 21st 1849

7 AGE: Years 82 | Months 1 | Days 11 9 | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9 BIRTHPLACE (City or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Andrew Knell

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Henriette Petsch

13 BIRTHPLACE OF MOTHER (City or town)

(State or country): Germany

14 Informant (Address): Andrew Knell 1616 Lexington St

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 10th 1931

17 I HEREBY CERTIFY, That I attended deceased from December 17 1930, to Sept 10th 1931, that I last saw him alive on Sept 10th 1931, and that death occurred, on the date stated above, at 5.55 P. m.

The CAUSE OF DEATH* was as follows: Uraemic Coma

(duration) ... yrs. ... mos. 11 ds.

CONTRIBUTORY (Secondary): Interstitial Nephritis

(duration) 7 yrs. — mos. — ds.

18 Where was disease contracted: —

If not at place of death!

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

Signed: J B Saunders, M. D.

Sept 10 1931 (Address) 719 E. Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Date of Burial Sept 14 1931

20 UNDERTAKER: Chas B. Kuchauckas ADDRESS 637 S Paca St

Upon should be carefully supplied. Note should be made of the greatest possible number of OCCUPATION is very important. See instructions on back of certificates.

Driscoll

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72078 — 82 E 72078

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1116 N. Eden St.) (WARD) 10-14

2 FULL NAME William J Driscoll

(Residence in Baltimore: No. 1116 N. Eden St.) (If not in Baltimore, give RESIDENCE.) (Age: 46 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: December 4th (Month) (Day), 1864 (Year)

7 AGE: 66 yrs. 9 mos. 7 ds. (If LESS than 1 day, hrs. or min.?)

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Machinist 031
(b) General nature of industry, business, or establishment in which employed (or employer): Jack plant

9 BIRTHPLACE (State or country): Mass.

PARENTS

10 NAME OF FATHER: Timothy Driscoll

11 BIRTHPLACE OF FATHER (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Mary Browne

13 BIRTHPLACE OF MOTHER (State or country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Barbara E. Driscoll
(Address) 1116 N. Eden St.

15 SEP 12 1931 C. HAMPSON JONES, M. D.
Bur. ..., 191 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: September (Month) 11 (Day), 1931 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1931, to Sept. 11 1931, that I saw h[illegible] alive on Sept. 10, 1931, and that death occurred, on the date stated above, at 7.15 A m.

The CAUSE OF DEATH* was as follows:

Cardiac failure and exhaustion

(Duration) yrs. mos. 2 ds.

Contributory (SECONDARY) Cerebral Hemorrhage

(Duration) yrs. mos. 2 ds.

(Signed) William F. Stewart M. D.
9/11 1931 (Address) 1200 N. Caroline St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
At place of death yrs. mos. ds. In the U. S. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Sept 14th 1931

20 UNDERTAKER: Henry Stoeck Sons Inc. — ADDRESS: 1801 E Eager

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN's and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 72079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 12 LE 72079

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 7 Ward)

Length of residence in city or town where death occurred 3 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Andrew Porter

(a) Residence: No. Woodbrine Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 29 / 22

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	9	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Ollie Porter
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mabel Green
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Sept 14 1931
Interment Mount Olivet

19. UNDERTAKER C. W. Trail
(Address) Westfield Md

20. FILED Sept 14 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-12- 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1931, to 9-12 1931

I last saw him alive on 9-12 1931 death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis ruptured	3 days
Other contributory causes of importance:	
Peritonitis	2 days

Name of operation Appendectomy Date of 9/13/31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Taylor M. D.
(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. Indicate whether disease, injury, or poisoning. If from accident, state whether fall, burn, drowning, etc. Also state whether accidental, suicidal, or homicidal. If from disease, state cause of death, and not symptoms or mode of dying. If from violence, state means and nature of injury. If from disease, state whether any operation was performed, and if so, what test confirmed diagnosis. If woman, state whether pregnant, or whether death occurred within three months after childbirth. If from any cause connected with OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72080

CERTIFICATE OF DEATH

159 E 72080

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 N. Fulton Av ST. 16-22 WARD

2-FULL NAME Pott Lee Alison Jr

(a) RESIDENCE NO 1137 N. Fulton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 9/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto.
(State or country) Md

PARENTS

10 NAME OF FATHER Pott Lee Alison Jr

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Vera Coath

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Covington Va

14 Informant Vera C. Alison
(Address) 1137 N. Fulton Av

15 Filed DEC 1 1931, 19 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Immediate cause about 7 days prior gastritis

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Waring, M. D.
Coroner

(Address) 508 Chatham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Harford Rd. DATE OF BURIAL: Sept 12 1931

UNDERTAKER: Curley & Co Inc ADDRESS: 2619 E. Chase St.

Spasc.—9-30—A. & Co.—250 Blks

E 72081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 72081

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 E. Madison St. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Amelia Best

(a) RESIDENCE No. 926 E. Madison St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C.	Widow

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Baylis Best

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Lenhenna

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Thomas Best

(Address) 926 E. Madison St.

Filed Sept 12 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from March, 1931, to Sept 10, 1931

that I last saw h[illegible] alive on Sept 9, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr Parenchymatous Nephritis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical & Lab

(Signed) R. J. Hurley M. D.

9/11 1931 (Address) 1429 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fiddlesburg N. C. DATE OF BURIAL Sept 12 1931

20 UNDERTAKER Mrs. R. A. Elliott ADDRESS 1715 Eastland Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Any information which may be obtained by the Registrar will be kept confidential and used only for statistical purposes. No certificate is complete and satisfactory unless the cause of death is properly stated. PHYSICIAN is very important. See instructions on back of certificates.

Spec.—1-32-D—MAT—500 Blks.

E 72082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002 E 72082

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2031 Wilkens ave (St.) 20-26 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Lillie M. Crowley

(a) RESIDENCE NO. 2031 Wilkens ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced (or) WIFE of: Harry Crowley

6 DATE OF BIRTH (month, day, and year): September 6th 70

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: George Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent England

12 MAIDEN NAME OF MOTHER: Sallie C. Oldham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Harry Crowley

(Address) 2031 Wilkens ave

15 Filed 1-2 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/10 1931

17 I HEREBY CERTIFY, That I attended deceased from 9/6 1929 to 9/10 1931

that I last saw h alive on 9/10 1931

and that death occurred, on the date stated above, at 7:45 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Pulmonary embolus

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Serology

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Sept 2 1931

20 UNDERTAKER: F. Lemmon Keehner

ADDRESS 1532 Hollins

THION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 72083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2 72083

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Mens Home

CITY OF BALTIMORE: (No. 1400 W Lexington St. 14-27 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME John Kircher

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 1846

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
85	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Frederick Kircher
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Emeline Van Lear
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Forestal
(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Sept 14 1931

19. UNDERTAKER George Lewis
(Address) 153 Holliday St

20. FILED Sept 14 1931 W. LAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1927 to Sept 12, 1931
I last saw him alive on Sept 9 1931 death is said to have occurred on the date stated above, at 12:20 pm.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset

Other contributory causes of Importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward C Jones M.D.
(Address) 1115 St Paul St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

72084 108 E 72084

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2514 Talbot Road ST. 15-65 WARD

2-FULL NAME J. Louis Billan

(a) RESIDENCE NO. 2514 Talbot Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Emma J. Billan

6 DATE OF BIRTH (month, day, and year) Aug 19 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Druggist

(b) General nature of industry, business, or establishment in which employed (or employer) 025

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fremont, Ohio

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Helen J. Billan (Address) 2514 Talbot Road

15 Filed SEP 12 1931 RJK Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 . 1931 . to Sept 11 . 1931 .

that I last saw h.. alive on Sept 11 . 1931 .

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Walter S Willett, M. D.

Sept 12/31 (Address) 2220 Harrison

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Fort Lincoln Cemetery

DATE OF BURIAL Sept 14 1931

20 UNDERTAKER Harry R Amacher & Son

ADDRESS 4204 Ridgewood Ave

TION is very important. See instructions on back of certificates.

AaCo. 5-31 2508

252343 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

E 72085 **CERTIFICATE OF DEATH** X53 E 72085

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-4 St., Ward)

Length of residence in city or town where death occurred yrs mos 4 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Bertha Reynolds

(a) Residence: No. Williamsford St., Md Ward. Porter

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) May 11 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	60	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N-W 637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David Gruff

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Susan Valentine

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery Date 9/14/31 19

19. UNDERTAKER

(Address)

Filed SEP 12 1931 HARRY M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931, to Sept 12, 1931

I last saw h er alive on Sept 12, 1931 death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor. Left Cerebral - malignant neoplasm	

Other contributory causes of importance:

None	

Name of operation Left Craniotomy Date of 9-10-31

What test confirmed diagnosis? operation & autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W Geis, M. D.

(Address) Johns Hopkins Hosp

CAUTION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72086 ✓ 167 E 72086

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Boat Club. (St.) 25-32 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Adolph E. Nast.

(a) RESIDENCE NO. Concourse, N.Y. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	--------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Architect.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York City

PARENTS

10 NAME OF FATHER: Adolph Nast.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria.

12 MAIDEN NAME OF MOTHER: Paula ----------

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria.

14 Informant: Charles P. Baum. (brotherinlaw)

(Address) 372 Park Ave. E. Orange, N.J.

15 Filed SEP 12 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound of the head.
Suicide.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. C. Armiger, Coroner, M. D.

9/12 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York City N. Y.

DATE OF BURIAL: Sept 15 1931

UNDERTAKER: Stewart & Myers

ADDRESS: 108 W. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72087

CERTIFICATE OF DEATH.

E 72087

REGISTERED NO. 131

1-PLACE OF DEATH 305-E. North ave

CITY OF BALTIMORE: (No. 305-E North ave St. 12-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura F. Parrish

(a) RESIDENCE NO. 305-E. North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nicholas Parrish

6 DATE OF BIRTH (month, day, and year): Dec 15. 1849

7 AGE — Years: 81 — Months: 8 — Days: 27 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ft

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Harford Co. Md

PARENTS

10 NAME OF FATHER: David Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co. Md

12 MAIDEN NAME OF MOTHER: Eliza Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co. Md

14 Informant (Address): Elizabeth Parrish 305 E North Ave

15 Filed SEP 13 1931 C. HAMBLETON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 12 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Sept 12 1931

that I last saw h[illegible] alive on Sept 12 1931

and that death occurred, on the date stated above, at 1.30 p. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Arterio-sclerosis

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Uremia

(duration) — yrs. — mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Necessary

(Signed) Helen F. Richmond, M. D.

(Address) 6 East Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Vernon Cem

DATE OF BURIAL: Sept 14 1931

20 UNDERTAKER: P Markland Sons

ADDRESS: W Lombard

TION is very important See instructions on back of certificates.

Spec.—1-30—A. & Co.—250 Blks

72088 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131 B 72088

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 15-21 S. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sophie Henson

(a) RESIDENCE NO. 1713 Westwood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 40 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug-18-1875

7 AGE: Years 56; Months ##; Days 22; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: John Buck Lane
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Harriett Hems
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mabel Carter
(Address) 1713 Westwood Ave

Filed SEP 13 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10-1931

17
I HEREBY CERTIFY, That I attended deceased from 7-11-31, 19, to 9-10, 19 31
that I last saw h alive on 9-10, 19 31
and that death occurred, on the date stated above, at 6 30 a. m.
The CAUSE OF DEATH* was as follows:
Arteriosclerotic Gangrene of L Ft for
Arteriosclerosis (1d)
Nephritis Parenchymatous
(duration) yrs. 3 mos. da.
CONTRIBUTORY (Secondary) Dyspnea
(duration) yrs. mos. 7 da.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? Date of 8/5/31
Was there an autopsy? No Coroner's Case
What test confirmed diagnosis? Lab & Clinical
(Signed) Bernard Harris M. D.
9/10 19 31 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Zion Zion Cem Town Pa DATE OF BURIAL 9/13 19 31

20 UNDERTAKER: Samuel H Hemsley (ADDRESS) W Balto

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72039

CERTIFICATE OF DEATH

46 ✓ E 72039

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Rutland Ave WARD 8-17)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Goetz

(a) RESIDENCE NO. 1523 Rutland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Goetz

6 DATE OF BIRTH (month, day, and year) May 15 1862

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler Maker

(b) General nature of industry, business, or establishment in which employed (or employer) M. Shore Dft

(c) Name of employer Laundry

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Henry Goetz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Interment

(Address) 1523 Rutland Ave

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Sept. 10, 1931, that I last saw h alive on Sept. 10, 1931, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Laboratory tests

(Signed) Talbot T. Simmons M. D.

1931 (Address) 1613 E. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 9/14/31

20 UNDERTAKER Phelps Henry

ADDRESS 2816 Orleans St

Important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

72090

CERTIFICATE OF DEATH

51 E 72090

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W 7 Ward)

Length of residence in city or town where death occurred yrs mos 7 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Conrad A. Frank

(a) Residence: No. Middle River P.O., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude E. Frank

6. DATE OF BIRTH (month, day, year) July 20 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
65	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A. Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Fitzgerald

(Address) S.W. Cor 33rd & Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 9/17/31 19

19. UNDERTAKER Philip Herwig

(Address) 206 Edmondson Ave

20. FILED SEP 13 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Sept 10 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-3 1931 to 9-10 1931

I last saw him alive on 9-10 1931 death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	2 yrs
Chronic Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Leyro M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

E 7209 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 92-601V E 7209 1

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2041 Sinclair Lane St. 8-17 Ward)
Length of residence in city or town where death occurred 50 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Angie L Schafer

(a) Residence: No. 2041 Sinclair Lanes St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Leonard Schafer

6. DATE OF BIRTH (month, day, year) Oct 18 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	65	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER
15. MAIDEN NAME Elizabeth - - -
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jno F. Fintzundagel
(Address) 2041 Sinclair Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 9/14/31 19

19. UNDERTAKER Philip Henry Eckard Co
(Address) 2017 Eastern Ave

20. FILED — 19 — Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11/31 19

22. I HEREBY CERTIFY, That I attended deceased from February 10 1931 to September 11 1931
I last saw her alive on September 10 1931 death is said to have occurred on the date stated above, at 7:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortic Insufficiency	Aug 1929
Other contributory causes of importance: Cardiac Dilatation	Sept 11, 1929

Name of operation — Date of
What test confirmed diagnosis? Hypertension Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Albert Eckard M. D.
(Address) 2075 E North Ave

Spot—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 72092

REGISTERED NO.

72092

1. PLACE OF DEATH Baltimore City Hospitals (Tbc.) ST. 26-27 WARD

CITY OF BALTIMORE: (No.)

2. FULL NAME Nicholas Tuturea

(a) RESIDENCE NO. 469 S. 47th st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown / mos 4 ds. How long in U. S., if of foreign birth Unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 8, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer): Automobile

(c) Name of employer: Unknown

9 BIRTHPLACE (city or town) (State or country): Rumania

PARENTS

10 NAME OF FATHER John Tuturea

11 BIRTHPLACE OF FATHER (city or town) (State or country): Rumania

12 MAIDEN NAME OF MOTHER Dominica ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Rumania

14 Informant (Address): Hospital Records

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 6, 19 31 to Sept. 10, 19 31

that I last saw h im alive on Sept. 10, 19 31

and that death occurred, on the date stated above, at 8.15 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Lawrence G. Sears M. D.

9-10, 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn

DATE OF BURIAL: Sept 13 19 31

20 UNDERTAKER: John J. Connelly

ADDRESS: Essex

(Over)

INSTRUCTION is very important. See instructions on back of certificates.

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

72093

CERTIFICATE OF DEATH

176

Registered No. 72093

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N Washington St. 8-13 Ward)

Length of residence in city or town where death occurred 50 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Williamanna Buffington

(a) Residence: No. 1221 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank A Buffington

6. DATE OF BIRTH (month, day, year) Sept 29 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Fankenstein

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Sarah L Driscoll

(Address) Fairhaven Mass

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Sept 13 1931

19. UNDERTAKER John Welch & Sons

(Address) 2008 Eutaw St.

20. FILED Sept 14 1931 PHILIP H. JONES M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/8/31, 19, to 9/11/31, 19

I last saw her alive on 9/11/31 19 death is said to have occurred on the date stated above, at 1.2 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gall Stone Colic	9.8.31
Heart Disease Auricular	

Other contributory causes of importance:

Exhaustion	9.9.31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm F Fankenstein, M. D.

(Address) 709 N Broadway

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72094

CERTIFICATE OF DEATH

82-001 ✓

E 72094

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 300 W. Redwood St., 14-59 Ward)

2-FULL NAME William Windsor

(a) RESIDENCE NO. 2200 McCulloh St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1 - 1881

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	6	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Elevator - operator
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Thomas Winder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Jennie Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Nellie Bockenstole St. Paul Infirm

15 Filed SEP 13 1931 H. WILSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon, and from the evidence obtained by said inquiry (Coroner, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Eugene Fellrd M. D.

9/12. 1931. (Address) 2759 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 9/14/1931

20 UNDERTAKER: Mrs Geo. H Holland — ADDRESS: 1631 Druid Hill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

E 72095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

53E 72095

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Dolphin ST. M-24 WARD)

2-FULL NAME Cora Johnson Butler

(a) RESIDENCE NO. 533 Dolphin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced (H— or) WIFE of: Edward Butler

6 DATE OF BIRTH (month, day, and year): Sept 14, 1889

7 AGE: Years 41 42(Months 11 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John St. Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Charlotte Boyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Gladys Watt (daughter) (Address) 533 Dolphin st

15 Filed 9/14 1931 Registrar

Pat

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 1930 to Sept 11 1931, that I last saw h[er] alive on Sept 10 1931, and that death occurred, on the date stated above, at 4 25 AM

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Generalized Carcinoma of Pelvis and Rectum (duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical + Lab

(Signed) R. J. Gosling, M. D.

9/11, 1931 (Address) 1726 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL 9/14/1931

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS 1631 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

SEP 15 1931 C. HAMPTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72096

72096

CERTIFICATE OF DEATH

127

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE, (No. Wilkens & Caton Aves) (WARD) 20-70

2 FULL NAME Mrs Theresa Parker

(a) RESIDENCE NO. 3527 W. Fairmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Parker

6 DATE OF BIRTH (month, day, and year) Aug 30 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~30~~ 29		11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Edw Hurst

11 BIRTHPLACE OF FATHER (City or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary Mac Donald

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Scotland

14 Informant Mrs Michael Parker

(Address) 3527 W. Fairmount Ave

15 Filed SEP 13 1931 C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10, 1931

17 I HEREBY CERTIFY, That I attended deceased from August 3, 1931 to Sept 3, 1931

that I last saw h e alive on Sept 3, 1931

and that death occurred, on the date stated above, at 7.30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary ~~tuberculosis~~ + Embolism

(Post Operative)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-1-31

Was there an autopsy? No Drawer Dr Hall

What test confirmed diagnosis? Physical Examination

(Signed) Geo L Gorsuch M. D.

19 (Address) St Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE- Holy Cross Cem DATE OF BURIAL 9/16/31

20 UNDERTAKER Enoch A Turley Sulton ADDRESS Cayuga

* ATION is very important. See instructions on back of certificates

AdCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 2 4 72097. 72097.

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. 1351

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. ... Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Tazzell

(a) Residence: No. Florence Cottage Home St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 12 1931 (Estimated)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Burton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mildred Tazzell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Family (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 9/14 1931

19. UNDERTAKER Wilson Cook (Address) 12th & Park Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-7- 1931, to 9-12- 1931

I last saw her alive on 9/12 1931 death is said to have occurred on the date stated above, at 10-11 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
acute intestinal disturbance	
Pneumonia, lobular right	

Other contributory causes of importance:

Accidental

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. C. Beckford M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

72098

CERTIFICATE OF DEATH

104 E 72098

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-29 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Benson

(a) Residence: No. 1309 W Cues St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie A Benson

6. DATE OF BIRTH (month, day, year) Feb 15 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Pro

10. Date deceased last worked at this occupation (month and year) 7 1931

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lottie Benson

(Address) 623 Wyeth St

18. BURIAL, CREMATION, OR REMOVAL

Place W.L. Cem Date 9 15 1931

19. UNDERTAKER H M Cook

(Address) 2317 E Fort Ave

20. FILED ... , 19... ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/12/31, 19... to 9/12/31, 19...

I last saw him alive on Sept. 12, 1931 death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Organic Brain Abscess fatal 7/14/31
Edema of Lungs
Septicemia

Other contributory causes of importance:

Name of operation Craniotomy (Trephine) Date 8/3/31
Ext. Drainage Drainage 8/24/31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bill Donohue, M. D.

(Address) University Hospital

Spec—9-30—A & Co—250 lbks

72099

HEALTH DEPARTMENT—CITY OF BALTIMORE

72099

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph. Hospital (Street) (Ward) 15

2 FULL NAME Mrs Ellen Rogers.

(a) RESIDENCE NO. 1216 Druemmond Ave. (Usual place of abode) WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F Rogers

6 DATE OF BIRTH (month, day, and year) June 6. 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Henry Ettighemen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Charles F Rogers 1216 Druemmond Ave.

SEP 13 1931 H. AMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Sept 12, 1931

That I last saw her alive on Sept 12, 1931

and that death occurred, on the date stated above, at 4 25 A.M.

The CAUSE OF DEATH* was as follows:

agranulocytic angina

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Cardio-vascular Renal disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Sept 11, 31

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) F. M. Baumgartner M. D.

, 19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 9/15 31

UNDERTAKER J M Cook

ADDRESS 1219 E Eutaw St

TION is very important. See instructions on back of certificates

Spec—9 30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

72100 CERTIFICATE OF DEATH + 108 E 72100

1 PLACE OF DEATH Provident Hosp. 14-20 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division) (STREET, WARD)

2 FULL NAME William Davis.

(a) RESIDENCE NO. Bare Hill. Mt. Washington P. O. Md. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married.

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Rosalie Davis

6 DATE OF BIRTH (month, day, and year) not stated 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER (Unknown)

11 BIRTHPLACE OF FATHER (city or town) (State or country) (Unknown)

12 MAIDEN NAME OF MOTHER (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) (Unknown)

14 Interment (Address) Richard Gaston The Plains Va

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-11-31

17

I HEREBY CERTIFY, That I attended deceased from 8-6-, 1931, to 9-11-, 1931

that I last saw him alive on 9-11-, 1931

and that death occurred, on the date stated above, at 6 02 P. M.

The CAUSE OF DEATH* was as follows:

Pneumonia (Lobar)

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Geo. McDonald M. D.

9-11 1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL The Plains, Va.

DATE OF BURIAL Sept 4 1931

20 UNDERTAKER John W. Johnson

ADDRESS 2338 Madison Ave

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

72101 HEALTH DEPARTMENT—CITY OF BALTIMORE 72101

CERTIFICATE OF DEATH

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1207 (St.) Etting (Ward) 17-24

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Agnes Dawson

(a) RESIDENCE NO. 1207 (St.) Etting (Ward) _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
(b) HUSBAND of
(or) WIFE of George Dawson

6 DATE OF BIRTH (month, day, and year) Dec 1 1871

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): A A Co Md

PARENTS

10 NAME OF FATHER John Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): A A Co Md

12 MAIDEN NAME OF MOTHER Mary Francis Tennant

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A A Co Md

14 Interment
(Address) Clarence Owings 1207 Etting St

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11/31

17

I HEREBY CERTIFY, That I attended deceased from Sept 10, 19 31, to Sept 11, 19 31

that I last saw h[illegible] alive on Sept 11, 19 31

and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Cancer of Rectum

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dudham Fry M. D.

(Address) 1928 A Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Sept 14 19 31

20 UNDERTAKER: John M. Johnson

ADDRESS 2338 Madison Ave

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

72102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-001 C 72102

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 1712 Creastmore ST. 15-21 (WARD)

2.-FULL NAME Jerome Joseph Dent.

(a) RESIDENCE: NO. 1712 Creastmore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Color

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of ——

6 DATE OF BIRTH (month, day, and year): Nov 12-1912

7 AGE: 18 Years 19 Months 9 Days 30

If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto md

PARENTS

10 NAME OF FATHER: Thomas Dent

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Sarah Joyce

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address): Thomas Dent 1712 Pressman st

15 Filed SEP 13 1931 H. LEE JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8th 1931 to Sept 11th 1931.

that I last saw him alive on Sept 11th 1931,

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis (duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pharyngitis (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) Geo. H. Lawrence Jr. M. D.

(Address) 2215 N. Monte Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters. cemetery

DATE OF BURIAL: Sept 14th 31

20 UNDERTAKER: Thomas E Nelson

ADDRESS: 1703 Pressman St

CAUSE OF DEATH in plain terms, so that it may be properly classified. FAILURE to comply with this requirement is a misdemeanor. See Section 4 of certificates.

TION is very important. See instructions on back of

Spen.—9-30—A & A Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72103

CERTIFICATE OF DEATH

23 E 72103

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2106 Fleet Street ST. 1-3 WARD)

2 FULL NAME Agnes . Damsiewicz

(a) RESIDENCE NO. 2106 Fleet Street ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael . Damsiewicz

6 DATE OF BIRTH (month, day, and year) April 17 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER Blaze . Smaga

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER Frances . Soltys

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant (Address) Mr. Michael . Damsiewicz 2106 Fleet St

15 Filed SEP 13 1931 19 C. HAMPTON KEITH JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1931, to Sept 10, 1931

That I last saw h alive on Sept 10, 1931

and that death occurred, on the date stated above, at 9.30 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (Secondary) Cachexia, Pulmonary Hemorrhages

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & symptoms

(Signed) Harry D Ambledge M. D.

19 (Address) 1623 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL 19 31

20 UNDERTAKER: John J. Welsh

ADDRESS 401 E Chase St

TION is very important. See instructions on back of certificate.

A&Co. 5-31-2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72104 A

CERTIFICATE OF DEATH

97 E 72104

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 N. Carrollton Ave. 6-23 (Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME George Hauft

(a) Residence: No. 728 N. Carrollton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Susanna Hauft

6. DATE OF BIRTH (month, day, and year): June 17 1856

7. AGE — Years: 75 — Months: 7 — Days: 29 — If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: Mother Hauft
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Elizabeth Hohmann
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Robert B. Hauft 728 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Lorraine Park Date: Dec 14 1931

19. UNDERTAKER (Address): Geo. P. Bate Co 100 N. Eutaw St

FILED DEC 15 1931 H. MARION JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/11, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1931 to 9/11, 1931

I last saw h[illegible] alive on 9/10 1931 death is said to have occurred on the date stated above, 8:15 a. m.

The principal cause of death and related causes of importance were as follows:

Uraemia — Arteriosclerosis Senile.

Date of onset

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify

(Signed) David Strauchen M. D.

(Address) 1114 W. Mt. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

AaCo. C-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72105

CERTIFICATE OF DEATH

46 E 72105

Registered No. 72105

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1502 Hollins St. St. 14-28 (Ward)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lydia Seyferth

(a) Residence: No. 1502 Hollins St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of Dr. Kirt Seyferth

6. DATE OF BIRTH (month, day, year) May, 18th. 1869

7. AGE: Years 62; Months 5; Days 24; If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

FATHER

13. NAME Joshua Mullineaux

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Susan Nicholson

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Minnie Koethe (Address) Serverna Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Luther Memorial Park Date Sept 14" 31

19. UNDERTAKER (Address) 1003 W. Baltimore St.

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 11th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 5 1931 to Sept 11 1931

I last saw her alive on Sept 11 1931

To have occurred on the date stated above, at 2.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pontine Ent[illegible]	
Intussusception of Ileum	9/1/30

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Never so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N. Fulton Ave.

See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72106

CERTIFICATE OF DEATH

X 151-003 ✓

E 72106

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-49 Ward)

Length of residence in city or town where death occurred yrs mos 22 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Grace Webster

(a) Residence: No. 602 S. Dunan St. Salisbury, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17, 1931

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Md

FATHER

13. NAME Mason E. Webster

14. BIRTHPLACE (city or town) (State or country) Mt. Vernon Md.

MOTHER

15. MAIDEN NAME Signe Iskerg

16. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

17. INFORMANT Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pines Annex Co. Md. Date Sept 13th 1931

19. UNDERTAKER B. G. Harle
(Address) 1000 E. Baltimore St.

20. FILED SEP 13 1931, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1931, to Sept 12, 1931

I last saw her alive on Sept. 12, 1931 death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage.	
Anemia	
Malnutrition	Birth

(Other contributory causes of importance)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John D. Crews, M. D.
Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 72107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72107

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 14-20 WARD)

2-FULL NAME Millard Brown

(a) RESIDENCE NO. _____ ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Belair Md.

PARENTS

10 NAME OF FATHER Graham Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Blanche Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant John F. Duff
(Address) Belair, Md.

15 Filed _____, 1931 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 11/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Typhoid Fever

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Hospital Diag.

(Signed) J. H. Owens, Coroner, M. D.

9/13/31 (Address) 101 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md

DATE OF BURIAL June 15 1931

20 UNDERTAKER Lemmert Foster

ADDRESS Belair Md

CAUSE OF DEATH to be plainly written. No abbreviations or ditto marks. For additional space see back of certificate.
TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 72108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72108

E 72108

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital ST. 10-13 WARD)

REGISTERED NO. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert V. Wilson

(a) RESIDENCE NO. 700 N. Spring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wilson

6 DATE OF BIRTH (month, day, and year) Nov 12/1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	10	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seaman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Robert Wilson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co., Md.

12 MAIDEN NAME OF MOTHER Elizabeth Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Co., Md.

14 Informant Charles E. Wilson

(Address) 1310 E. Chase St

15 Filed SEP 14 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 11/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation- Suicide

(Hung himself to rafter of porch of residence)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. N. Wilson, M. D. Coroner

9/12/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	Sept 14 19 31

20 UNDERTAKER Wm & Chas H. Bailey ADDRESS 1421 Jefferson St

CAUSE OF DEATH in plain terms, so that it can be understood. See instructions on back of certificate.

TION is very important.

Spec.—1-30—M. & T.—250 Bks

E 72109 HEALTH DEPARTMENT—CITY OF BALTIMORE 157-002 E 72109

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 5839 York Rd ST. 27-48 WARD)

2-FULL NAME William H. Gross.

(a) RESIDENCE NO. 5839 York Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 8-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None yet

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER William Gross.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Penelope Constantine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant William Gross. (Address) 5839 York Rd

15 Filed SEP 14 1931 HAROLD M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 11th 1931

17 I HEREBY CERTIFY, That I attended deceased from ~~Aug.~~ May 5th, 1929, to Sept 11th, 1931, that I last saw him alive on Sept 11th, 1931, and that death occurred, on the date stated above, at 7:15 A m.

The CAUSE OF DEATH* was as follows: Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Spina Bifida

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Arthur C Manning M. D.

9/14 1931 (Address) 800 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Maria Towson Md DATE OF BURIAL 9/14/31

20 UNDERTAKER Harry A Wolfe ADDRESS 711 Edmondson Ave

SEE IMPORTANT INSTRUCTION on Back of certificate.

1-30—M & T.—100 B—50L.

E 72110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19

E 72110

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Dukes Court 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Teresa Mckinski

(a) RESIDENCE NO 2014 Dukes Court ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 17 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1		26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Stanislaw Mckinski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Emilia Olschowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mother Mckinski

(Address) 2014 Dukes Ct

15 Filed SEP 14 1931, 192 H. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. J. Sterzyna (Coroner), M. D.

9/13, 1931 (Address) 1205 N Collington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Rosary Cem	Sept 14 1931
20 UNDERTAKER	ADDRESS
John M Weber	401 S Chester St

CAUSE OF DEATH to be filled in plainly, so that it may be copied correctly on certificate.

TION is very important. See instructions on back of c

Spec.—1-10-21—MAT—1500 Blks.

Dr. Ewalt - 2945 St Paul St University 3704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72111

131 E 72111

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 150 N Patomac ST. 6-16 (WARD)

2.-FULL NAME Anna C. Noll

(a) RESIDENCE No. 150 N Patomac ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ~~Dead~~ Widow

5a If married, widowed, or divorced: (HUSBAND of or) WIFE of John. Noll

6 DATE OF BIRTH (month, day, and year): Dec 6 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Honor work

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Charles L Bopp.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): George A Bopp 150 N Potomac St

15 Filed SEP 14 1931, 19 [illegible] Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 12th 1931

I HEREBY CERTIFY, That I attended deceased from Sept 7, 1931, to Sept 12, 1931, that I last saw h[illegible] alive on Sept 10, 1931, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

immediate

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Renal Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Gen. S

(Signed) [illegible] M. D.

(Address) 2945 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL: 9-15 1931

20 UNDERTAKER: E & B Hark ADDRESS: 115 E West St

1-30—M. & T.—100 B—60L

E 72112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

E 72112

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clarence Moore

(a) RESIDENCE NO _____ 1009 Peach Alley ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Clarence Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Ethel Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Clarence Moore

(Address) 1009 Peach Alley

15 Filed SEP 14 1931, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 11/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nutritional Disturbance
(Dysentery, rickets etc)

(duration) yrs. About mos 21 ds.

CONTRIBUTORY (Secondary) Accidentally fell from chair in home & fractured rt leg 9/1/3

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis? _____

(Signed) _____, M. D.

9/12/31 19 (Address) 50t E. North Ave Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Ct

DATE OF BURIAL 9/14/31

20 UNDERTAKER Isaiah L Brown & Son

ADDRESS 401 Monument

CAUSE OF DEATH. Please print plainly. Use ink. Make no erasures. See instructions on back of certificate. TION is very important.

Spore,—1-10-31—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 E 72113

E 72113

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2554 Penn. Ave ST. 15-21 WARD)

2-FULL NAME Mary Elizabeth Stitcher

(a) RESIDENCE NO. 2554 Penn. ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: James E Stitcher

6 DATE OF BIRTH (month, day, and year): Oct 9, 1857

7 AGE — Years: 73 — Months: 11 — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgetown D. C.

PARENTS

10 NAME OF FATHER: John Shendollar

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Martha J McKenzie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Miss Lillian Stitcher

(Address): 2554 Penn Ave

15 Filed 1931 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 12 1931

17 I HEREBY CERTIFY, That I attended deceased from March 1931 to Sept 12 1931, that I last saw h[illegible] alive on Sept 11 1931, and that death occurred, on the date stated above, at 9.25 A m.

The CAUSE OF DEATH* was as follows:

Cancer of womb (Carcinoma)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical symptoms

(Signed) Fred L Jewett, M. D.

19 (Address) 2516 Penn. ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem — DATE OF BURIAL: Sept 15 1931

20 UNDERTAKER: Wm J Tuckerstond — ADDRESS: W. Md Pa.

CAUSE OF DEATH in plain terms, so that it may be properly classified. DO NOT USE ABBREVIATIONS OR TERMS OF DOUBTFUL MEANING. See instructions on back of certificates. PENALTY FOR FAILURE TO FILE CERTIFICATE PROMPTLY IS VERY important. See instructions on back of certificates.

SEP 14 1931 C. HAMPTON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

E 72114 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72114

CERTIFICATE OF DEATH

1 PLACE OF DEATH Home for Incurables REGISTERED NO. 131
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) W. 40th & Fernhill Rd ST. 13-53 WARD

2 FULL NAME Mrs. Laura V. Bunnelson

(a) RESIDENCE NO. Home for Incurables ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced (write the word) widow

5a If married, widowed, or divorced (or) WIFE of ~~Samuel~~ widow Samuel Bunnelson

6 DATE OF BIRTH (month, day, and year) May 4 1849

7 AGE 82 Years | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co

PARENTS
10 NAME OF FATHER William Wood
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County
12 MAIDEN NAME OF MOTHER Mary Dell
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Hospital Records

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13, 1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 15 1923 to Sept 11 1931
that I last saw h[illegible] alive on Sept 11 1931
and that death occurred, on the date stated above, at 5:45 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - Arterial hypertension - Chronic Nephritis Duration 10 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam
(Signed) H. H. Mayo M. D.
Sept 13 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem DATE OF BURIAL Sept 15 1931

20 UNDERTAKER Wm J. Tickner & Sons ADDRESS North Ave

C. HAMPTON JONES, M. D.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 lbs.

E 72115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72115

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 749 E. 37th. St.) 9-49 (WARD)

2 FULL NAME Helena Branzell

(a) RESIDENCE NO. 749 E. 37th. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of James W. Branzell

6 DATE OF BIRTH (month, day, and year): Aug. 28, 1857

7 AGE: Years 74; Months; Days 13; If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Frank

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: James W. Branzell (Address) 749 E. 37th St.

15 Filed SEPT 14 1931 M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 11-1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 3 1931 to Sept. 11 1931

that I last saw her alive on Sept. 11 1931

and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. 32 mos. ds.

CONTRIBUTORY (Secondary): Terminal Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

Signed: Nancy B. Kelley M. D.

13 SEPT 31. (Address) 2504 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem. DATE OF BURIAL: Sept. 14 1931

20 UNDERTAKER: Wm. C. Black ADDRESS: 927 N. Broadway

(a) TION is very important. See instructions on back of certificate.

AoCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72116

CERTIFICATE OF DEATH

E 72116

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 21-29

Length of residence in city or town where death occurred 3 yrs. 6 mos. 10 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Roland Frisch

(a) Residence: No. 1303 Glyndon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 1, 1928

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	3	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———
10. Date deceased last worked at this occupation (month and year) ———
11. Total time (years) spent in this occupation ———

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leroy Frisch
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Myrtle Kramer
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Frisch
(Address) 1303 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Sept 14 1931

19. UNDERTAKER Luton P. Fussellaugh
(Address) 3620 Park St.

20. FILED 19 Sept 11 1931 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Sept 10, 1931
I last saw him alive on Sept. 10 1931 death is said to have occurred on the date stated above, at 2 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis	Sept. 6
†	
Other contributory causes of importance:	

Name of operation Intestinal resection Date of Sept 9, 1931
What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___, 19___
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leon P. Corbin, M. D.
Union Memorial Hospital

Spec.—1-30—M. & T.—250 Blks.

E 72117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

154 E 72117

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (Street) 6-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME WADE H. WHITLOCK

(a) RESIDENCE NO. 405½ Perry ST., WARD Raleigh, N.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hallie Whitlock

6 DATE OF BIRTH (month, day, and year) Dec-13-1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 66

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) S. Carolina

PARENTS

10 NAME OF FATHER Bennett W Whitlock

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Martha Bishop

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Hallie Whitlock (Address) Raleigh N C

Filed OCT 6 1931, 19 C. HAWKINS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1931, to Sept. 13, 1931, that I last saw h[illegible] alive on Sept 13, 1931, and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Osteomyelitis of skull.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Brain abscess & pulmonary edema (duration) 0 yrs. 0 mos. 4 ds.

18 Where was disease contracted if not at place of death? Raleigh, N.C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Physical exam

(Signed) Allyn B. Choate, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Raleigh, N.C. DATE OF BURIAL Sept 14, 31

20 UNDERTAKER Hughes & Son ADDRESS

THIS IS VERY IMPORTANT

Cor.—10-19-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72118

CERTIFICATE OF DEATH

E 72118

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1117 N. Eutaw 4-25 Ward)

2-FULL NAME James Rougas

(a) RESIDENCE NO. 305 N. Green St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Rougas

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Restaurant
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Greece

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): John Anderson 5 E. North Ave

15 Filed SEP 1 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Coroner, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Zeller M. D.

9/13. 1931 (Address) 273 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn	Sept 5 1931
20 UNDERTAKER: E. Burnworth Son	ADDRESS: 3613 Eastern Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72119

REGISTERED NO. E 72119

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH Enroute

CITY OF BALTIMORE: (No.) St. Joseph Hospital ST. 8-17 (WARD) 93-003

2-FULL NAME George Walter Rutter

(a) RESIDENCE NO. 1760 E. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Belle Rutter

6 DATE OF BIRTH (month, day, and year) Oct 9/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Penna R.R.

9 BIRTHPLACE (city or town) (State or country) Woodlawn, Cecil Co. Md.

PARENTS

10 NAME OF FATHER John F. Rutter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cecil Co., Md.

12 MAIDEN NAME OF MOTHER Sarah A. Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co., Md.

14 Informant Mary B. Rutter
(Address) 1760 E. North Ave

15 Filed SEP 14 1931, 192 By H. HAMPTON LOWE Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 12/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis with Hypertrophy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no physician

What test confirmed diagnosis? Reported by attendin

(Signed) J. H. Mc Cullers Coroner, M. D.

9/14, 1931 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 9/14 1931

20 UNDERTAKER Walter R. McNamee

ADDRESS 4114 Falls Rd

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 72120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

E 72120

REGISTERED NO. ____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1074 Granby ST. 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Edelson

(a) RESIDENCE NO 1074 Granby ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Edelson.

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
76	76			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) 068
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia.

PARENTS

10 NAME OF FATHER Elias Edelson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Hyman Edelson

(Address) 2225 Mondawmin Ave

15 Filed SEP 14 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) B P Herzog M D Coroner M. D.

Sept. 19 31 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cem. Road	9-14- 19 31
20 UNDERTAKER	ADDRESS
Chas Levin, Inc.	1439 E Balto

TION is very important. See instructions on back of certificate.

1-30—M S T —100 B—50L

E 72121

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72121

CERTIFICATE OF DEATH

REGISTERED NO. 90

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals ST., 3-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Charles Stippney

(a) RESIDENCE NO 315 S. Spring ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Florida

PARENTS

10 NAME OF FATHER Charles Stippney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Florida

12 MAIDEN NAME OF MOTHER Ann Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Florida

14 Informant Mrs Thomas Stippney

(Address) 1166 E Eutaw St.

15 Filed 1931. 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Pericarditis

(duration) yrs. mos ds

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

9/N, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Sept 15 1931
20 UNDERTAKER	ADDRESS
Hudd Funeral Home	1124 Edmondson Ave

...ION is very important See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72122

CERTIFICATE OF DEATH

E 72122

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS 18-29 137 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Cramblitt

(a) Residence: No. 134 S. Schroeder St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) ---- 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Cesford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of BALTIMORE CITY HOSPITALS
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19 31

19. UNDERTAKER .....
(Address) ..... Funeral Home

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/1/ 1928 to 9/11 1931

I last saw him alive on 9/11 1931 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy Prostate Gland	6 mo.?
Uremia	

Other contributory causes of importance:

Uremia	10 da

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 ....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Luther E. Leith M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 E 72123

E 72123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104) front St. 10-15 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cleveland Caldwell

(a) Residence: No. (04) front St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 11, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gsl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James Caldwell

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Matilda

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Joseph McCilly
(Address) 1111 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 17 1931

19. UNDERTAKER M. J. Lucky
(Address) 1302 Jefferson St

20. FILED ..... 19.. ..... Registrar

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931, to Sept 11, 1931

I last saw h.. alive on Sept 11 1931 death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Septicaemia	3 days prior

Other contributory causes of importance:

Intestinal Obstruction
Furunculosis (appendix)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.

(Address) [illegible]

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72124

93-003

E 72124

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 E. Preston St. 8-12 WARD)

2-FULL NAME Bridget Lafferty

(a) RESIDENCE NO. 2323 E. Preston St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John E. Lafferty

6 DATE OF BIRTH (month, day, and year): Oct 3rd 1861

7 AGE: Years 69 | Months 11 | Days 9 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: John Sharkey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): " "

14 Informant: John J. Lafferty (Address) 2323 E. Preston St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 12/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 19 1930 to Sept 12 1931 that I last saw her alive on Sept 11 1931 and that death occurred, on the date stated above, at 6 9 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Uterine Adenocis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. Herzog M.D. M. D.

9 Sept. 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross. Hartsdale

DATE OF BURIAL: Sept 15 1931

20 UNDERTAKER: Geo M. Zinn & Son

ADDRESS: 811 N Eutaw

IMPORTANT—Use typewriter or write plainly with pen and ink. Do not use pencil. Be sure to fill in every item.

1-30—M. & T.—100 B—60L.

E 72125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

86 1001

E 72125

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 1420 WARD)

2-FULL NAME Alice R. Cross

(a) RESIDENCE NO 1414 Argyle Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 5/1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Wm. H. Cross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hellen Cheney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Helen Cross
(Address) 1414 Argyle Ave

15 Filed SEP 14 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 11. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Broken back and probable fracture of skull. Jumped from 3rd story of residence when seized with epileptic convulsion. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 9/14 1931

UNDERTAKER Samuel H. Kennedy

ADDRESS 1738 Bridge

IMPORTANT: See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 72126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-0 E 72126

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 E. Pratt ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Michaux Alexander Stevenson

(a) RESIDENCE NO. 1812 E. Pratt ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 DATE OF BIRTH (month, day, and year): June 9, 1870

If LESS than 1 day, hrs. or min.

7 AGE: Years 61 Months 3 Days 3

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chimney Packer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Security Storage Co.

9 BIRTHPLACE (city or town) (State or country): Md. Baltimore

PARENTS

10 NAME OF FATHER: Robert Stevenson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. ?

12 MAIDEN NAME OF MOTHER: Matilda ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Margaret A. Stevenson

(Address) 1812 E. Pratt St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 2 . 1931 to Sept. 12 . 1931

that I last saw him alive on Sept. 12 . 1931

and that death occurred, on the date stated above, at 9:10 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Hypertension & Myocarditis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical findings

What test confirmed diagnosis? Vincent H. Gosling M. D.

(Signed) 845 N. Pat. Pl. H Cav

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Sept. 15 1931

20 UNDERTAKER: Lilly & Sisler Inc

ADDRESS 403 S. Wolfe St

HIMSON JONES

AaCo. 5-31 250M

E 72127 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72127

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Schuck St St., 26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M Freudenmyer

(a) Residence: No. 3315 Schuck St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J Freudenmyer

6. DATE OF BIRTH (month, day, year) May 21 1870

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Pfiester

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J Freudenmyer
(Address) 3315 Schuck St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date Sept 16 31

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 s Wolfe St.

20. FILED ..... 19 .....
Registrar

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 12 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931, to Sept 12 1931
I last saw h[illegible] alive on Sept 11 1931 death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible]

Other contributory causes of importance:

Cerebral Hemorrhage	[illegible]

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] B. Tilden, M. D.

(Address) 31[illegible] [illegible]

AaCo. 5-H 2508

E 72128 HEALTH DEPARTMENT CITY OF BALTIMORE E 72128

CERTIFICATE OF DEATH

94-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27.S.Highland Ave. St., 7 26 - 37 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Dotterweich

(a) Residence: No. 26.S.Highland Ave St., 26 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dotterweich.

6. DATE OF BIRTH (month, day, year) Nov-21-1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
76		10	22	

OCCUPATION (Is very important. See instructions.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Peter Dotterweich
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Paulus
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John.C. Dotterweich
(Address) 27 S.Highland Av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 15 1931

19. UNDERTAKER Lilly&Zeiler Inc.
(Address) 403.S.Wolfe St.

20. FILED Sept 16 1931 HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Sept 12, 1931, that saw him alive on Sept 12 1931 death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown

Other contributory causes of importance:

Virginia Pectoris Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

D (Signed) Eugene B. Zeiler, M. D.
(Address) 305 S. Highland Ave

72129

HEALTH DEPARTMENT—CITY OF BALTIMORE E 72129

CERTIFICATE OF DEATH.

160-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 114 E Hamburg WARD 24-33

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Lorraine Calbert

(a) RESIDENCE No. 114 E. Hamburg ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 12/31

7 AGE: Years — Months — Days 1 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Daniel E. Calbert

11 BIRTHPLACE OF FATHER (City or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Grace M. Lankford

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto

14 Informant: Daniel E. Calbert
(Address) 114 E. Hamburg

15 Filed SEP 14 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1931, to Sept 13 1931, that I last saw h[illegible] alive on Sept 13 1931 and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia, Lobar
due to Abdominal
Appendicitis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Convulsions

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examined by Dr. E. Chesney

Signed Dr. L. P. Campbell M.D.

(Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Sept 14 1931

20 UNDERTAKER: E Schloman Son Hanover

ADDRESS 1029

THION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 72130 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72130

CERTIFICATE OF DEATH

1 PLACE OF DEATH Provident Hosp. 17024 131 REGISTERED NO.

CITY OF BALTIMORE: (No. 15 14 Division (WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas Young.

(a) RESIDENCE NO. 1633 W. Lanvale ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Young.

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Louise Young 1633 N Lanvale

15 Filed DEC 9 1931 H. B. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12-31

17 I HEREBY CERTIFY, That I attended deceased from 9-8-, 1931, to 9-12-, 1931

That I last saw him alive on 9-12-, 1931

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive cardio-vascular renal disease.

(duration) Unknown

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Geo. McDonald M. D.

9-12-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mon. Gardens DATE OF BURIAL Sept 15 1931

20 UNDERTAKER Chas. H. Elgot & Son ADDRESS 1436 N. Gilmor

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Stks

E 72131

HEALTH DEPARTMENT—CITY OF BALTIMORE

23E 72131

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospitals ST. 18-29 WARD

2 FULL NAME Joseph Blackson

(a) RESIDENCE NO. 7 S. Carlton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) [illegible] 15 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer) Market man

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Robert Blackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Grosso

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Annie Robinson 7 S Carlton St

15 Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13, 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1931 to Sept. 13, 1931

that I last saw h living alive on Sept. 13, 1931

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. 42 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Laurence A Senn M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Sept 17th 1931

20 UNDERTAKER A. Jones

ADDRESS 111 S. Gilmor St

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

72132

CERTIFICATE OF DEATH

170 E 72132

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l Hosp (If not in hospital, give street and number.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Graves

(a) Residence: No. 152 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Graves

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

MOTHER FATHER

13. NAME Alfred Johnson
14. BIRTHPLACE (city or town) (State or country) Chestertown Md
15. MAIDEN NAME Josephine Graves
16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT Sarah Johnson
(Address) 152 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown Md. Date 9/15 19 31

19. UNDERTAKER Walter B. Pugh
(Address) 134 W. Hamburg St

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1931 to Sept 11 1931

I last saw him alive on Sept 11 1931, death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute perforated ulcer of stomach	9-7-31
Acute diffuse peritonitis	

Other contributory causes of importance:

Name of operation Ileostomy Date of 9-8-31

What test confirmed diagnosis? ↑ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, how ...

(Signed) W. F. Sullivan M. D.
(Address) So Balt Gen Hosp

AdCo. 5-11 250B

E 72133

HEALTH DEPARTMENT—CITY OF BALTIMORE

9 E 72133

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 So. Monroe St. 19-28 Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca P. Griffith

(a) Residence: No. 203 So Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 6th 29.

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
2	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William J Griffith
14. BIRTHPLACE (city or town) (State or country) New Jersey
15. MAIDEN NAME Elvina Hawston
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr. William J Griffith
(Address) 203 So Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date 9/ /1931

19. UNDERTAKER John J Edwards Son.
(Address) 901 Hollins St

20. FILED [illegible] 1931 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/13/31 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931 to Sept 13 1931

I last saw h[illegible] alive on Sept 13 1931 death is said to have occurred on the date stated above, at 3.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio-Pneumonia	9.10.31
Other contributory causes of importance: Whooping Cough	9.6.31

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72134

CERTIFICATE OF DEATH

92-E 72134

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 2308 E. Hamilton Ave. WARD 43)

2 FULL NAME Margaret V. Campbell

(a) RESIDENCE NO. (Usual place of abode) 2308 E. Hamilton Ave. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James A. Campbell

6 DATE OF BIRTH (month, day, and year) Dec 4 1870

7 AGE	Years	Months	Days	If Less than 1 day, hrs. or min.
	60	8	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Wm Morley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER — Murray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Margaret Campbell
(Address) 2308 E. Hamilton Ave

15 Filed . 19 . C. H. Boyle Jones M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13/31

17

I HEREBY CERTIFY, That I attended deceased from Mar. 8 . 1929 . to Sept 13 . 1931 .

that I last saw her alive on Sept 12 . 1931

and that death occurred, on the date stated above, at 12:45 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr Endocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter H. White Jr. M. D.

9/14 1931 (Address) 2800 St Paul St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	9-16 1931

20 UNDERTAKER Leonard J. Ruck

ADDRESS 6405 Eastern Ave

TION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 003 E 72135

E 72135

CERTIFICATE OF DEATH

REGISTERED NO. 93

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 E. Preston St ST., 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles P. Landy

(a) RESIDENCE NO. 734 E. Preston St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7/1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Core maker
(b) General nature of industry, business, or establishment in which employed (or employer): Foundry
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER William Landy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary J. Grant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. M.L. Neppenberger

(Address) 734 E. Preston St

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 12/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chr Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John H. Ward, M. D. Coroner

9/1 19 31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Sept. 15 1931

20 UNDERTAKER: Henry Koech Sons, Inc — ADDRESS: 130 E Eager St

TION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72136

CERTIFICATE OF DEATH

9 E 72136

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 25-73 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothea Mae Hagan

(a) Residence: No. 2506 Frankline. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 4, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John L. Hagan
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Edna Kenny
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John L. Hagan
(Address) 2506 Franklin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Sept. 15 1931

19. UNDERTAKER Henry Hoen & Sons, Inc.
(Address) 1361 E. Fayette

20. FILED SEP 14 1931 1[illegible] CHARLES S. JONES, M.D. Registrar
By ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/13 1931 to 9/14 1931

I last saw h[illegible] alive on 9/14 1931 death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3 weeks ago.
Bronchial pneumonia	3 days ago.
Cerebral Hemorrhage	3 days ago.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?, If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

Manuel Lopez Rivera

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72137 | CERTIFICATE OF DEATH. | X 13 | E 72137

1-PLACE OF DEATH U. S. Marine Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No. 12 ST. — WARD) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rivera, Manuel Lopez

(a) RESIDENCE NO. 71 Hamilton ave. ST. WARD

(Usual place of abode) Brooklyn, N. Y. (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 18, 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	26	4	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seaman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Corona, Spain

PARENTS

10 NAME OF FATHER Manuel Rivera

11 BIRTHPLACE OF FATHER (city or town) (State or country) Spain

12 MAIDEN NAME OF MOTHER Josefa Lopez

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Spain

14 Informant U. S. Marine Hosp. Records (Address) Baltimore, Md.

15 Filed Sept 1 1931 . 16 E. SIMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12 1931

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1931. to Sept. 12, 1931.

that I last saw him alive on Sept. 12, 1931

and that death occurred, on the date stated above, at 12:00 m

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & laboratory

(Signed) Gordon A. Abbott M. D.

, 19 (Address) U. S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's, Hampden — DATE OF BURIAL Sept. 15, 1931

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E North ave

THIS is very important. See instructions on the

Spec.—9-30—A. & Co.—250 Blks

72138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72138

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Baltimore City Hospitals 18-76 108

CITY OF BALTIMORE: (No.) (St.) (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Johnson

(a) RESIDENCE NO. 103 N. Poppleton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 18, 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): ? Florida

PARENTS
10 NAME OF FATHER: Lee J. Johnson
11 BIRTHPLACE OF FATHER (city or town) (State or country): ?
12 MAIDEN NAME OF MOTHER: Fannie ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Fla.

14 Informant (Address): Records of Balto. City Hosp.

Filed Oct 4 1931, 19 [illegible] Registrar

6152

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10-31

17
I HEREBY CERTIFY, That I attended deceased from 9-4-31, 19, to 9-10-31, 19
that I last saw him alive on 9-10-31, 19
and that death occurred, on the date stated above, at 2:40 A. m.

The CAUSE OF DEATH* was as follows:
Pneumonia, Lobar

(duration) yrs. 17 mos. ds.

CONTRIBUTORY (Secondary) Meningitis, Pneumococcus
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) [signature] M. D.
19 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL
DATE OF BURIAL 19
20 UNDERTAKER
ADDRESS

SEP 1 1931

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—581.

E 72139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#27 167

REGISTERED NO. E 72139

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found in the woods at Fairfield. ST. 25-72 WARD

2. FULL NAME Do not know.

(a) RESIDENCE NO Do not know. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 50	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS
10 NAME OF FATHER Do not know.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.
12 MAIDEN NAME OF MOTHER Do not know.
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.
(Address)

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found September 4, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Pistol shot wound of the head.
Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.
9/11, 19 31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL SEP 14 1931 19

20 UNDERTAKER

ADDRESS

C. HAMPSON JONES, M. D.
Commissioner of Health

SECTION is very important. See instructions on back of certificates.

1-30—M & T—100 B—50L

E 72140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 #E 72140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH Found floating in the water at

CITY OF BALTIMORE: (No. Foot of Covington St. ST 24-34 WARD

2-FULL NAME Unknown.(C)

(a) RESIDENCE NO Do not know. ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Found September 4, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.

Probably accidental.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, Coroner, M. D.

9/11 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
PUBLIC CEMETERY	SEP 14 1931
20 UNDERTAKER	ADDRESS

Commissioner Health

TION is very important! See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 72141 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72141

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital WARD)

2 FULL NAME Mrs. Evelyn Schreiterer

(a) RESIDENCE NO. Worchester, Mass ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred -- yrs. -- mos. 9 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Schreiterer

6 DATE OF BIRTH (month, day, and year) March 4, 1899

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	32	6	10 9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Providence
(State or country) Rhode Island

PARENTS

10 NAME OF FATHER David Reid

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Jennie Harris

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Scotland

14 Informant (Address) Mr. Paul Schreiterer Worcester, Mass.

15 9-14-1931 C. HAMPSON JONES, M. D. Registrar

By: apw

Via Railway Express Agency

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-13-31

17 I HEREBY CERTIFY, That I attended deceased from 9-12-31 (9:30 a.m.) to 9-13-31

That I last saw her alive on 9-13-31

and that death occurred, on the date stated above, at 10:30 P. m.

The CAUSE OF DEATH* was as follows:

Gastric ulcer

(Duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gastric haemorrhages 3

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No Date of ——

Was there an autopsy? yes.

What test confirmed diagnosis? Clinical & Lab.

(Signed) Cecires E. Calas, M. D.

(Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Worcester, Mass

DATE OF BURIAL 9/14 1931

UNDERTAKER Hardy & Myers Inc. ADDRESS

AdCo. 5-31-2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72142 — CERTIFICATE OF DEATH — E 72142

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U M H 12-4 (Ward)

Length of residence in city or town where death occurred 1 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Mr Oscar W. Slane

(a) Residence: No. 502 W. Grant St St., Ward Statesville, N. C.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/28/1875

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	56		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Manufacturer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamptons Va. Loudon West

FATHER

13. NAME John C Slane
14. BIRTHPLACE (city or town) (State or country) Hampshire Va

MOTHER

15. MAIDEN NAME Anna Neely
16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT W B Slane
(Address) Statesville. N. C.

18. BURIAL, CREMATION, OR REMOVAL
Place Statesville N.C. Date Sept 14, 1931

19. UNDERTAKER Henry H Brawley Jr
(Address) The Caudle Linehardt Co

20. FILED Sept 14, 1931 Registrar R P N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1930, to 9/14, 1931

I last saw him alive on 9/14, 1931, death is said to have occurred on the date stated above, at 4.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the Liver.	Sept 14 30
Myocarditis chronic	Sept 5 1931
Ascites	

Other contributory causes of importance

Name of operation Exploratory Laparotomy Date of 9/3/31

What test confirmed diagnosis? OP. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel McLean Lee M. D.
(Address) Union Memorial Hosp

Spec.—1-20—M. & T.—250 Blks

E 72143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72143

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 122 N. Fort Ave. (Ward) 23-31

2-FULL NAME Mary E. Wagner.

(a) RESIDENCE NO. 122 N. Fort Ave. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs ——— da. How long in U. S., if of foreign birth? 68 yrs ——— da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

If married, widowed, or divorced: (a) Wife of Louis Wagner.

6 DATE OF BIRTH (month, day, and year) May 30, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10 NAME OF FATHER: John Eiffert.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Helen Range.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Lena Eiffert. (sister)

(Address) 122 N. Fort Ave.

15 Filed 9-14 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1931, to Sept. 12th. 1931.

that I last saw he alive on Sept. 12th. 1931

and that death occurred, on the date stated above, at 2.20 P. M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis, Uraemia.

(duration) yrs. mos 4 da.

CONTRIBUTORY (Secondary) Cerebral Embolism.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Alo M Finkhardt, M. D.

9/14, 1931 (Address) 1017 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Sept 15/31

20 UNDERTAKER: Stewart & Moore Co — ADDRESS: 108 W. North Ave.

Spec.—1-30—M. & T.—250 Blks.

E 72144 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72144

CERTIFICATE OF DEATH. 122

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home ST., 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME August Ohlmeyer

(a) RESIDENCE NO. 816 E. St N.E. ST., ... WARD Washington, D.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 9 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Floor Manager Dry goods

(b) General nature of industry, business, or establishment in which employed (or employer) Goldbergs

(c) Name of employer Nash. D.C. Balto. Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER John H. Ohlmeyer

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Augusta [illegible]

13 BIRTHPLACE OF MOTHER (city or town) [illegible] (State or country)

14 Informant Ernest F. Ohlmeyer (Address) 922 So. Paca St

Filed SEP 14 1931 19 H. E. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 12, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1931 to Sept. 12, 1931.

that I last saw him alive on Sept 12, 1931

and that death occurred, on the date stated above, at 4:45 P.m.

The CAUSE OF DEATH* was as follows:

Colitis

(duration) yrs. 9 mos ds.

CONTRIBUTORY (Secondary) Paralytic Ileus

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of Sept. 5, '31

Was there an autopsy? Yes (Surgical)

What test confirmed diagnosis? Autopsy

(Signed) Allyn B. Choate, M. D.

19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge DATE OF BURIAL Sept 15 19 31

20 UNDERTAKER J. O. Mitchell Sons 1900 Eutaw Place ADDRESS

AACo. 5-01 250B

E 72145 HEALTH DEPARTMENT CITY OF BALTIMORE E 72145

CERTIFICATE OF DEATH 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 646 Mosher St) (Ward) 14-26

Length of residence in city or town where death occurred yrs mos ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME John H. Barker

(a) Residence: No. 646 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Colored 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Eleanor Barker

6. DATE OF BIRTH (month, day, and year) June 8-1870

7. AGE Years 61 Months 3 Days 22 If LESS than 1 day, hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (City or town) (State or country) Ft Thomas Co. Ky

13. NAME John H Barker

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Caroline Mack

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Eleanor Barker

(Address) 646 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem 9/15 1931

19. UNDERTAKER Samuel Shumate

(Address) 358 N Eutaw St

Filed Sep 15 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1931 to Sept 12, 1931

I last saw him alive on Sept 12 1931 death is said to have occurred on the date stated above, at 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis

Other contributory causes of importance:

Rheumatic Arthritis

Name of operation None Date of None

What test confirmed diagnosis? Symptoms-Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No. 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) W. A. Montague M. D.

(Address) 1920 Madison Ave

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72146 CERTIFICATE OF DEATH 31 E 72146

1. PLACE OF DEATH Good Shepherd Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 510 N Gilmor St. (Ward) 11-2 cl

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clemetta Simms

(a) Residence: No. 130 N. Reed St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Simms

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Kelsey Bishop

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Jennie Hunt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas Simms (Address) 130 N Reed St

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Sept 15 19 31

19. UNDERTAKER Samuel F Belcher (Address) 38 N Bradford

1 A 1931 C. PAMPSON JONES, M. D.

20. FILED Sept 19 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 12. 1931

22. I HEREBY CERTIFY, That I attended deceased from July 27 1931 to Sept 12 1931

I last saw him alive on Sept 12 1931 death is said to have occurred on the date stated above, at 11.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	?
Cholecystitis	

Other contributory causes of importance:

Name operation None Date of

What test confirmed diagnosis? Clinical & Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury . 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S B Hughes

(Address) 1413 D Mark Hill Ave

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

72147 X 186 E 72147

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 4-30

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte T. Boyer

(a) Residence: No. Severn Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo W Boyer

6. DATE OF BIRTH (month, day, year) Dec 22 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME John G Trudhoff
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Charlotte Anderson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Geo E Boyer
(Address) Severn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Severn Md Date Sept 15 1931

19. UNDERTAKER Wm J Tschumi & Son
(Address) Balto & Emma

20. FILED SEP 17 1931 By ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931 to Sept 13 1931
I last saw h[illegible] alive on Sept 13 1931 death is said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Left Femur-Colles'	9-7-31
Accidental death	

Other contributory causes of importance:

Bi Lateral Hypostatic pneumonia	9-11-31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accd. Date of injury? 9-7 1931
Where did injury occur? Severn, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Home
Manner of injury Fell or jumped from [illegible]
Nature of injury Fracture left fem.-Colles'

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H E Davis M. D.
(Address) University Hospital.

OCCUPATION is very important. See instructions on reverse side.

C. EARLSON JONES, M. D.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72148

CERTIFICATE OF DEATH

131 E 72148

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 838 E. Preston St. 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine V. Bransby

(a) RESIDENCE NO. 838 E. Preston St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. W. Bransby

6 DATE OF BIRTH (month, day, and year): March 4 1862

7 AGE: Years 69 Months 6 Days 29 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: John Langney

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Margaret Quirk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Chas. McCracken 838 E. Preston St.

15 Filed 9 14 1931

16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 13. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 4 1931 to Sept 13 1931

that I last saw her alive on Sept 12 1931

and that death occurred, on the date stated above, at 10-40 a m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma.

Complicating Chr. Inter. Nephritis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Right Hemiplegia

(duration) 1 yrs. 10 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Thos. R. Geraghty, M. D.

9/14 1931 (Address) 2225 Pt Breeze St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial: Sept 16 1931

20 UNDERTAKER: Margaret A. Fagan ADDRESS: 1423 Light St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

E 72149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

REGISTERED NO. E 72149

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Agnes Hosp ST. (FIELD) 20-71

2-FULL NAME Margaret F. Grotendiek

(a) RESIDENCE NO 422 Loudenn ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jno F. Grotendiek

6 DATE OF BIRTH (month, day, and year) July 21-1859 Age in years

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs Dyche

(Address) 422 Londenn Ave

15 Filed SEP 15 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Coma in which she was a victim under collided with another

CONTRIBUTORY (Secondary) Prob Broad Stroke (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hammonds Ferry & Fremont

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) L. Braune Coroner, M. D.

9/13, 1931 (Address) 2939 W Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem DATE OF BURIAL 9/15/31

20 UNDERTAKER Lange & Fuhs ADDRESS Fayette

TION is very important See instructions on back of certificates.

1-20—M & T—100 B—50L

E 72150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 72150

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1266 Glyndon Ave. ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Martha Lubin

(a) RESIDENCE NO 1266 Glyndon Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Lubin

6 DATE OF BIRTH (month, day, and year) May 3, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) ------
(c) Name of employer At Home

9 BIRTHPLACE (city or town) ------
(State or country) Slavia

PARENTS

10 NAME OF FATHER John Zukosski

11 BIRTHPLACE OF FATHER (city or town) ---
(State or country) Slavia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) ---
(State or country) Slavia

14 Informant Vera Hojak
(Address) 1266 Glyndon Ave.

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Embolism
(duration) Stat yrs. mos ds.
CONTRIBUTORY Diabetes & Chronic
(Secondary) Bright's Disease 5 ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D.
Coroner

9/14 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 9/16 1931

20 UNDERTAKER Wm. Cook

ADDRESS 1217 St. Paul St.

TION is very important See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

72151

93-00372151

CERTIFICATE OF DEATH

Registered No. 15-68

1. PLACE OF DEATH: Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) S. (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Alice Butler

(a) Residence: No. 2107 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: 63? Months: Days: If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pittsburg Pa.

FATHER

13. NAME: James Clancy

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine ?

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date 9/15 1931

19. UNDERTAKER (Address): Wm Cook 1217 E Fayette St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-13-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-17-31, 19 to 9-13-31, 19

I last saw her alive on 9-13-31, 19 to have occurred on the date stated above, at 7:25 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. Chr.	Unknown
a/ Pericardium	
Other contributory causes of importance:	
Bronchopneumonia	9-10-31

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. Glennon Jr. M. D.

Address Balto. City Hosp.

Spec.—1-10-21—MAT—1500 Blks.

E 72152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 72152

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5600 York Road ST. 27-46 WARD

2-FULL NAME Ella Brown Jessa

(a) RESIDENCE NO. 5605 York Road ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Dr Harry C Jessa

6 DATE OF BIRTH (month, day, and year): June 13, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: William Brown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Virginia Nicholson

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va.

14 Informant: Dr Harry C Jessa

(Address): 5605 York Rd.

Registrar: W. P. JONES, M.D.

SEP 15 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 14 1931

17 I HEREBY CERTIFY, That I attended deceased from June 5 1930 to Sept. 14 1931.

that I last saw her alive on Sept 14 1931.

and that death occurred, on the date stated above, at 11:54 a. m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis Generalis

(duration) 1 yrs. 3 mos. 10 ds.

CONTRIBUTORY (Secondary): Carcinoma Cervica

(duration) One yrs. 3 mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) N. Blons, M. D.

9/14 1931 (Address) 2450 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Interment, Druid

DATE OF BURIAL: 9/16 31

20 UNDERTAKER: [illegible]

ADDRESS: 1219 E. Fayette St.

TION is very important. See instructions on back of certificate.

1-30—M & T —100 B—681.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72153 — 157-001 — E 72153

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 W. Cross St. ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME LeRoy Hall.(C)

(a) RESIDENCE NO 112 W. Cross St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 30, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Thomas(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Luretta Hall.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Luretta Hall.(C) mother.

(Address) 112 W. Cross St.

15 Filed SEP 13 1931 HIMAN M. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hydrocephalus.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Chas. A. Reinhardt Coroner, M. D.

9/14, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Albumbenty

DATE OF BURIAL 9/15 1931

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1394 W. Hamby St.

THON is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72154 | 93-E 72154

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH: Mt. Royal Hotel
CITY OF BALTIMORE (No. Mt. Royal Ave. & Calvert) 11-24 (WARD)

2 FULL NAME: Annie F. Thomson

(a) RESIDENCE NO. (Usual place of abode): Mt. Royal Hotel ST. WARD
Length of residence in city or town where death occurred: About 75 yrs. - mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edward H. Thomson

6 DATE OF BIRTH (month, day, and year): --------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 75	---	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Maryland

PARENTS
10 NAME OF FATHER: John Tulon
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Maryland
12 MAIDEN NAME OF MOTHER: Not obtainable
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Maryland

14 Informant (Address): Edward H. Thomson, Mt. Royal Hotal

15 Filed SEP 15 1931 19 C. RAMSAY JONES, M. D. Registrar
By RK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 13/31

17
I HEREBY CERTIFY, That I attended deceased from June 1" 1931 to Sept 13 1931
that I last saw h[illegible] alive on Sept 13 1931
and that death occurred, on the date stated above, at 11-15 a m.
The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical Findings

(Signed) H. C. Stewart M. D.
1931 (Address) 1408 Park ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: 9/15 19 31

20 UNDERTAKER: Courtney W. Myers & Son — ADDRESS: 605 N. Calvert

1-30—M & T—100 B—561.

E 72155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 72155

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gun ST. 7-13 (WARD)

2-FULL NAME Francis E Harris

(a) RESIDENCE NO 910 N. Wolfe St ST. _____ WARD _____

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred fifty yrs _____ mos _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Harris

6 DATE OF BIRTH (month, day, and year) Mar 16 86

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lab
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Francis Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment Gertrude Harris (Address) 910 N. Wolfe St.

15 Filed 4-21, 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-11 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death as stated above. Cause of death was as follows: While trying to board auto truck he fell & was run over by same Cause of death: Injuries received

(Duration) yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? In front of 1106 Hull

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) H Frame Examiner M. D.

4/14 19 31 (Address) 2929 Ellerslie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. View Cemetery DATE OF BURIAL June 5, 31

20 UNDERTAKER M. S. Elliott ADDRESS 320 E. Lafayette Ave

TION is very important! See instructions on back of certificate.

1-30—M & T—100 B—501

E 72156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1941 001

E 72156

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1500 Carbon St. Fairfield. ST. 25-76 WARD

2-FULL NAME Amanda Jennings.(C)

(a) RESIDENCE NO. 1500 Carbon St. Fairfield ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs ---- ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (write) WIFE of John H. Jennings.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John H. Jennings.(C) husband.

(Address) 1500 Carbon St. Fairfield.

15 Filed SEP 15 1931 192 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidental strangulation due to a piece of hat lodging in the trachea

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted (if not at place of death)?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

9/14 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Sept 15 1931

20 UNDERTAKER John H Toadvine

ADDRESS 1027 Druid Hill Ave

TION is very important See instructions on back of certificate.

AdCo. 5-31 2500

E 7215?

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9320 72157.

Registered No.

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1-2 St. Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Z. McDonald

(a) Residence: No. 240 S. Robinson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara McDonald

6. DATE OF BIRTH (month, day, year) 1/2/1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	69	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. St. Cleaning 96

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Alex. McDonald

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Kate McKallop

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of BALTIMORE CITY HOSPITALS
(Address)

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date Sept 15, 1931

19. UNDERTAKER John J. Mura
(Address) 3006 E. Balto St.

20. FILED SEP 16 1931 EDWIN JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/9, 1931 to 9/11, 1931

I last saw him alive on 9/11, 1931 death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis, Chr aug 15, 31

Other contributory causes of importance:

Arteriosclerosis Contrib

Name of operation None. Date of

What test confirmed diagnosis Clinical? Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Greenwell-Hon

(Address) Baltimore City Hosp.

Cor.—11-9-25—A Co.—200 Bks.

E 72158

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72158

CERTIFICATE OF DEATH.

13 V

REGISTERED NO.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3403 Crossland Ave. 8-43

2-FULL NAME Lou Belle Graham

(a) RESIDENCE NO. 3403 Crossland Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

(a) If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb.22, 1884

7 AGE: Years 47; Months 6; Days 23; IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Employee

(b) General nature of industry, business, or establishment in which employed (or employer): Family Welfare Assn.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER James A. Graham

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Carrie D.Proctor.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va.

14 Informant (Address) Clara A. Steinwedl 2001 Wilkens Ave.

15 Filed SEP 15 1931

16 C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) Sept. 14 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to HER death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Nephritis (duration) yrs. mos. ds.

(Signed) [illegible] M. D. (Coroner)

9/15/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs.. mos.. ds. In the State yrs.. mos.. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. Date of Burial: Sept 16 31

20 UNDERTAKER: John F. Denny ADDRESS: 1 Slight

OF DEATH in plain terms, so that it may be properly coded. PART I. Statement of CAUSES every important. See instructions on back of certificate.

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72159

93 E 72159

CERTIFICATE OF DEATH

BALTIMORE CITY HOSPITALS

23-31

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Cornish

(a) Residence: No. 1032 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) , ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME , ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of Baltimore City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemtry Date Sept 15, 1931

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S. Schroeder St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/7/31, 19..., to 9/11, 1931, 19...

I last saw him alive on 9/11, 1931, death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	May 1931
Other contributory causes of importance: Bronchopneumonia	5 days

Name of operation none Date of operation

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Arnold M.D.
Baltimore City Hosp.
(Address)

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72160

CERTIFICATE OF DEATH

12-51

93 E 72160

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2151 Huntingdon Ave. Ward)

Length of residence in city or town where death occurred Life yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME FRANK A. HANSSEN

(a) Residence: No. 2151 Huntingdon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma A. Hanssen

6. DATE OF BIRTH (month, day and year) December, 17th 1869

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
61	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lieut (Fireman)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew Hanssen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Daumer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Emma Hahssen 2151 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Frederick Md. Date Sept. 15th 1931

19. UNDERTAKER (Address) 1003 West Baltimore St.

FILED SEP 13 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) September 12th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 5th 1931 to Sept 12 1931

I last saw him alive on Sept 7 1931 death is said to have occurred on the date stated above, at 10 P. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Inter. Cardiitis	1927
Acute Cardiac Decompensation	

Other contributory causes of importance:

Acute Cardiac Dilatation	Sept 12

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Mitchell, M. D.

(Address) 2112 Mt. Royal Terrace

(PREPARATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.)

1-30—M. & T.—100 B—50L

E 72161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 72161

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Stockton ST. 15-23 WARD)

2-FULL NAME Robert L. Jones

(a) RESIDENCE NO 1307 Stockton ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9/12 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Jack Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Bessie Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Jack Jones (Address) 1307 Stockton St

15 Filed SEP 15 1931 HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 13/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Disturbance

(Diarrhea, Type undetermined)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____ Coroner, M. D.

9/14/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetary	Sept 15 1931
20 UNDERTAKER Thomas G. Kelson	ADDRESS 1803 Presstman St

SEE IMPORTANT INSTRUCTION on back of certificate.

Spec.—9 20—A. & Co.—250 Blks

72162

HEALTH DEPARTMENT—CITY OF BALTIMORE

72162

CERTIFICATE OF DEATH.

15-23 92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1372 Stockton ST. WARD

2. FULL NAME Martha Davis

(a) RESIDENCE NO. 1372 Stockton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

5a If married, widowed, or divorced (or) WIFE of Jacob Davis

6 DATE OF BIRTH (month, day, and year) Mar 7 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 0 0

(c) Name of employer

9 BIRTHPLACE (city or town), (State or country) Harford Co Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Diana Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Jacob Davis 1372 Stockton

15 Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13/31

17

I HEREBY CERTIFY, That I attended deceased from Sept 7, 1931, to Sept 13, 1931

that I last saw her alive on Sept 13, 1931

and that death occurred, on the date stated above, at 10 30 A M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. ? mos. ds.

CONTRIBUTORY (Secondary) Hemiplegia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C Wilmarth M. D.

Sept. 14, 1931 (Address) 1928 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: Sept 16 1931

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 303 Fremont St

TION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002 E 72163

E 72163

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. 15-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Matilda Snowden

(a) RESIDENCE NO 1315 Whatcoat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Dec 13/1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Caroline Co., Va.

PARENTS

10 NAME OF FATHER John Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Meda Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Eustace Harris 1315 Whatcoat St

(Address) 1315 Whatcoat St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 11/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction
Twisted Mesentery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sep11/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Hoen, M. D. Coroner

9/11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Sept 15 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 303 Freeman St

TION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks.

E 72164 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

59VE 72164

1 PLACE OF DEATH Baltimore City Hospitals 18-26 REGISTERED NO.

CITY OF BALTIMORE: (No. ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clinton Rickrode

(a) RESIDENCE NO. 804 W. Fayette St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): York Springs Pa.

PARENTS

10 NAME OF FATHER Frank Rickrode

11 BIRTHPLACE OF FATHER (city or town) (State or country): ?

12 MAIDEN NAME OF MOTHER Louise Kroft

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?

14 Informant (Address): Records of Balto. City Hosp.

15 SEP 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-10-31

17 I HEREBY CERTIFY, That I attended deceased from 9-2-31, 19, to 9-10-31, 19

that I last saw h in alive on 9-10-31, 19

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

duration yrs. mos. ds.

CONTRIBUTORY (Secondary) hypertension chronic

duration yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

9-14-31 (Signed) Elmer Hightower, Jr. M. D.

9-, 1931 (Address) Balto. City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	9/14/1931
20 UNDERTAKER	ADDRESS
John F. Denny	758 Lee St

back of certificate. See instructions on back. IMPORTANT is very important.

AaCo. 5-31 250B

E 72165 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72165

CERTIFICATE OF DEATH

Registered No. 1310

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4316 Belair Rd St. 27-41 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Sarah V. Allen
(a) Residence: No. 4316 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —
7. DATE OF BIRTH (month day year) Aug 3 1852
8. AGE: Years 78 Months 1 Days 11 If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Del
13. NAME Isaac Allen
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Sarah Phillips
16. BIRTHPLACE (city or town) (State or country) Del
17. INFORMANT Mrs. Elizabeth Chaillon
(Address) 4316 Belair Rd
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Sept 16 1931
19. UNDERTAKER Phillips Denig Co.
(Address) 2016 Eutaw Pl.
20. FILED SEP 15 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 9/14/31. 19
22. I HEREBY CERTIFY, That I attended deceased from Jan 9 31 to Sept 14 31, 19 31
that I last saw her alive on Sept 14 31 and that death is said to have occurred on the date stated above, at 1.30 P.M.
The principal cause of death and related causes of importance were as follows:
Exhaustion — Duration of disease 9-1-31
Other contributory causes of importance Chronic Interstitial Nephritis 1-9-31
Name of operation None Date of None
What test confirmed diagnosis Symptoms Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Harry V. Tyl M. D.
(Address) 3042 W Baden St

1-30—M. & T.—100 B—50L

E 72166

HEALTH DEPARTMENT—CITY OF BALTIMORE

Pronounced dead ~~South Balto~~. Genl. Hosp

CERTIFICATE OF DEATH

2-005 EE 72166

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Patapsco River off

CITY OF BALTIMORE: (No. Off Oriole Gun Club. ST. 14-33 WARD)

2-FULL NAME Albert Michael.

(a) RESIDENCE NO Bell Grove Rd. A. A. Co. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Care taker. 68
(b) General nature of industry, business, or establishment in which employed (or employer): Oriole Gun Club.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Conrad Michael.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Rachael Weidgner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Edward Michael. (brother)

(Address) 2043 Pennsylvania Ave.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt Coroner, M. D.

9/12 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Sept. 15 1931

20 UNDERTAKER: Martin Dabey & Sons — ADDRESS: 1827 N. North Ave.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

72167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 72167

1 PLACE OF DEATH Provident Hosp. 25-32 REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 1514 Division ST. WARD)

2 FULL NAME Marie Johnson

(a) RESIDENCE NO. 2416 E. Pacca ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1918

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child. no

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant (Address): Provident Hosp. Pacca St.

15 Filed 19 C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-13-31

17

I HEREBY CERTIFY, That I attended deceased from 9-10-, 1931, to 9-13-, 1931

that I last saw her alive on 9-13-, 1931

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Ed. Geo. McDonald M. D.

9-14-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cem	9-15-31
20 UNDERTAKER: Grant Easton	ADDRESS 516 Pc.

HOW IS VERY important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 72168

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

E 72168

CERTIFICATE OF DEATH

REGISTERED NO

1 PLACE OF DEATH BALTIMORE CITY HOSPITALS ST. 26-37 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Alexander Welsh

(a) RESIDENCE NO. none ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 If single, Married, Widowed, or Divorced, (write the word)
M.	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 75 ?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York N.Y.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 RECEIVED BY Informant BALTIMORE CITY HOSPT. (Address)

15 Filed 1931 JOHN C. HAMPSON JOHES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/31

17

I HEREBY CERTIFY, That I attended deceased from 12/23/ , 19 26, to 9/12/ , 19 31

that I last saw him alive on 9/12/31 , 19

and that death occurred, on the date stated above, at 1.15 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Chronic.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Diabetes, non-operable

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jas. Hendrick Jr. M. D.

19 (Address) Baltimore City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart DATE OF BURIAL 9/15 1931

20 UNDERTAKER John J. Mahoney ADDRESS 1318 Light St

TION is very important. See instructions on back of

AdCo. 5-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE ✓

72169

CERTIFICATE OF DEATH

56 E 72169

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 E. Hughes St. 22-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolyn Lucas Carey

(a) Residence: No. 115 E. Hughes St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-2-21

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jesse Lucas Carey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Minnie Belcher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Lucas Carey

(Address) 115 E. Hughes St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Cem. Date 9/6 1931

19. UNDERTAKER Wm. F. Carroll & Sons

(Address) 1 E. Lanvale St.

20. FILED 9-6-31 19... M. C. L. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 3. 1931

22. I HEREBY CERTIFY, That I attended deceased from June 6 1931 to Sept 3 1931

I last saw h[illegible] alive on Sept 2 1931, death is said to have occurred on the date stated above, at 9:22 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic fever	
Other contributory causes of importance: Acute Endocarditis	1/93

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Neil Ellis M. D.

(Address) 314 Light St

AaCo. 5-31 2908

E 72170 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 82-8 E 72170

CERTIFICATE OF DEATH

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS. 6-9 Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Reed

(a) Residence: No. 100 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Married

5a. If married, widowed, or divorced HUSBAND of Meriah Reed (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granville Co. N.C.

MOTHER FATHER

13. NAME Wm. Reed

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Emily ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records of BALTIMORE CITY HOSP.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 15 1931

19. UNDERTAKER Mrs. R. A. Elliott
(Address) 1925 Eastland Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/12 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/10/30 19... to 9/12/ 1931

I last saw h im alive on 9/12 1931 death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	Mar. 1930
other contributory causes of importance: Cerebral Sclerosis	... years

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.

(Address) Baltimore City Hosp.

FILED 1931 C. HUMPHREYS JONES, M. D.

Spec.—9-36—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72171

CERTIFICATE OF DEATH

94-80 E 72171

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 4010 Bonner Rd 15-65 ST.

2 FULL NAME Harry B Hull

(a) RESIDENCE NO. (Usual place of abode) 4010 Bonner Rd ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora E Hull

6 DATE OF BIRTH (month, day, and year) Nov 18 76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Lemuel Hull

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Barwick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mrs Dora E Hull 4010 Bonner Rd.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 31

17

I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Sept 13, 1931, that I last saw him alive on Sept 13, 1931, and that death occurred, on the date stated above, at 12-10 AM

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Irvin Blaugh M. D.

(Address) 700 N. Wolfe

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

20 UNDERTAKER Humphreys

DATE OF BURIAL Sept 16 '31

ADDRESS 2238 North

Spec.—1 10 21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

191

E 72172

REGISTERED NO. E 72172

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 72172

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) WARD 15-21

2-FULL NAME John Sullivan

(a) RESIDENCE NO. 1702 Lorman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs 1 mos 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 1 - 1875

7 AGE: Years 56; Months 1; Days 5/ [illegible]; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Eliza Dorsey (Address) 1702 Lorman St

15 Filed [illegible] 1931 . 19 [illegible] Registrar

THON is very important See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 . 1931 . to Sept 13 . 1931 .

that I last saw h[illegible] alive on Sept 12 . 1931 .

and that death occurred, on the date stated above, at 3 [illegible] m.

The CAUSE OF DEATH* was as follows:

Incomplete Paralysis of Spinal Nerves

(duration) 3 mos

CONTRIBUTORY (Secondary) Stomach Ulcer

(duration) yrs. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 0.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C Stewart M. D.

9-16 1931 (Address) 7046 Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn (Cem)

DATE OF BURIAL: Sept 16 1931

20 UNDERTAKER: Chas H. Chase & Son

ADDRESS: 638 N. Gilmor

AACo. 5-11 2500

72173 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH 46 E 72173

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 76-37
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 70 yrs. 5 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Williamson

(a) Residence: No. 121 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Williamson

6. DATE OF BIRTH (month, day, year) May 9, 1861

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70 (Seventy)	Four	Four	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Kagle
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME (not known)
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Sept. 16 1931

19. UNDERTAKER John S. Connelly
(Address) Govans, Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931 to Sept 13, 1931
I last saw h she alive on Sept. 13, 1931 death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum with metastasis	
Other contributory causes of importance: Bronchopneumonia	9-11-31

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick E. Kagle M. D.
(Address) Balto City Hospital

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72174

Registered No. 1495 E 72174

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l Hosp St. 21-26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret Gaither

(a) Residence: No. 729 Ingleside Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Stanley Gaither

6. DATE OF BIRTH (month, day, year) Oct 12 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Charles Wiseman
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Margaret E Arade
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Wiseman
(Address) 729 Ingleside Av

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Pk Date Sept 15 1931

19. UNDERTAKER A. Hammel & Sons
(Address) 35 E Fort Ave

20. FILED — — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1931 to 9-14 1931

I last saw h[illegible] alive on 9-14 1931 death is said to have occurred on the date stated above, at 5:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days

Other contributory causes of importance:

Dead Fetus	2 days

Name of operation Unilateral Delivery Date of 9-13-31

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. F. Ferrara M. D.
(Address) South Balto Gen Hosp

AdCo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

72175 X 129 E 72175

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caples, Burlin

(a) Residence: No. 1 Westminster, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Edna B. Caples

6. DATE OF BIRTH (month, day, year) Feb 4 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob F. Caples

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Watkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edna B. Caples

(Address) Westminster R.F.D. 1 Md

18. BURIAL, CREMATION, OR REMOVAL Place Rural Cemetery Date Sept 18 1931

19. UNDERTAKER H. Rinehart & Son

(Address) Westminster Md

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1931, to Sept 15, 1931

I last saw him alive on Sept 15, 1931 death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis.	9/9/31

Other contributory causes of importance:

Exact cause of the peritonitis has not been determined

Name of operation Laparotomy Date of 9/9/31

What test confirmed diagnosis? ~~operation~~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ~~now~~ no, specify

(Signed) J. T. Stonebraker, M. D.

(Address) University Hosp.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72176

E 72176

CERTIFICATE OF DEATH

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 S. Bradford St. St. 1-3 WARD)

2 FULL NAME MARGARET BEHRNS

(a) RESIDENCE NO. 607 S. Bradford St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of George F. Behrns

6 DATE OF BIRTH (month, day, and year) Jan. 22. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kunigunda Ottsman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Mildred Biebl (Daughter)
(Address) 2316 Fleet St.

15 Filed SEP 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 13. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 11 . 19 31 . to Sept 13 . 19 31
that I last saw her alive on " 13 . 19 31
and that death occurred, on the date stated above, at 11.00a.m.

The CAUSE OF DEATH* was as follows:
Carcinoma (Metastasis to Liver & Lungs)

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Breast

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Jan 1931

Was there an autopsy?

What test confirmed diagnosis? Physical Signs

(Signed) H. S. Heer M. D.

9/14, 19 31 (Address) 408 E. Fort Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Sept. 16, 1931

20 UNDERTAKER: Henry Sander & Sons, Inc. — ADDRESS: BALTIMORE & BROADWAY.

AaCo. 5-11 2108

E 72177 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72177

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-30 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos 1 ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME William Deach

(a) Residence: No. Port Deposit Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1906

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Wm W. Deach

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Ruth Tucker

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Wm W Deach
(Address) Port Deposit Md

18. BURIAL, CREMATION, OR REMOVAL
Place Grand Pa Date Sept 31

19. UNDERTAKER Harry H. Whitlock
(Address) 401 Edmondson

20. FILED Oct 15 1931 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-15-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-13-31, 19 ... to 9-15-31, 19 31

I last saw h/m alive on 9-15, 19 31 death is said to have occurred on the date stated above, at 1200 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pernicious Anemia Secondary to Hemorrhage	9-1-31 (?)
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) W M Faw, M. D.

(Address) University Hospital

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

72178

CERTIFICATE OF DEATH

X 131 E 72178

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp.) 12 Ward 9

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Clarence Tucker

(a) Residence: No. Meadow Brook Ave Ward. Catonsville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsina M. Tucker

6. DATE OF BIRTH (month, day and year) Sept 26, 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME James F. Tucker.
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME E. Rozabeth Hooker
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Clarence F. Tucker.
(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Cem. Date Sept. 17, 1931

19. UNDERTAKER Easton Sons
(Address) Edmondson Ave
C. HAMPSON JONES, M. D.

20. FILED SEP 15 1931 By RKR Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1931, to Sept. 15, 1931

I last saw h— alive on Sept. 15 1931 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis —	?
Uremic Coma —	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Yes or No) specify

(Signed) Chas. W. Kahler M. D.

(Address) 3004 W. North Ave.

Spec.—9-30—A. & Co.—250 Blks.

72179

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72179

CERTIFICATE OF DEATH

27-55 46

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 6222 Lincoln Road ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Philip Francis T. Daley

(a) RESIDENCE NO. 6222 Lincoln Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise -----

6 DATE OF BIRTH (month, day, and year) Mar. 18, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Annapolis, Maryland

PARENTS

10 NAME OF FATHER: Francis N. Daley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annapolis, Maryland

12 MAIDEN NAME OF MOTHER: Julia Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis, Maryland

14 Informant: Mrs. W. E. F. Armstrong
(Address) 6222 Lincoln Road

15 Filed SEP 15 1931, 19 — G. RAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1931, to Sept. 14, 1931

that I last saw him alive on Sept. 14, 1931

and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis, senility, chronic myocardial degeneration

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of the stomach with metastasis to liver (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? 6222 Lincoln Road

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No special test.

(Signed) Jack. B. Morgan M. D.

9/15 1931 (Address) 6 E. Read Street

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: 9/17 1931

20 UNDERTAKER: Hawley A. Myers & Son

ADDRESS: 605 W. Calvert

Spec.—9-30—A & Co.—250 Blks

E 72180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72180

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4817 Pennington Ave (Street) 25-27 (Ward)

2. FULL NAME Gloria J. Gordy

(a) RESIDENCE NO. 4817 Pennington Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 26-1930

7 AGE: Years 1 | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Avery P. Gordy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mabel E. Counselman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mr. Avery P. Gordy 4817 Pennington Ave

Sept 15 1931 19 C. HAMILTON JONES, M. D. Registrar

By: APH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 15-31

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1931, to Sept. 15, 1931

that I last saw her alive on Sept. 15, 1931

and that death occurred, on the date stated above, at 11.15 a. m.

The CAUSE OF DEATH* was as follows:

Whooping Cough

(duration) yrs. mos 15 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) [illegible] M. D.

Sept 15 19 31 (Address) 4818 Pennington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Marley Cemetery

UNDERTAKER: Margaret D. Flynn

DATE OF BURIAL: Sept. 16 31

ADDRESS: 1422 Light St.

E 72181 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72181

CERTIFICATE OF DEATH

191

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 815 E Fort Ave St. 24-33 WARD)

2 FULL NAME Emma J Meurker

(a) RESIDENCE NO. 815 E Fort Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced WIFE of William Meurker

6 DATE OF BIRTH (month, day, and year) July 9 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Sarah Phelps

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Mrs Wm Meurker 815 E Fort Ave

15 Filed SEP 15 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept. 11 1931 to Sept. 13 1931

That I last saw h[illegible] alive on Sept. 13. 1931

and that death occurred, on the date stated above, at 7:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) — yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Heat Exhaustion

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Philip B. Fowler M. D.

Sept 15 1931 (Address) 1432 Mission St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Sept 16 1931

20 UNDERTAKER Charles L. Stearns — ADDRESS 1502 E Fort Ave

AACo. 5-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72182

CERTIFICATE OF DEATH

E 72182

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3127 Sundrive ... Ward

Length of residence in city or town where death occurred 11 yrs ... mos ... ds How long in U. S. if of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Mary E. Williams

(a) Residence: No. 3127 Sundrive St., Belvidere
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Williams

6. DATE OF BIRTH (month, day, year) Feb. 10 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Ford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Gibson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Wm Grimade
(Address) 3127 Sundrive

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept 17, 1931

19. UNDERTAKER Wm Cook
(Address) 217 E. Lanvale

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to Sept 15, 1931

I last saw h... alive on Sept 12 19 31 death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

Spec.—8-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72183

E 72183

CERTIFICATE OF DEATH

107-001

27-48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 4707 York Road ST. WARD

2. FULL NAME Annie E. McKelvin

(a) RESIDENCE NO. 4707 York Road ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Octavious J. McKelvin

6. DATE OF BIRTH (month, day, and year) Dec 25, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer At home

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER John Gardiner

11. BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12. MAIDEN NAME OF MOTHER Eliza Lawson

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14. Informant (Address) Hannie McNamara 4707 York Rd

Filed 1-5-1931 C. HAMPSON JONES, M. D. Registrar

By RKH

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 14, 1931

17.

I HEREBY CERTIFY, That I attended deceased from June 25, 1931 to Sept. 14, 1931

that I last saw her alive on Sept. 14, 1931

and that death occurred, on the date stated above, at 4:10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Arthritis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Terminal Bronchopneumonia

(duration) yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) J. McK M. D.

(Address) Essex, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 9/16 1931

20. UNDERTAKER H. Cole

ADDRESS 1217 E. Fort Ave

Spec.—2-29-28—L. F. S.—500 Blks.

E 72184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57 E 72184

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 W. Lafayette Ave. ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Arthur Bernard Chancellor

(a) RESIDENCE NO. 131 W. Lafayette Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam Opie

6 DATE OF BIRTH (month, day, and year) April 7.1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Atty. at Law

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Lowman Chancellor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mr. R. S. Opie

(Address) Upland Apts.

Filed SEP 15 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from March, 1925, to Sept 14, 1931,

that I last saw him alive on Sept 14, 1931

and that death occurred, on the date stated above, at 4.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Atrophic Arthritis - 2 yrs
Urinary obstruction & infection - abt 2-3 weeks

(duration) mos. ds.

CONTRIBUTORY (Secondary) Asthenia & Toxemia 2-3 weeks

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Carroll Lockard, M. D.

Sept 15, 1931 (Address) 42 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy.

DATE OF BURIAL: Sept. 16 1931

20 UNDERTAKER: John B. Mitchell Sons & Eutaw Place

ADDRESS

AsCo. 5-31 2108

E 72185

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72185

CERTIFICATE OF DEATH

Registered No. 143

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward) 26-11

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Martin

(a) Residence: No. 332 Mosher St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Martin

6. DATE OF BIRTH (month, day, year) 1904 1/28/1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Wm. Nigel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie Dundlock

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of (Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 9/16/31

19. UNDERTAKER George Pfaff Sons (Address) 1125 Hanover Cor.

20. FILED 19 9/16/31 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-13 .1931

22. I HEREBY CERTIFY, That I attended deceased from 9-7 .1931 to 9-13 .1931

I last saw h alive on 9-13 .1931 death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis and	9-6-31
Lobar Pneumonia Complicating Pregnancy.	

Other contributory causes of importance:

Acute Heart Failure	1 Da

Name of operation None Date of

What test confirmed diagnosis? Clinical Was (there an autopsy?) No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lucien E. Leidy, M. D.

(Address) Balto. City Hospitals

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72186

CERTIFICATE OF DEATH

13 E 72186

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 E. Preston St. 8-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A. Dunnaghy.

(a) Residence: No. 2429 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patrick J. Dunnaghy

6. DATE OF BIRTH (month, day, year) 12/24/1831

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Chas. F. Jones
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Margaret O'Neil
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Cath. Hockey
(Address) 2429 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9/14/31

19. UNDERTAKER Wm. F. Gaul & Son
(Address) 1525 Eastern Ave.

20. FILED ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1931, to Sept 13, 1931

I last saw her alive on Sept 12, 1931, death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 24/31
Other contributory causes of importance:	
Arterio Sclerosis	July 24/31
Coronary Thrombosis	" "

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. —

(Signed) Thos. F. Garry, M. D.

(Address) 627 N. Monroe

Wesley C Mock

1-30—M. & T.—100 B—50L

E 72187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 9+ 001 V

E 72187

REGISTERED NO.

1-PLACE OF DEATH Pullman Car at Union Station

CITY OF BALTIMORE: (No. 17-19 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wesley Mock

(a) RESIDENCE NO Berkley California ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide Mock

6 DATE OF BIRTH (month, day, and year) Dec. 9 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Engineer 673
(b) General nature of industry, business, or establishment in which employed (or employer): Steam R. R.
(c) Name of employer: Southern Pacific

9 BIRTHPLACE (city or town) (State or country) California

PARENTS

10 NAME OF FATHER Charles W Mock

11 BIRTHPLACE OF FATHER (city or town) (State or country) Missouria

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Adelaide Mock

(Address) Berkley Cal

15 Filed SEP 15 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 193(

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) About 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? California

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) James M Fenton M. D. Coroner

9/15 193 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park (Cremation) DATE OF BURIAL: Sept 16, 1931

20 UNDERTAKER: E. LeRoy Stiffler, Inc. ADDRESS: 125 E. North Ave.

TION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72188

CERTIFICATE OF DEATH

159 E 72188

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital St. 5 hrs 30-37 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Bell

(a) Residence: No. 2008 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/14/31

7. AGE	Years	Months	Days	If LESS than 1 day 4 hrs or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER FATHER

13. NAME William E Bell
14. BIRTHPLACE (city or town) (State or country) Balt Md.
15. MAIDEN NAME Mary King
16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Mrs William Bell
(Address) 2008 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Date SEP 15 1931
State Board.

19. UNDERTAKER
(Address)

20. FILED SEP 15 1931 C. HAMILTON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/17, 1932, to 9/14/32, 1932

I last saw him alive on 9/14/1931, death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity - 6 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Robert T. Chenoweth M. D.

(Address) Md. General Hospital

1-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72189 ✓ 183 ✓ E 72189

REGISTERED NO.

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jesse Jeyall

(a) RESIDENCE NO. Unknown -Probably Concord, N.H. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown 687
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Eastern Police Dist

(Address)

15 Filed 9/12/31 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 3/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidentally fell in harbor at foot of Ann St & drowned

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

(Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL SEP 15 1931

20 UNDERTAKER

ADDRESS

ATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

72190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1184 ✓ 11-25

REGISTERED NO. E 72190

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST. (Ward)

2-FULL NAME Claude Council

(a) RESIDENCE NO. 516 Tyson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 15/1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	26	9	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Durham, N.C.

PARENTS

10 NAME OF FATHER Matthew Council

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Alice Barbie

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Luela Scott
(Address) 1005 McCullough St

15 Filed SEP 16 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 7/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pistol shot wound of small intestine
Accidently dropped pistol to side-
walk while transferring to other
pocket and it discharged
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Sep 7/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Cain, M. D.
Coroner

9/11/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL SEP 15 19 31

20 UNDERTAKER

ADDRESS

ATTENTION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

72191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72191

1563

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Belle Ave., Forest Park WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Brown Armiger.

(a) RESIDENCE NO. 4009 Belle Ave., Forest Park ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): May 6, 1859

7 AGE — Years: 72 — Months: 4 — Days: 7 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John L. Armiger.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Rosa Pregory

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Miss Nellie Armiger

(Address): 4009 Belle Ave. Forest Park

SEP 16 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Sept 14, 1931, that I last saw her alive on Sept 13, 1931, and that death occurred, on the date stated above, at 6.40 P.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Heal Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Stethoscope

(Signed) J. Rhein, M. D.

24 Sept, 1931 (Address) Glyndon Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Sept 16, 1931

20 UNDERTAKER: Henry W Mears & Son

ADDRESS: 805 North Calvert St.

THON is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72192 (1)

93-88 E 72192

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1236 N. Eden (Ward) 10-14

2 FULL NAME Susannah Helen Wilcox

(a) RESIDENCE NO. 1236 N. Eden St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 89 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of William Littleton Wilcox

6 DATE OF BIRTH (month, day, and year) May 19, 1842

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER James St.Lawrence Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country): ---- St. Lawrence River

12 MAIDEN NAME OF MOTHER Sophia Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Maryland

14 Informant (Address): Mrs. Mary L. Frisch 314 Woodlawn Road

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15-1931

17 I HEREBY CERTIFY, That I attended deceased from June 1 . 1931 . to Sept 15 . 1931

that I last saw her alive on Sept 15 . 1931

and that death occurred, on the date stated above, at 12-10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. 3 mos. 13 ds.

CONTRIBUTORY (Secondary) Edema Lungs

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? none

(Signed) C Gill Wall M. D.

(Address) 1631 E. Fond av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: 9/17 19 31

20 UNDERTAKER: Henry A. Myers & Son

ADDRESS: W. Saratoga & Eutaw Sts.

Spec.-7-17-26—A Co.—200 Bks.

E 72193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 72193

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1748 Bank St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catharine Ford

(a) RESIDENCE NO. 1748 Bank St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 6 1860

7 AGE: Years 71 Months 8 Days 7 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife.

(b) General nature of industry, business, or establishment in which employed (or employer): 80

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER: City Thomas Ford

11 BIRTHPLACE OF FATHER (City or town)

(State or country)

12 MAIDEN NAME OF MOTHER: City Eliz. Cannon

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant (Address): Annie Ford 1748 Bank St

15 Filed SEP 16 1931 19 H. HARRISON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 13 1931

17 I HEREBY CERTIFY, That I attended deceased from May 21 1931 to Sept 13 1931

that I last saw h alive on Sept 13 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J Joseph Toulson M. D.

19 (Address) 700 N. Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fair Lawn

Date of Burial: 9/16 1931

20 UNDERTAKER: J G Moran & Son

ADDRESS 2006 Eutaw

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72194

CERTIFICATE OF DEATH

E 72194

Registered No. 72194

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp St., 22 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mr Thomas A Deakins Sr

(a) Residence: No. 3004 Woodland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15, 1851

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	80	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME William Deakins
14. BIRTHPLACE (city or town) (State or country) Maryland.
15. MAIDEN NAME Emma Croft
16. BIRTHPLACE (city or town) (state or country) Maryland.

17. INFORMANT
(Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge, Date Sept 16 31

19. UNDERTAKER D. S. Marshall
(Address) 3639 Gelly Road

20. FILED Sept 16 1931 BY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1931

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931 to Sept 15 1931
I last saw him alive on Sept 15 1931, death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma involving the hyloma with metastasis to the liver & gall bladder	2-3 yrs ?

Other contributory causes of importance:
Chronic Myocarditis ?

Name of operation Laparotomy Date of 7-16-31
What test confirmed diagnosis? Surgical operation? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F Chenault M.D.
md. General Hospital
(Address)

AaCo. 1-31-1928

72195 **HEALTH DEPARTMENT CITY OF BALTIMORE** 72195

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore, Md. St. 25-73 Ward

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S. if of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Oscar A. Steinitz

(a) Residence: No. 525 Patapsco Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, (widowed) or divorced
HUSBAND of (or) WIFE of Pauline

6. DATE OF BIRTH (month, day, year) Sept. 18 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	11	—

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Oscar Steinitz
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Leidiger
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Baltimore City Hospitals Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Sept. 17 1931

19. UNDERTAKER Frank Brockston
(Address) 1501 Gilmor St

20. FILED SEP 19 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-14-1931

22. I HEREBY CERTIFY, That I attended deceased from 5-15 1931 to 9-14 1931

I last saw him alive on 9-14 1931 death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 months ago
Left Hemiplegia	
Other contributory causes of importance: Diabetes	3 yrs ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

9-14-31 (Signed) Elmer Hightower, M.D.
(Address) Baltimore City Hospitals.

Cor.—10-15-29—A Co.—100 Blks.

E 72196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72196

CERTIFICATE OF DEATH

186-001

REGISTERED NO. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 5911 Wildey Av St. Ward

2-FULL NAME Kate Elizabeth Lewis

(a) RESIDENCE NO. 5911 Wildey Av St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 0 mos. 0 da. How long in U. S., if of foreign birth? 70 yrs. 4 mos. 30 da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Lewis

6 DATE OF BIRTH (month, day, and year) April 26 1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	4	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: none

9 BIRTHPLACE (city or town) unknown
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER William T. Ryle

11 BIRTHPLACE OF FATHER (city or town) ??
(State or country) Penna

12 MAIDEN NAME OF MOTHER Hester Lancaster

13 BIRTHPLACE OF MOTHER (city or town) ??
(State or country) Penna

14 Informant (Address) Mrs. Lucy E. Lewis husband 5911 Wildey Av

15 Filed SEP 18 1931 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Inquiry or Autopsy.) thereon and from the evidence obtained by said Inquest, and from information received by me, find that said deceased came to death by Fracture of right femur due to a fall at residence on the day stated above.

The CAUSE OF DEATH was as follows:

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Enterocolitis, Acute

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Under Same

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

9/15 1931 (Address) 1672 Riland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Sept 18 1931

20 UNDERTAKER Howard Thomas

ADDRESS Dead.

If death occurred in private house, so that it may be important, see instructions on back of certificate.

Cor—12-9-25—A Co.—200 Blks.

E 72197

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72197

CERTIFICATE OF DEATH

164-001

27-56

1-PLACE OF DEATH

City of BALTIMORE: (No. 4618 Pimlico Road St. Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Walter Robert Glenn

(a) RESIDENCE NO. 4618 Pimlico Road St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Lucille Glenn

6 DATE OF BIRTH (month, day, and year) March 4, 1897

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	34	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Sun Cab Co.

9 BIRTHPLACE (city or town) Danville

(State or country) Virginia

PARENTS

10 NAME OF FATHER W. R. Glenn

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Betty Vaughn

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Virginia

11 Interment Mrs. Lucille Glenn

(Address) 4618 Pimlico Road

15 Filed SEP 16 1931 C. HAMPSON JONES Registrar

By

OF DEATH in plain terms, so that it may be a proper and very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 15, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Self Poisoning

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) (Coroner) M. D.

9/16, 19 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Danville Va Date of Burial Sept 16 1931

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 West Baltimore St.

Spec.—9-28—A. & Co.—250 Blks

E 72198

E 72198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 1456 Rumsey ave WARD 24-33

2. FULL NAME Charles W. Johnson.

(a) RESIDENCE NO. (Usual place of abode) 1456 Rumsey ave WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. Life. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White.

5. (a) Single, (b) Married, (c) Widowed, (d) Divorced (write the word): Married.

6a. If married, widowed, or divorced: HUSBAND of / WIFE of Minnie Johnson

6. DATE OF BIRTH (month, day, and year): Oct 16 1867.

7. AGE: Years 63; Months 11; Days 10; If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman 073

(b) General nature of industry, business, or establishment in which employed (or employer): Western Md.

(c) Name of employer: Railway — Balto Md

9. BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10. NAME OF FATHER: Thos W. Johnson

11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12. MAIDEN NAME OF MOTHER: Mohanwood

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14. Interment (Address): Mrs Minnie Johnson 1456 Rumsey ave

15. SEPT 16 1931 THOMPSON FUNERAL HOME

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Sept. 14-31

17. I HEREBY CERTIFY, That I attended deceased from 2-11, 19 31, to Sept. 14, 19 31, that I last saw h[illegible] alive on Sept-14 19 31, and that death occurred, on the date stated above, at 2 30 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cardiac and Stomach

(duration) yrs. 9- mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Elmer B Neuman M. D.

19 (Address) 807-Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

UNDERTAKER: Fred A. Krancerton

DATE OF BURIAL: Sept 17 19 31

ADDRESS: 703. Hanover st

Spec.—1-10-21—MAT—1000 Blks.

E 72199

E 72199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 301 N. Mount ST. (or WARD) 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maud Spicer

(a) RESIDENCE NO. 301 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Spicer

6 DATE OF BIRTH (month, day, and year) April 9, 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas M. Gowan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Anne Arundel Co., Md

12 MAIDEN NAME OF MOTHER Alice Lepshon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co. Va

14 Informant (Address) Thomas M. Gowan 102 E Bowie St

15 Filed SEP 1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 24th 1931, to Sept 13th 1931.

that I last saw her alive on Sept 13th 1931.

and that death occurred, on the date stated above, at 5:25 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Cancer by malignant Infiltration

(Duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Langenbach M. D.

(Address) 2215 N. North Ave.

9-13 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 16, 1931

20 UNDERTAKER McKatie R. Williams

ADDRESS 322 N. Schroeder St

TION is very important See instructions on back of certificates.

E 72200

72200

252289

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 19-27 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hardy

(a) Residence: No. 227 N. Harris St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2 7/12	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME George Hardy

14. BIRTHPLACE (city or town) (State or country) N Car

15. MAIDEN NAME Maggie Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date 9-16 1931

19. UNDERTAKER Dan'l Easton
(Address) 916 Pa ave

20. FILED SEP 16 1931 G. W. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1931 to Sept 15, 1931

I last saw him alive on Sept 15, 1931 death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis,	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. S. Anderson M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31-2M

72201

Mamie Grant

HEALTH DEPARTMENT CITY OF BALTIMORE

72201

82-05

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 756 Gay St., Ward 17-24

Length of residence in city or town where death occurred 14 yrs 6 mos 16 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mamie Grant

(a) Residence: No. 756 Gay St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	Col	widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Grant

6. DATE OF BIRTH (month, day, year) Dec 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	60	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 11 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Grant

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Speaks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas Grant

(Address) 736 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-16 1931

19. UNDERTAKER Daniel Easton

(Address) 1111 Eutaw

20. FILED SEP 16 1931 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1931 to Sept 14 1931

I last saw h[illegible] alive on Sept 14 1931 and death is said to have occurred on the date stated above, at 6.25 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Grant M. D.

(Address) 1111 Eutaw

AdCo. 5-31 2500

Bernard McLeod.

HEALTH DEPARTMENT CITY OF BALTIMORE

25741 E 2202

JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH

157-03 E 2202

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 4-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard McLeod

(a) Residence: No. 711 W Saratoga St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct-19-1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	10	24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 50
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Olie McCloud
14. BIRTHPLACE (city or town) (State or country) NC
15. MAIDEN NAME Mattie Hudson
16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP. Bc

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Sept 16 1931

19. UNDERTAKER David Earlel
(Address) 916 Pa ave

20. FILED SEP 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1931, to Sept 13, 1931
I last saw h alive on Sept 13, 1931 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	9/8/31
	9th
Other contributory causes of importance: Congenital heart disease	Birth

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) [illegible]

1-30—M. & T.—100 B—50L

E 72203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72203

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Jail ST. 16-71 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Felix Meyer

(a) RESIDENCE No. 3815 Harlem ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June. 9 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labourer
(b) General nature of industry, business, or establishment in which employed (or employer) Salesmen
(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John H Meyer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Amalia Lehn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) John Meyer 3815 Harlem Ave

15 Filed , 192 Registrar

1 6 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute alcoholism
Chronic myocarditis 2 p
about
(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ..... Gds not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Faulkner, M. D. Coroner

9/16 1931 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Corp — DATE OF BURIAL 9/18/31

20 UNDERTAKER George A Tuley — ADDRESS Baltimore Md

THIS is very important. See instructions on back of certificate.

ARCo. 4-11 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72204

72204

93-003

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Bank St. 3-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Andreas Sorensen.

(a) Residence: No. 1414 Bank St. St., ... Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of ... Single

6. DATE OF BIRTH (month, day, year) March 14. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67.	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cork mfr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cork Mfg.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Norway
13. NAME Mrs. Anna
14. BIRTHPLACE (city or town) (State or country) Norway
15. MAIDEN NAME Mrs Knud
16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT (Address) Mrs Anna Schneider 1414 Bank St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Carmel Date Sept 16 1931.

19. UNDERTAKER (Address) Bendall & Sons Inc. Chapel

20. FILED SEP 16 1931 THAMSON JONES, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 14 1931.

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to Sept. 14, 1931. I last saw him alive on Sept 14 1931, death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis c decompensation	?
Chr. arteris-sclerosis	

Other contributory causes of importance:

Acute Cardiac dilatation	1 Wk.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

Signed Hall G. Triggs M. D.

(Address) 2002 E. Pratt St

AaCo. 5-11 2M8

72205

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72205

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1852 W. Mulberry St. 30-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mamie Simpson

(a) Residence: No. 1852 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel Simpson

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Mitchell

(Address) 1852 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 9-16- 193

19. UNDERTAKER [illegible]

(Address) [illegible]

20. Filed SEP 17 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1929 to Sept 16, 1931

I last saw her alive on Sept 16 1931 death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929
Arteriosclerosis	

Other contributory causes of importance:

Acute Cardiac Dilatation	Sept 16, 31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Harry Glassman, M. D.

(Address) 2656 Merkens Ave

AdCo. 5-31 2500

E 72206

HEALTH DEPARTMENT CITY OF BALTIMORE 72206

CERTIFICATE OF DEATH

93-003 V

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 14-59

CITY OF BALTIMORE: (No. Baltimore md St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Jordan

(a) Residence: No. 2109 Pennsylvania St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lewis

6. DATE OF BIRTH (month, day, year) 1-18-?

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	59	—	—	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md

MOTHER FATHER

13. NAME Travis Jordan

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Records Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Sept 16 1931

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Freastman St.

20. FILED SEP 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1931, to 9-14, 1931

I last saw h[illegible] alive on 9-13 1931, death is said to have occurred on the date stated above, at 7.45 AM

The principal cause of death and related causes of importance were as follows:

Heart disease, arteriosclerotic — Date of onset Oct. 1930

Other contributory causes of importance: None

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (Signed) Harvey Lecrow (Or) Specify Elmer Hershberger, Jr. M. D.

9-14-31 (Address) Baltimore City Hospitals.

1-30—M. & T.—100 B—50L

E 72207 ✓ E 72207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

16-22

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. Provident Hospital ST. WARD

2-FULL NAME Dorothy Robinson

(a) RESIDENCE NO 1538 Harlem Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Feb 6/1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER John Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Etta Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Catherine Nettles (Aunt)

(Address) 1538 Harlem Ave

15 Filed SEP 10 1931 Wal. G. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 13/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichleride Mercury Poisening

Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Fel. Bailey, M. D.
Coroner

9/14/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Sept 16, 1931

20 UNDERTAKER Mrs. P. A. Elliott

ADDRESS 1113 Division

TION is very important. See instructions on back of certificate.

Epsc.—9-26—A & A Co.—250 Blks

E 72208 ✓ E 72208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 2904 Kate Av. ST. 15-58 WARD

2 FULL NAME John A. Hittel

(a) RESIDENCE NO. 2904 Kate Av ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 36 yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry B. Hittel

6 DATE OF BIRTH (month, day, and year) Aug 9th 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Automobiles

(c) Name of employer: Self Employment

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frank H. Hittel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Margaret E. Mueller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant (Address): Mrs. H. Hittel 2904 Kate Av

15 Filed SEP 16 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14/31

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1930 to Sept 14th 1931

that I last saw h— alive on Sept 14th 1930

and that death occurred, on the date stated above, at 11:30 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis, bilateral advanced

Approximate (duration) 9 yrs. mos. ds.

CONTRIBUTORY (Secondary) Tuberculous Enteritis

Approximate (duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray, Sputum Exam

(Signed) Thomas Condon Wolff M. D.

9/16/1931 (Address) 1032 E. 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Sept 18 19

17 UNDERTAKER: The Wm. Frost Mortuary Co.

ADDRESS: Eutaw & Lanvale

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON REVERSE SIDE. H. C. HAMPSON JOHNSTON, M. D.

Spec.—9-30—A. S. Co.—250 Blks

E 72209

E 72209 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 337 (St.) Bloome (Ward) 16-67

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wm F. Dawley

(a) RESIDENCE NO. 918 Franklintown Rd ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed or divorced, HUSBAND of (or) WIFE of: Ella Mary Dawley

6 DATE OF BIRTH (month, day and year): Sept 11th, 1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	—	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman

(b) General nature of industry, business, or establishment in which employed (or employer): Toy Factory

(c) Name of employer: Lehmayer-Toy Mfg Co

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Wm F. Dawley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Norfolk Va

12 MAIDEN NAME OF MOTHER: Rebecca E. Burgin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Wm Dawley 918 Franklintown Rd

15 Filed Sept 15 1931 C. HAMPSON JONES, M. D. Registrar. By [illegible] Asst.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 12, 1931, to Sept 14, 1931

that I last saw h er alive on Sept 14, 1931

and that death occurred, on the date stated above, at 1:30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Harry Glassman M. D.

Sept 15 1931 (Address) 2687 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Lawn Cemetery — DATE OF BURIAL: Sept 17 1931

20 UNDERTAKER: J. B. Hilpert — ADDRESS: 300 Eutaw Place

1-20—M. & T.—100 B—581.

1. 5,210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ Dr. Mooney

140 D 72210

Room 318 PRR

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial WARD 27-56

2-FULL NAME Catherine Czapkiewcz

(a) RESIDENCE NO 4713 Reisterstown Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Czapkiewcz

6 DATE OF BIRTH (month, day, and year) March 20-1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	28	5	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimor Md

10 NAME OF FATHER John Early

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Lacie Harman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimor

14 Informant Kate Ayre

(Address) 5320 Hamlin Ave

15 Filed ____ 193 ____ Registrar

SEP 16 1931 C. HAMPSON ADAMS, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia
Self Inflicted
Abortion

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

19 (Address) 3622 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Saters Cemetery — DATE OF BURIAL: Sept 16 1931

20 UNDERTAKER: Maurice Cook — ADDRESS: 1217 St Paul

SEE BACK OF CERTIFICATE. THIS is very important. See instructions on

Adv. 5-31 2500

E 72213 HEALTH DEPARTMENT CITY OF BALTIMORE E 72213

CERTIFICATE OF DEATH

107-001

Registered No. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 Hollins Rd. St. ..... Ward 27

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha E Corkley

(a) Residence: No. 506 Hollins Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles A Corkley

6. DATE OF BIRTH (month, day, year) Oct 23 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME James Lawrence

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Martha Stinson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Fulton Corkley
(Address) 1 Hamilton Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Sept 17 1931

19. UNDERTAKER J W Cole
(Address) 1210 Eutaw St

FILED SEP 21 1931 C. HAMPSON JONES M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1931, to Sept 15, 1931

I last saw her alive on Sept 15, 1931 death is said to have occurred on the date stated above, at 7.30 pm

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset Sept 7 31

Other contributory causes of importance: .....

Name of operation None — Date of .....

What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H W Wheeler, M. D.

(Address) 4309 York Rd

AaCo. 5-31 250B

E 72212 HEALTH DEPARTMENT CITY OF BALTIMORE E 72212

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital St., (Ward) 7-27

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar F. Guillette

(a) Residence: No. Hampton Court Apt Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theodocia Guillette

6. DATE OF BIRTH (month, day, year) March 7 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	58	5	24	27

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accongeil La

MOTHER FATHER

13. NAME Gilbert Guillette

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Richmond Cem. 9/16 1931
Date
Undertaking Co. Richmond, Va.

19. UNDERTAKER Geo. Cook & Co.
(Address) 1210 E. Pratt St.

20. FILED 12 1931 C. Fimpson Jones M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-4-, 1931, to Sept 14-, 1931

I last saw him alive on Sept 14, 1931 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	12 wks.
@ perforation of typhoid ulcer of ileum	
Other contributory causes of importance: Chronic myocarditis @ decompensation	? 4 days

Name of operation Repair of perforation Date of 9-17-31

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Robert F. Chenault M.D.
(Signature)
(Address) Md. General Hospital

AdCo. 5-01 2500

L 72213

22139 03
2504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 10-East Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruby Matthews

(a) Residence: No. 722 Hartford Ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31 - 1929

7. AGE: Years 1 | Months 2 2/30 | Days 13 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 6 mo
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country) N. Y.
13. NAME James Matthews
14. BIRTHPLACE (city or town) (State or country) Ga
15. MAIDEN NAME Virginia Mason
16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Greene Cem Date 9-16-31

19. UNDERTAKER Byron Wright (Address)

20. FILED SEP 18 1931 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1931 to Sept 14, 1931

I last saw her alive on Sept 14 1931 death is said to have occurred on the date stated above, at 12 32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tbc	7-17-31
Tuberculous Meningitis	9-10-31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. S. Anderson, M. D.

(Address) Johns Hopkins Hospital

Spec.—1-30—M. & T.—250 Blks.

✓ E 72214

E 72214

HEALTH DEPARTMENT—CITY OF BALTIMORE

× 131

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. # 502 42d St Ward 27-48

2-FULL NAME William A Tyler

(a) RESIDENCE No. 658 7 st N.E Washington D.C Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary E Tyler

6 DATE OF BIRTH (month, day, and year) Nov 7 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railway Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Govt

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co Md

PARENTS

10 NAME OF FATHER Shadrach W Tyler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md

12 MAIDEN NAME OF MOTHER Lillie A Scarf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

14 Informant (Address) Estelle Tyler Wife 658 7 st N.E Washington D.C

15 Filed SEP 16 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Sept 16 1931

that I last saw him alive on Sept 15 1931

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Washington D.C

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Signs

(Signed) W W Peter M. D.

Sept 16 1931 (Address) 2105 Charles st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Sept 17 1931

ADDRESS

UNDERTAKER J F Elvis Reisterstown Md

Spec.—1-30—M. & T.—250 Blks.

E 72215 ✓ E 72215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Daniel Mc Namara

(a) RESIDENCE NO. 1200 Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Mary Krebs.

6 DATE OF BIRTH (month, day, and year) Jan. 9 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Jersey.

PARENTS

10 NAME OF FATHER Daniel Mc Namara

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Little Sisters of the Poor (Address) 1200 Valley St Baltimore

Filed SEP 16 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1 1931 to Sept 15 1931, that I last saw him alive on Sept 14 1931, and that death occurred, on the date stated above, at 4.30 a m.

The CAUSE OF DEATH* was as follows:

myocarditis

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Edema Lungs

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. Gull Hall M. D.

Sept 16 1931 (Address) 1631 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 9/17/31 19

UNDERTAKER John Kemp Sons 2215

ADDRESS Lanvale St.

AdCo. 5-U 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72216

CERTIFICATE OF DEATH

Registered No. E 72216

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital St. Ward)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 22 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernice Washington

(a) Residence: No. 1319 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Jan. 27, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles Washington

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emily Burke

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Emily Washington
(Address) 1319 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md. Date Sept 16 1931

19. UNDERTAKER Chas. H. Simpson
(Address) 1111 N. Caroline St.

20. FILED SEP 16 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931 to Sept 15, 1931

I last saw h[illegible] alive on Sept 15 1931 death is said to have occurred on the date stated above, at 12 35 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	9-1-31

Other contributory causes of importance:

Bronchopneumonia	9/13/31

Name of operation None Date of

What test confirmed diagnosis Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Tobey Mercucke M. D.

(Address) Lydenham Hospital

1-30—M. & T.—100 B—50L

E 72217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

E 72217

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 Florida St. ST. 44-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Wilson Loring Smith

(a) RESIDENCE NO. Stephenson Station ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs 11 mos 5 ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Brenn

6 DATE OF BIRTH (month, day, and year) Oct 10 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Architect
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Smith & May

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Samuel Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Levering

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Yardley Smith

(Address) Stephenson Md.

15 Filed SEPT 3 1931 H. HAYDEN JONES, M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) 3 yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton Coroner, M. D.

Sept 15, 1931 (Address) 707 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Thomas Cem Garrison Forrest

DATE OF BURIAL Sept 17 1931

20 UNDERTAKER Henry H Jenkins Sons

ADDRESS McCulloh & Eutaw Sts

IMPORTANT—See instructions on back of certificate. This is very important

1-20—M. & T.—100 B—50L

E 72218 ✓ E 72218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 236 S Washington ST. (WARD) 2-4

2-FULL NAME Genowefa Gregarek Szymanowska.

(a) RESIDENCE NO 236 S. Washington ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Szymanowski

6 DATE OF BIRTH (month, day, and year) Dec 17 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	20	—	1	27 26

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): Housework
(c) Name of employer: 837 Baltimore

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Bronislaw Gregarek

11 BIRTHPLACE OF FATHER (City or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER A. Moniewska

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Poland

14 Informant Bronislaw Gregarek (Address) 236 S Washington

15 Filed SEP 13 1931 C. HAMPTON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. P. Wagner M.D. Coroner, M. D.

9/16, 1931 (Address) 1802 N Wilson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem DATE OF BURIAL Sept 17 1931

20 UNDERTAKER: F. W. Brazelwski ADDRESS 1806 Eastern Ave

SECTION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

23E 72219

72219

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 E. Monument St. 7-13 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Kallington

(a) Residence: No. 1528 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

3 years

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nettie Kallington

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

PARENTS OF PERSON WHOSE DEATH IS REPORTED

	MOTHER	FATHER
12. BIRTHPLACE (city or town) (State or country)	Ruffin N. C.	
13. NAME	Mary Kallington	
14. BIRTHPLACE (city or town) (State or country)	N. C.	
15. MAIDEN NAME	Mary Bethel	
16. BIRTHPLACE (city or town) (State or country)	N. C.	

17. INFORMANT (Address) Nettie Kallington 1528 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL. Place Draper N.C. Date 7-17 1931

19. UNDERTAKER (Address) Byrd Wright Pierce & Conway St

I. D. 1931 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 15 1931

22. I HEREBY CERTIFY, That I attended, deceased from July 1931 to Sept 15 1931

I last saw him alive on Sept 14 31 1:50A and death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke	July 1931
Other contributory causes of importance: Fibrinous Pleurisy and Pneumonia	July 1931

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E. Monument St

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72220

CERTIFICATE OF DEATH

87 E 72220

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 7-13 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U.S. If of foreign birth? 22 yrs. mos. da.

2. FULL NAME Joseph Skcal - Spacil

(a) Residence: No. Durham & Eager Sts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Aug 27, 866 or 12/1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	16	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, law mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Moravia

13. NAME George Skcal, Joseph

14. BIRTHPLACE (city or town) (State or country) Moravia

15. MAIDEN NAME Theresa Zerazel

16. BIRTHPLACE (city or town) (State or country) Moravia

17. INFORMANT Records of Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Date Sept 16 1931

19. UNDERTAKER [redacted]

(Address)

10/1931 C. PARKSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/1/30, 19, to 9/13/31

I last saw him alive on 9/13/31, 19 death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	4/20/31

Other contributory causes of importance:

Hypertension and Atherosclerosis	Unknown

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul F. Lynch Jr. M. D.

(Address) City Hosp

Spec.—1-30—M. & T.—250 Blks.

E 72221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72221

CERTIFICATE OF DEATH.

119

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 3618 Second ST. 25-75 WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ethel Herget

(a) RESIDENCE NO. 3618 Second ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced (HUSBAND) of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 10, 1931

7 AGE: Years | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Robert A. Herget Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rosa Ellen Lorsen Patto.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Mrs. Rosa Ellen Lorsen 3618 Second St. Brooklyn

Filed SEP 16 1931, 19 Registrar ARW

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 14th, 1931. to Sept. 15th, 1931.

that I last saw her alive on Sept. 15th, 1931.

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Diarrhea (infant)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Guy H. Leroy Esom M. D.

(Address) 563 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept 17 1931

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul St.

Spec.—9-30—A & Co.—250 Blks.

24799
Mrs

JOHNS HOPKINS HOSPITAL

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V

131 B 72222

72222

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 12-19 ST.) (WARD)

2 FULL NAME Phillip Lavoie

(a) RESIDENCE No. 19 E Lanvale ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) unknown 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work decorator

(b) General nature of industry, business, or establishment in which employed (or employer) workhouse

(c) Name of employer workhouse

9 BIRTHPLACE (city or town) (State or country) Canada

PARENTS

10a NAME OF FATHER Charles Lavoie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Louise D'amour

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Canada

14 Informant Canada
(Address) JOHNS HOPKINS HOSPITAL

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-16-31

17 I HEREBY CERTIFY, That I attended deceased from 4-4-, 1931, to 9-16-, 1931

that I last saw h[e] alive on 9-16-, 1931

and that death occurred, on the date stated above, at 7:55 A m.

The CAUSE OF DEATH* was as follows:

Chronic Vascular Nephritis

(duration) 2 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy.

(Signed) Alan Brinton M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 9/18 1931

20 UNDERTAKER J. H. Cook

ADDRESS 1217 E Fayette

Spec.—9 36—A. & Co.—250 Blks.

E 72223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 72223

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals (The.) ST. 16-67 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.)

2 FULL NAME Florence Pape

(a) RESIDENCE NO. 706 N. Edgewood st. ST. WARD

(Usual place of abode) (If non-residents give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Edmond Pape

6 DATE OF BIRTH (month, day, and year) Nov 12 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Harry Zears

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Garnet Breedon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records (Address)

15 Filed SEP 16 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1931, to Sept. 15, 1931

that I last saw her alive on Sept. 15, 1931

and that death occurred, on the date stated above, at 6.20 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Lawrence A. Jones, M. D.

(Address) Baltimore City Hospitals 9-16-31

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Wagner's DATE OF BURIAL 9/18/31

20 UNDERTAKER J. H. Cook ADDRESS 1217 E. Fayette St.

1-30—M. & T.—100 B—50L

72224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 72224

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St.Agnes Hospital ST. 25-72 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME James Cassidy

(a) RESIDENCE NO 5516 Caton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 ?	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman and Male Nurse
(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]
(c) Name of employer: at St.Agnes Hosp.

9 BIRTHPLACE (city or town) (State or country): Albany N.Y.

PARENTS

10 NAME OF FATHER: James Cassidy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Albany N.Y.

12 MAIDEN NAME OF MOTHER: Anna Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Albany N.Y.

14 Informant: William Hughes

(Address): 527 Broadway, Albany, N.Y.

15 Filed SEP 16 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) [illegible] yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

9/16 1931 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Albany, New York

DATE OF BURIAL: Sept 16 1931

UNDERTAKER: John C. Miller

ADDRESS: 2435 E. Oliver St

See instructions on back of certificate. IMPORTANT is very important

AACo. 5-31 2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 X 93 E 73225

Registered No. 73225

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-14 Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ernest J. Donnelly

(a) Residence: No. Westminster, Md. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Ernest J. Donnelly

6. DATE OF BIRTH (month, day, year) April 7, 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	58	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour mill manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clear Spring, Md.

MOTHER FATHER

13. NAME Lacet Donnelly

14. BIRTHPLACE (city or town) (State or country) Clear Spring Md.

15. MAIDEN NAME Margaret Cook

16. BIRTHPLACE (city or town) (State or country) Clear Spring Md.

17. INFORMANT Mrs J. Donnelly
(Address) West minster Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Sept. 19 1931

19. UNDERTAKER Francis Fuss
(Address) Westminster Md

20. FILED SEP 17 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1931, to Sept 16, 1931

I last saw h-- alive on Sept 16, 1931 death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac collapse - supervened on a chronic myocarditis	Sept 15

Other contributory causes of importance:
diverticulitis of sigmoid + ascending colon; rupture of a diverticulum with peritonitis.

Name of operation Explor. laparotomy Date of Sept 12 '31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Martin T. M. D.

(Address) Union Memorial Hosp.

1-30—M. & T.—100 B—50L

E 72226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43-001 E 72226

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 N. Charles St. ST. 12-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Laura C. Middleton

(a) RESIDENCE NO 1924 N. Charles Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 26, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Dr John D. Middleton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Eliza Ennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Connecticut

14 Informant Miss Middleton

(Address) Litchfield Connecticut

15 Filed , 192 H. A. D. JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 14, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy
Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Mowbray, Coroner, M. D.

9/16, 1931 (Address) 562 N Paca

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Sept. 17, 1931

20 UNDERTAKER E. Leroy Stoffler, Inc

ADDRESS 25 E. North Ave

TION is very important See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1944 002 72227

B 72227

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Enroute Hopkins Hospital

CITY OF BALTIMORE: (No. _____ ST., 3-4 WARD)

2-FULL NAME James Banks

(a) RESIDENCE NO _____ ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Banks

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laberer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington, D.C.

PARENTS

10 NAME OF FATHER Abe Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) D.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary Banks
(Address) 207 S. Spring St

15 Filed SEP 7 1931 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 13/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fractured Skull (Vault)
Bale of hay fell on him from loft in stable at 1430 Bank St. Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____, M. D.
Coroner

9/16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury cemery — DATE OF BURIAL Sept. 17 1931

20 UNDERTAKER Edward Bryon — ADDRESS 631 orleans st

TION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 72228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72228

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital St. ..... Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Henry Warne

(a) Residence: No. Parkville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced / HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	0	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkville, Md.

FATHER

13. NAME Andrew Warne

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Jurek

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Margaret Warne
(Address) Parkville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9-17 1931

19. UNDERTAKER Leonard J. Rueck
(Address) 1405 E. Pratt

20. FILED SEP 17 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931 to Sept. 15, 1931

I last saw him alive on Sept 15 1931 death is said to have occurred on the date stated above, at 8:50 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Aug. 25, 1931
Other contributory causes of importance:	
Bronchopneumonia	1 day

Name of operation none Date of

What test confirmed diagnosis Gross & Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Pitts Monroe M. D.

(Address) Lydenham Hospital

C. HARRISON JONES, M.D.

Spec.—8-16-29—L. F. S.—100 Bks.

E 72229

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72229

94-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 44-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1827 Druid Hill ave ST. (WARD)

2—FULL NAME James L. Johnson

(a) RESIDENCE NO. 1827 Druid Hill ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. V mos. V ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Johnson

6 DATE OF BIRTH (month, day, and year) 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer) Office

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Louis Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Lucy Nelson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary B Johnson

(Address) 1827 Druid Hill ave

15 SEP 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 1931, to Sept 14 1931, that I last saw h in alive on Sept 14 1931 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) — yrs. — mos. 1 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis

(duration) 5 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical

(Signed) Chas. J. Keller, M. D.

9/16, 1931 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: Sept 17 31

UNDERTAKER: Samuel H Hemsley — ADDRESS: [illegible]

AdCo. 5-11 2508

E 72230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72230

CERTIFICATE OF DEATH

V 119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 North Gay St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alvina Marie Conrad

(a) Residence: No. 231 North Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) March 25, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Conrad
14. BIRTHPLACE (city or town) (State or country) Latvia

MOTHER

15. MAIDEN NAME Elsie Neumann
16. BIRTHPLACE (city or town) (State or country) Latvia

17. INFORMANT Edward Conrad
(Address) Father

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Sept 18, 1931

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann St.

20. FILED SEP 7 1931, 19.. C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1931, to Sept 16, 1931

I last saw h.. alive on Sept 12, 1931 death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis and Enteritis	Sept.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Hamer, M. D.
(Address) 10 S. Broadway

Spec.—9 30—A. & Co.—250 Blks.

E 72231

E 7223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14-27 (WARD) 92-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 503 N. Vincent St.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Hannah Cure

(a) RESIDENCE NO. 503 N. Vincent St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Howard Cure

6 DATE OF BIRTH (month, day, and year) Mar. 1, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Prince Geo. Co., Md.

PARENTS

10 NAME OF FATHER Edward Holland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prince Geo. Co., Md.

12 MAIDEN NAME OF MOTHER Ella Watkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant Mary Lewis (Address) 503 N. Vincent St.

15 Filed SEP 17 1931, 19 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 15/31

17

I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1931, to Sept. 15, 1931, that I last saw her alive on Sept. 15, 1931, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure, Mitral Insuf.

(duration) Dont know yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) About yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Sept 18, 1931

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS: 3224 Lanvale St.

Spec.—130—M. & T.—250 Bks.

E 72232 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72232

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 413 N Carrollton (Ward) 18-26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Sorrell

(a) RESIDENCE NO. 413 N Carrollton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Carrie Sorrell

6 DATE OF BIRTH (month, day, and year) Dec 24, 1883

7 AGE: Years 47 Months 8 Days 22 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Clothing, Etc

(c) Name of employer Simon Levin

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William Sorrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Edward Snowden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant (Address) Hiram Sorrell 413 N Carrollton Ave

15 Filed SEP 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept, 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931. to Sept 14. 1931. that I last saw him alive on Sept 14. 1931. and that death occurred, on the date stated above, at 6.45 p m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. 7 mos 18 ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Morello, M. D.

, 19 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Sept 17 1931

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 523 N Schroeder St.

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72233

191 ✓

E 72233

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 919 Brevard St St. 11-24 Ward)

2-FULL NAME James Banaghan

(a) RESIDENCE NO. 919 Brevard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	white	married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Delia Banaghan

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	57			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Coachman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Owen Banaghan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Delia Banaghan 919 Brevard St

15 Filed SEP 17 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept6/31 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure- Probably Thermic Fever

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Peter Owens, M. D.

19 (Address) 508 N. North Ave

9/24/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Sept 18 1931
20 UNDERTAKER	ADDRESS
Chas. S. Trace & Son	1811 Eastern Ave

Important. See instructions on back of certificate.

B 72234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 72234

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 S Madeira ST., 1-3 WARD)

2-FULL NAME Frederick Schnell

(a) RESIDENCE NO 210 S. Madeira ST., I WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walburger Schnell

6 DATE OF BIRTH (month, day, and year) Oct 5 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	71	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Tobias Schnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Walburger Schnell

(Address) 210 S. Madeira St

15 Filed SEP 17 1931 By HARRY JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs mos ds

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. Herzog M. D. Coroner

9/V, 19 31 (Address) 305 N Paterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Sept. 18 1931

20 UNDERTAKER: Lilly & Zeiler, Inc.

ADDRESS: 403 S. Wolfe St.

THIS is very important! See instructions on back of certificate.

1-35—M. & T.—100 B—501.

E 72235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 72235

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 523 S Glover ST., 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank H. Wilmering

(a) RESIDENCE NO. 523 S. Glover ST., I WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Wilmering

6 DATE OF BIRTH (month, day, and year) Aug 25 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Wilmering

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Bernard Wilmering (Address) 523 S. Glover St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs mos 1 da

CONTRIBUTORY (Secondary) (duration) yrs mos. da

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. O. Nevegna M.D. Coroner, M. D.

9-14-31 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetary	Sept. 17 1931
20 UNDERTAKER	ADDRESS
Lilly & Zeller Inc.	403 S. Wolfe St.

TION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. P. S.—500 Blks.

E 72236

HEALTH DEPARTMENT—CITY OF BALTIMORE

97 E 72236

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 S Hewkirk ST. 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John G Krecklen

(a) RESIDENCE NO. 420 S. Hewkirk ST. 26 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 4 mos. 10 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of the late Margaret Krecklen
(or WIFE of)

6 DATE OF BIRTH (month, day, and year) Sept

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	8	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Geo Schaffer

9 BIRTHPLACE (city or town) (State or country) Hanover Germany

PARENTS

10 NAME OF FATHER John

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John Krecklen
(Address) 420 S. Hewkirk St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 - 1931

17 I HEREBY CERTIFY, That I attended deceased from March , 1931 , to Sept. 16 , 1931

that I last saw h alive on Sept. 16 , 1931

and that death occurred, on the date stated above, at 7.20 P. m.

The CAUSE OF DEATH* was as follows:

General Arterio-Sclerosis

(duration) 1 yrs mos da.

CONTRIBUTORY (Secondary) Oedema of Lung

(duration) yrs mos 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) H. J. Marr , M. D.

7.17. 1931 (Address) 576 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mathew Cem. DATE OF BURIAL 7/17 1931

20 UNDERTAKER Louis Schmaing ADDRESS 5 S Broadway

Spec.—1-30—M. & T.—250 Blks.

E 72237

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72237

CERTIFICATE OF DEATH.

82-001

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N Patterson Pk St. 16 WARD)

2-FULL NAME Annie L. Baschke

(a) RESIDENCE No. 1813 N Patterson Pk St. 16th WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced — HUSBAND of or) WIFE of Hugo P. Baschke

6 DATE OF BIRTH (month, day, and year) Nov 3-1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Beatzmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Given

13 BIRTHPLACE OF MOTHER (city or town) (State or country) " "

14 Informant Julia Baschke (Address) 1813 N Patterson Pk

15 SEP 17 1931 H. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9th, 1931, to Sept. 16th, 1931, that I last saw her alive on Sept 16th, 1931, and that death occurred, on the date stated above, at 7.30 p. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Nr

Did an operation precede death? Nr Date of

Was there an autopsy? Nr

What test confirmed diagnosis? Examination

(Signed) Michael Slick M. D.

Sept 17, 1931 (Address) 3005 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer, Lot 1 Sec 3

DATE OF BURIAL Sept 19 1931

20 UNDERTAKER Geo M Smith & Son

ADDRESS 811 N Wolfe

AdCo. 5-31 250B

72238 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 72238

CERTIFICATE OF DEATH 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1931 Bank St. 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James L Baker

(a) Residence: No. 1931 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sara J. Baker

6. DATE OF BIRTH (month, day, year) July 20 1854

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	76	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME James L Baker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Dashiell

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Sara J Baker (Address) 1931 Bank St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 19 1931

19. UNDERTAKER W. H. E. Oppelman (Address) 31 E Lanvale St

20. FILED SEP 17 1931, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931 to Sept 16, 1931

I last saw him alive on Sept 16, 1931, and death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9-12-31
Other contributory causes of importance: Acute Bronchitis	8-29-31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. Elliott, M. D.

(Address) 1937 Gough St

1-30—M. S. T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72239

CERTIFICATE OF DEATH

210-001 ✓ E 72239

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE (NO. Mercy Mem Hospital ST. 18-20 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen B. Ihlen

(a) RESIDENCE NO 2013 Maryland ST., WARD
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W | 5 Single, Married, Widowed, or Divorced (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Guy Ihlen

6 DATE OF BIRTH (month, day, and year) July 20 1874

7 AGE Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Saleslady
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS
10 NAME OF FATHER Chr. Beyer
11 BIRTHPLACE OF FATHER (City or town) (State or country) Pa
12 MAIDEN NAME OF MOTHER Matilda Hummel
13 BIRTHPLACE OF MOTHER (City or town) (State or country) Pa

14 Informant Mrs. J. L. Rinehard
(Address) 1024 Lanvale Ave

15 Filed 10CT 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto (duration) hrs. Crushed Liver — Fract. Jaw & Nose — Hemorrhage (duration) min. hrs. mos. da. Shock 20 hrs

18 Where was disease contracted if not at place of death? Calvert 20 hrs
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Clin
(Signed) H. Braun, M. D.
(Address) 2939 W. Eldorado

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL OR REMOVAL West Haven Cem DATE OF BURIAL Sept 19 1931

20 UNDERTAKER Easton & Sons ADDRESS Elliott & Ca

TION is very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Bks.

E 72240 HEALTH DEPARTMENT—CITY OF BALTIMORE 93-003 E 72240

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Beck

(a) RESIDENCE NO. 1200 Valley ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Williams Beck, Do not Know

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 79			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Herman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Little Sisters of the Poor
(Address) 1200 Valley St Baltimore

15 Filed OCT 7 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 15-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 , 19 31 , to Sept 15 , 19 31 ,
that I last saw h alive on Sept 14 , 19 31 ,
and that death occurred, on the date stated above, at 5.15 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? none

What test confirmed diagnosis? none

(Signed) E Gill Hall, M. D.

Sept 1. 19 31 (Address) 1631 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem — DATE OF BURIAL Sept 7 19 31

20 UNDERTAKER J J Doherty & Son — ADDRESS 1318 Light

AaCo. 5-0 2500

(Azzara)

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72241

CERTIFICATE OF DEATH

13 E 72241

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S Ellwood Ave St. 3-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? 28 yrs. mos. ds.

2. FULL NAME Gaetano Azzara

(a) Residence: No. 321 S. Ellwood St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of / WIFE of Liuna Azzara

6. DATE OF BIRTH (month, day, year) March 11 '59

7. AGE	Years	Months	Days	If Less than 1 day, hrs. or min.
	72.	8 6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ink. Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Francisco Azzara

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Tumbello

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Tavano

(Address) 431 Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Sept 20 1931

19. UNDERTAKER Kendall & Stroop

(Address) 3604 Eastern Ave

20. FILED 9-17-1931 C. HAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/15-31

22. I HEREBY CERTIFY, That I attended deceased from Aug 31st 1931 to Sept 15th 1931

I last saw h[illegible] alive on Sept 14 1931 death is said to have occurred on the date stated above, at 11:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis Nephritis uremia	

Other contributory causes of importance:

Dilatation of heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? C Date of injury C 19

Where did injury occur? "
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. C

Manner of injury C

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. J. Tankersley M. D.

(Address) 119 N Milton Ave

AaCo. 5-31 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

72242 13 E 72242

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen'l Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 15-24 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Missouri Shepherd

(a) Residence: No. 2230 Pennsylvania Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Unknown

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Hampton Va

MOTHER FATHER

13. NAME ~~Missouri Shepherd~~ Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Pearl Breckenridge

(Address) 2230 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Date SEP 17 1931

Undertaker Medical College

(Address)

19. UNDERTAKER [illegible] THOMPSON

(Address)

SEP 17 1931 C. THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16-1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 14-1931 to Sept 16. 1931

I last saw her alive on 9-16-1931 death is said to have occurred on the date stated above, at 7 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Cardial Degeneration	1 yr ago

Other contributory causes of importance:

Chron. Nephritis, Arterio Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) W R Boykin, M. D.

(Address) 1512 Gilmor

Spec.—1-30—M. & T.—250 Blks

1931

E 72243 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 72243

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5613 Govans Ave ST. WARD 22-48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William J. Feistel

(a) RESIDENCE NO. 5613 Govans Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX [redacted]

4 COLOR OR RACE White

5 Single, Married, Widowed or Divorced, (write the word) Widower

6 If married, widowed, or divorced WIFE of Nellie Wolfe

6 DATE OF BIRTH (month, day, and year) Dec 11, 1856

7 AGE Years 74 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto

PARENTS

10 NAME OF FATHER William Feistel

11 BIRTHPLACE OF FATHER (City or town) (State or country) U.S. Germany

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 Informant Thomas Feistel (Address) 5613 Govans Ave

15 Filed SEP 17 1931 C. CLAMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Sept 15, 1931, that I last saw him alive on Sept 14, 1931, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) General weakness

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

Sept 16, 1931 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral DATE OF BURIAL Sept 18, 1931

20 UNDERTAKER Rita Riedefeld ADDRESS 914 Greenmt Ave

Spec.—2-29-28—L. F. S.—500 Blks.

Dr. Draine
1327 Mount Royal Blvd.

E 72244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

REGISTERED NO. 19-28

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 Dover ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Morgan Harker Thompson

(a) RESIDENCE NO. 1830 Dover ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jesse May Thompson — see under

6 DATE OF BIRTH (month, day, and year): May 23rd 1878

7 AGE — Years: 53 — Months: 3 — Days: 22 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): 006

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Richard Thompson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Lavinia Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Jesse May Thompson

(Address): 1830 Dover St

Date received 19 CHARLES H. THOMPSON JOHNS, M. D. Registrar

1-7-1931

Post ff

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 14th 1931

17 I HEREBY CERTIFY, That I attended deceased from 9/8/31 to 9/14/31, 19..

that I last saw h.. alive on 9/14/31, 19..

and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

CONTRIBUTORY (Secondary): Arteriosclerosis (duration) yrs. mos. 6 ds.

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Shepherd Dram, M. D.

19 (Address) 1227 Wood's Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount View, Howard Co.

DATE OF BURIAL: 9, 18, 1931

20 UNDERTAKER: Frederick A. Cole

ADDRESS: 2280 W Lombard

Spec.—9-30—A. & Co.—250 Blks

B 72245 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72245

CERTIFICATE OF DEATH. 91-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No St. Jos. Hosp. Corlies & Aisquith Sts

2 FULL NAME Edna Morgan

(a) RESIDENCE NO 2309 (Usual place of abode) Thornwood St. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of / WIFE of Single

6 DATE OF BIRTH (month, day, and year) 5-1-1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1	14/5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Winfield Morgan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Loretta Greenwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant (Address) Mrs M. Bluff 2309 Thornwood Ave

15 1 7 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-15-31

17

I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Sept. 15, 1931.

That I last saw her alive on 3 hrs pm 9/15/1931

and that death occurred, on the date stated above, at 3.20 P.M.

The CAUSE OF DEATH* was as follows:

Acute Bacterial Endocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Dermia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) A B Hendrix M. D.

(Address) Mercy Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery DATE OF BURIAL Sept 18 1931

20 UNDERTAKER Mary M Wedefeld ADDRESS 501 E 32nd St

Spec.—9-30—A. A. Co.—250 Blks.

25710
72216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

72246

REGISTERED NO.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1700 ST. WARD)

2 FULL NAME Geraldine Ashley

(a) RESIDENCE NO. 1102 Druid Hill Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 31, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	05	16	16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Thos Ashley

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Ida Raiff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant JOHNS HOPKINS Records
(Address)

15 1 7 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) SEP 16 1931

17

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1931, to Sept 16, 1931

that I last saw h[illegible] alive on Sept 16, 1931

and that death occurred, on the date stated above, at 2.05 A m.

The CAUSE OF DEATH* was as follows:

Nephrosis
(Tuberculosis, chronic)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumococcus
Peritonitis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) F. C. Goodwin M. D.

4/16 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL 9/18 1931

20 UNDERTAKER Simmons Chase Co. ADDRESS 1537 Pulaski

1-38—M. A. T.—100 B—58L.

E 72247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72247

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2054 E. Hoffman ST. 8-17 WARD)

2-FULL NAME Blanche S. Amick

(a) RESIDENCE NO 2054 E. Hoffman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Amick

6 DATE OF BIRTH (month, day, and year) March 1/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Zink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Charles Amick

(Address) 2045 E. Hoffman St

15 Filed SEP 17 1931, 192 C. HAMPSON JONES, M. D. Registrar

12 PM

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 16/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Insuffiaiency

(Found dead in bed- No "history")

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. Bascom, M. D. Coroner

9/1.19 31 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 9/18 1931

20 UNDERTAKER H. H. Cook

ADDRESS 1219 E. Fayette

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE

1-30—M. A. T.—100 B—581.

Difference

210-001 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

72248 ✕ E 72248

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp ST. 22 WARD 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Johns P Smith

(a) RESIDENCE NO. Chases ST. Park WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Smith

6 DATE OF BIRTH (month, day, and year): 3 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Labour
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: City of Baltimore

9 BIRTHPLACE (city or town) (State or country): Ga

PARENTS

10 NAME OF FATHER: John P Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

14 Informant: Elizabeth Smith

(Address) Chases Park Md

Filed 7 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Fell from truck in which he was riding, wheel passed over him

(duration) Instant yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Rural Ave Pike

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

Signed 9/19/31 L D Frame M. D. Coroner

(Address) 2934 Lord Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery

DATE OF BURIAL: 9/19 1931

20 UNDERTAKER: William Cook

ADDRESS: 217 St Paul

IMPORTANT: See instructions on back of this form before writing.

Spec.—2-23-28—L. F. S.—500 Blks.

(Krow)

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002 V

E 72249

CERTIFICATE OF DEATH

95 E 72249

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3340 Old Frederick Rd. 20-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stephen J. Kron Sr.

(a) RESIDENCE NO. 3340 Old Frederick Rd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emma C. Kron

7 DATE OF BIRTH (month, day, and year): Jan 8 1866

8 AGE — Years: 65 Months: 8 Days: 9 If LESS than 1 day, hrs or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Com Agricultural Chem Co

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Herman Kron

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth Langer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Martin C. Kron

(Address) 2216 E. North Ave

15 Filed 1 7 1931, 19 — C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 26, 1931 to Sept 17, 1931, that I last saw him alive on Sept 17, 1931, and that death occurred, on the date stated above, at 12:45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Cardio. Renal Sclerosis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Embolus

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical + Clinical

(Signed) Eliot W. Johnson, M. D.

9/17/1931 (Address) 3432 Frederick ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 9/21/1931

20 UNDERTAKER: H. W. Cook

ADDRESS: 1217 Lombard

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

72250 — 72250

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward) 4-3

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth 35 yrs. ____ mos. ____ ds.

2. FULL NAME Bessie Sweeny

(a) Residence: No. 2220 Fleet St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Varsity Co.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret O'Hara

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 9/19 1931

19. UNDERTAKER
Address

20. FILED 9/19 1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-16-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-22-31, 19 to 9-16-31, 19

I last saw her alive on 9-16-31, 19 death is said to have occurred on the date stated above, at 12:45 a.m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	
Asthma, Bronchial	5 months

Other contributory causes of importance:

Diabetes - Non insulin 5 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Jos. Hinsdale, M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Blks.

252630 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13-60 L 72251

CERTIFICATE OF DEATH.

72251 JOHNS HOPKINS HOSPITAL

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2-4 ST. WARD)

2 FULL NAME Chester Dobrzycki

(a) RESIDENCE No. 731 S. Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 25-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Chester Dobrzycki

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes Jankowski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Records
(Address)

15 Filed . 19 Registrar

1 17231

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17-1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Sept 17, 1931

that I last saw h[im] alive on Sept 17, 1931

and that death occurred, on the date stated above, at 350 A m.

The CAUSE OF DEATH* was as follows:

Dysentery - bacillary
Dehydration
Delirium

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? none

What test confirmed diagnosis?

(Signed) W. S. Anderson M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 9/19/31

20 UNDERTAKER John J. Weber

ADDRESS 1100 Chester St

Spec.—8-16-29—L. F. S.—100 Bks.

E 72252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 E 72252

REGISTERED NO. 20-69

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 N Eulaski ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Carolyn Million

(a) RESIDENCE NO. 408 N. Eulaski ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 16-1931

7 AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or 23 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Filsmdonis Million

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md.

12 MAIDEN NAME OF MOTHER Bessie V. Wise

13 BIRTHPLACE OF MOTHER (city or town) Tangier Island (State or country) Va.

14 Informant Henry F. & Million

(Address) 408 N. Eulaski St

15 FILED SEP 18 1931, 19 HAMPSON JONES M Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 16 . 1931 . to Sept 17 . 1931 . that I last saw her alive on Sept 16 . 1931 . and that death occurred, on the date stated above, at 4:20 a.m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Size & development of child

(Signed) Chester Piland, M. D.

9-17-1931 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	9/18 19 31
20 UNDERTAKER	ADDRESS
Williams Cook	847 Carey

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 E 72253

72253

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Johns Hopkins Hos. St. 8-13 Ward)

2-FULL NAME Josephine Westcott

(a) RESIDENCE NO. 1503 E. Preston St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 27-1931

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
		6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Rimrod Westcott

11 BIRTHPLACE OF FATHER (city or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Mazie Brown

13 BIRTHPLACE OF MOTHER (city or town) Va.

(State or country)

14 Informant Rimrod Westcott

(Address) 1503 E. Preston St.

15 Filed 10 1931 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition-

Autopsy- Intestinal Ulcers

Rickets? (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) J. H. Helm M. D.

(Coroner)

9/17/31 (Address) 505 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery Date of Burial Sept. 18 1931

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Carrow St.

very important. See instructions on back of certificate.

Cer.—11-9-31—½ Co.—200 Bks.

E 72254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V210-001

E 72254

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospitals) (Ward) 1-3

2-FULL NAME Mr. Louis Christian Farber

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(a) RESIDENCE NO. 512 S. Rose St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced WIFE of Jessina Farber

6 DATE OF BIRTH (month, day, and year) April 12, 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	72	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Germany

(State or country)

PARENTS

10 NAME OF FATHER Louis Farber

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Mr Harry Farber

(Address) 512 S. Rose St

15 Filed ... 19 ... Registrar

SEP 18 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and Autopsy (Inquest or autopsy)

thereon and from the evidence obtained by said Inquest & Autopsy (Inquest or inquiry)

and that ... aforesaid came to ... death on the day stated above.

18 CAUSE OF DEATH was as follows: Struck & Knocked down by auto that passed over auto on Fayette

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Shock & Shock

(duration) yrs. mos. ds.

(Signed) H. H. Frame M. D.

9/18. 1931 (Address) Traffic Bureau

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Watson & Eastern

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Cem Date of Burial 9/17 1931

20 UNDERTAKER Louis Hermann ADDRESS 33 S Broadway

Spec—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

72255

CERTIFICATE OF DEATH.

108 E 72255

REGISTERED NO.

1 PLACE OF DEATH Provident Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No 1514 Division St) (WARD 4th 20)

2 FULL NAME Percola Newson

(a) RESIDENCE NO. 1628 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 1 — Months: 17 — Days: — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Albert Newson

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12 MAIDEN NAME OF MOTHER: Lottie Randolph

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Interment (Address): Albert Newson 1628 McCulloh St

15 Filed 9-17 1931 — HAMP. P. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-16-31

17 I HEREBY CERTIFY, That I attended deceased from 8-30, 1931, to 9-16, 1931

that I last saw h[illegible] alive on 9-16, 1931

and that death occurred, on the date stated above, at 1.00 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos 30 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) G. Leo. McDonald M. D.

(Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Sept 18 1931

20 UNDERTAKER: Archibald A. Saddler

ADDRESS: 1845 No. McCulloh St

1-30—M & T—100 B—50L

E 72256

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72256

95062

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 W. Biddle ST., 11-24 WARD)

2-FULL NAME Kate Sullivan

(a) RESIDENCE NO. 306 W. Biddle ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1/1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary ------

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mary E. McEnery

(Address) 21 Michigan Ave N.E. Wash. D.C.

15 Filed SEP 18 1931 C. Hilton Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) about Sep 1st/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Cause of death undetermined-Probably a cardiac insuffiuency

(Found in her room-Last seen about 2 weeks ago) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) [illegible] M. D. Coroner

9/17/31 19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem

DATE OF BURIAL: Sept. 18 1931

20 UNDERTAKER: Lilly & Zeller Inc

ADDRESS: [illegible]

TION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L

E 72257

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72257 ✓

157-003

CERTIFICATE OF DEATH

17-24

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 543 Moore Alley ST., WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Barksdale

(a) RESIDENCE NO. 543 Moore Alley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER James Barksdale

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Sarah ---

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Sarah Barksdale

(Address) 543 Moore Alley

15 Filed SEP 18 1931 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 16/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Congenital Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos H Pace, M. D.
Coroner

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Cemetery	9-19 1931
20 UNDERTAKER Daniel Easton	ADDRESS 916 Eutaw

TION is very important. See instructions on

1-20—M. & T.—100 B—56L

E 72258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72258

194-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. West Baltimore General ST. 16-68 WARD)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margaret Touchard

(a) RESIDENCE NO 2741 Prospect Ave ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 30/1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	3	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Conrad Touchard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Etta Kelly

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Mrs. Lellie Kelly

(Address) 2725 Mosher St

15 Filed SEP 18 1931 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 16/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Bacillis Gangrene- Accidentall

Stepped on piece glass

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sep 13/31

Was there an autopsy? no

What test confirmed diagnosis? Amputation of Foot

(Signed) _____, M. D. Coroner

9/18/31 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cemetery

UNDERTAKER F. A. Kaufman

DATE OF BURIAL Sept. 19

ADDRESS 603 Edmondson

TION is very important See instructions on back of certificate

AACo. C-11 1929

HEALTH DEPARTMENT—CITY OF BALTIMORE

72259

CERTIFICATE OF DEATH

13 E 72259

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S. Hare St. 1-2 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mary Fl. Bohager

(a) Residence: No. 6 S. Hare St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. Color or race: W. | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced (or) WIFE of: Frank P. R. Bohager

6. DATE OF BIRTH (month day year): Sept 21 1870

7. AGE: Years 60 | Months 11 | Days 25 | If LESS than 1 day hrs or min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Conrad Braitsch

14. BIRTHPLACE (city or town) (State or country): Gamany.

MOTHER

15. MAIDEN NAME: Kaup

16. BIRTHPLACE (city or town) (State or country): Gamany.

17. INFORMANT: Rose Mattes
(Address) 12 S. Hare St.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: Sept 19, 1931

19. UNDERTAKER: John F. Moran
(Address) 3000 E. Baltimore St.

20. FILED: SEP 18 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year): Sept. 15th 1931

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1931 to Sept 15, 1931

I last saw h[illegible] alive on Sept 13, 1931, death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertrophic and chronic nephritis	1926

Other contributory causes of importance:

Acute intestinal toxemia	Sept 15

Name of operation – Date of

What test confirmed diagnosis? – Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—1-12-29—MAT—500 Blks.

E 72260 E 72260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1816 Harlem ave. St. 6-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME J.D. Whitaker

(a) RESIDENCE NO. 1816 Harlem ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie E. W—

6 DATE OF BIRTH (month, day, and year) June 12/62

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 036

(b) General nature of industry, business, or establishment in which employed (or employer) Horse shoer

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Whitaker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Duncan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs Lillie E Whitaker (Address) 1816 Harlem ave

15 Filed SEP 1 1931 19 H. P. JACKSON, M. D. Registrar No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/17/1931

17

I HEREBY CERTIFY, That I attended deceased from 6/1/ 1931 to 9/17/ 1931.

that I last saw h alive on 9/17/ 1931

and that death occurred, on the date stated above at 3a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, chronic interstitial nephritis, mitral regurgitation.

(duration) 2 yrs — mos — ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) S. Lee Magness M. D.

9/17 1931 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	9/19 1931
20 UNDERTAKER W M Couteon	ADDRESS 2238 N Mth

Spec.—9-30—A. & Co.—250 Blks

E 72261

E 72261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 (St.) Franklin (Ward) 17-26 191V

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME George W. Norris

(a) RESIDENCE NO. 704 (St.) Franklin (Ward)
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1838

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93-			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Joseph L. Rudd 704 Franklin

15 Filed SEP 13 1931 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 11, 31

17 I HEREBY CERTIFY, That I attended deceased from Aug 28th 31 to Sept 11 31
that I last saw h[illegible] alive on Aug 28th 31
and that death occurred, on the date stated above, 11:40 A.M.

The CAUSE OF DEATH* was as follows:
Hart Arrhythmia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Senility 7 days
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

19 (Signed) A. Lee Hess M. D.
(Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 TYPE OF BURIAL, CREMATION OR REMOVAL: National Cem. DATE OF BURIAL: Sept 15 31

20 UNDERTAKER: Edmund H. Hemsley ADDRESS: 1518 Eden

Form 1-20—M A T—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

72262 ✓ 9.03 72262

157

72262

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 1202 N. Milton Ave ST. 8-17 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Richard Townsend

(a) RESIDENCE NO. 1202 N Milton Ave ST. 8 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 7 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Andrew W Townsend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Gertrude L Ambrosius

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs Ambrosius

(Address) 1202 N Milton Ave

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 7 1931 to Sept 17 1931, that I last saw him alive on Sept 17 1931, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation
(16½ mos Duration)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) I F Herzog md M. D.

Sept 17 1931 (Address) 5305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept 19 1931

20 UNDERTAKER John F. Denny

ADDRESS 715 Light St

LOCAL REGISTRAR'S RECORD

Spec.—9-30—A. & Co.—250 Blks

E 72263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72263

CERTIFICATE OF DEATH

54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 4 E. Fitting 2333 (Ward)

2 FULL NAME Annie J. Sands

(a) RESIDENCE NO. 1 H C. Fitting St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or Town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm C Sands

6 DATE OF BIRTH (month, day, and year): April 30 1864

7 AGE: Years 67 | Months 4 | Days 15 | If LESS than 1 day, hrs. or min. 16

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Adolph Hennies

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Emma M. Marks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Australia

14 Informant (Address): Mrs Lena Bowers 4 E Fitting St.

15 Filed SEP 17 1931

16 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 15th 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 4th 1930 to Sept 15th 1931

that I last saw her alive on Sept 15th 1931

and that death occurred, on the date stated above, at 4 30 P. M.

The CAUSE OF DEATH* was as follows:

Hepatitis and chronic nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Diabetes coma

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings.

(Signed) Dorothy Peirce M. D.

9/16 1931 (Address) 1304 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery.

DATE OF BURIAL: Sept 18 1931

UNDERTAKER: Margaret S. Flynn

ADDRESS: 14 W Light St

1-30—M. & T.—100 B—50L.

72264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001 E 72264

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 William St. ST. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton R. Hamlen.

(a) RESIDENCE NO 1019 William St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Dec. 28, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Hamlen.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Sarah Cloud.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Albert Hamlen. (brother)
(Address) 1019 William St.

15 Filed ..... 192 C. HAMPTON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 15, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Quinsy.
Oedema of the Glottis.
Dyspnoea.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt Coroner, M. D.

9/16 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Sept 19 1931

UNDERTAKER John F Dennis

ADDRESS 745 Lombard St

TION is very important See instructions on back of certificate.

AaCo. 5-31 2408

E 72265

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72265

CERTIFICATE OF DEATH

1121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1609 Aisquith Street St. 9-14 (Ward)

Length of residence in city or town where death occurred 7 yrs. mos ds. How long in U.S. If of foreign birth 50 yrs mos ds.

2. FULL NAME Frank Brosh

(a) Residence: No. 1609 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Brosh

6. DATE OF BIRTH (month, day, year) 12-4-1856

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
74	9	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jennie Bauer
(Address) 1609 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/19 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED SEP 19 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1931, to Sept 19th, 1931
I last saw h[illegible] alive on Sept 17th 1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar Right	
Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D.
(Address) [illegible]

Spec—9-30—A. & Co.—250 Blks

E 72266

E 72266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

241

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St. Joseph's Hosp. St. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louis Dibstefano

(a) RESIDENCE NO. 914 E Madison St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3/19/1926

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	5	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Ottavio D. Stefano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Leonarda Stefano

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Ottavio D. Stefano 914 E Madison St

15 Filed SEP 18 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/A 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1931, to Sept 18, 1931

that I last saw he alive on Sept 18, 1931

and that death occurred, on the date stated above, at 6 A M

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Tuberculous Meningitis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Probably from milk

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory

(Signed) G. M. Bigenwald M.D.

, 19 (Address) St. Joseph's Hosp. Balt.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 9/21/31

20 UNDERTAKER Henry J. Kelly Inc

ADDRESS 1135 Fawn

1-20—M. & T.—100 B—7-31.

E 72267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Dead on arrival at St. Joseph Hospital ST. 8-17 WARD)

2-FULL NAME George Hargrave

(a) RESIDENCE NO. 1837 N. Regester ST., _____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hilma L. (Calson)

6 DATE OF BIRTH (month, day, and year) Nov 14/1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Storekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) Soda & soft drinks
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Alda E. Hargrave

(Address) 1837 N. Regester St

15 Filed SEP 19 1931 192 C. HAMPSON JONES, M. D. Registrar

By _____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 16/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficie ncy

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) "History" of Angina Pectoris - 1s

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____ Coroner, M. D.

9/16/31 19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 9/14/31

20 UNDERTAKER George J. Roth & Co

ADDRESS 1733 Hoyt Ave

THIS is very important. See instructions on the back

Spec.—9-30—A. & Co.—250 Blks

72268 HEALTH DEPARTMENT—CITY OF BALTIMORE 72268

CERTIFICATE OF DEATH 23

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay. City Hosp. (Street) 16-22 (Ward)

2 FULL NAME Rosalie Dice

(a) RESIDENCE NO. 616 N. Arlington Ave ST.: _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ½ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	30			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St Thomas Virgin Islands

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Thomas

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Thomas

14 Informant (Address) Rosa M. Smith New York

15 Filed 4-21 1931 C. H. Parker Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/16/31

17 I HEREBY CERTIFY, That I attended deceased from 4-2, 1931, to 4-16, 1931, that I last saw h alive on 4-16-31, 19__, and that death occurred, on the date stated above, at 5.45 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) 1 C Laryngitis
1 C enteritis
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? T. Reg. Lab.

(Signed) Laurence H. Sears M. D.

4/17, 1931 (Address) B C H

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery DATE OF BURIAL 4-21 1931

20 UNDERTAKER: Jones & Smith ADDRESS 1735 E. Oliver St

AdCo. 5-31 2500

E 72269 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

23 E 72269

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 N Eden St. 5-8 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Horsey

(a) Residence: No. 536 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Bertha Horsey

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on Stockade
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selling Produce
10. Date deceased last worked at this occupation (month and year) June 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

FATHER

13. NAME John W. Horsey
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Barber
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Horsey (Wife)
(Address) 536 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Antrim Cem Date 9-20 1931

19. UNDERTAKER Byron Knight
(Address) 121 one Eldersburg Md

20. FILED SEP 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1931 to Sept 17, 1931

I last saw him alive on Sept 16 1931 death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis	June 1931
Pleurisy	about 1 year

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Sputum Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 Monument St

1-30—M. & T.—100 B—50L.

E 72270 ✓ E 72270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72270 210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hosp ST. 26-1 WARD)

2-FULL NAME Howd Brandt

(a) RESIDENCE NO 824 S. Highland ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 29-1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	7	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Leroy E Brandt

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Mary V Reckenhofer

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant Leroy E Brandt

(Address) 824 S Highland Ave

15 Filed, 192 Registrar

U. HAMPSON JONES,

SEP 1 6 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) I find that said deceased came to death on the day stated above.

18 CAUSE OF DEATH* was as follows: While trying to hop on back of bus it slipped & fell under rear wheel (L. Ho)

(Duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Jones Falls

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H Brown Coffin Corner, M. D.

(Address) 2939 Elder

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Sept 19 1931
20 UNDERTAKER George W Zirkler	ADDRESS 1737 E. Eager St

FOR is very important. See instructions on back of

Cor.—12-9-25—A Co.—200 Blks.

E 72271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

194-002 E 72271

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE. (No. Mercy Hospital Ward 10-14)

2-FULL NAME Joseph Stiner Brown

(a) RESIDENCE NO. 739 Stirling St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rosa Brown

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE: Years: 47 Months: Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Consolidated Eng. Co.

9 BIRTHPLACE (City or town): W. Va.

(State or country)

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country): W. Va.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): unknown

14 Informant: Rosa Brown

(Address) 739 Stirling St.

15 SEP 13 1931 H. HAMPSON Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 7 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: *Fracture of L.4.5.(6th Rib) R. side Lacerating of L. & R. Pericardium & Heart & Pericardium accident

Duration yrs. mos. ds.

CONTRIBUTORY (Secondary) Extravasation of Blood into Lung

Duration yrs. mos. ds.

(Signed) James M Hanlon M. D. (Coroner)

9/8. 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill. Date of Burial: Sept. 20 1931

20 UNDERTAKER: Chas. W. Johnson ADDRESS: 461 Carlton St.

Fill in all items. See instructions on back of certificate. Very important.

AsCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72272

CERTIFICATE OF DEATH

1/31

E 72272

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 10-14 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Durand (Albert Durand)

(a) Residence: No. 800 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1852

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	79	2	1	29 ?

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer-Hotel Supplies

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) France

13. NAME Francis Durand

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Hamet ?

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr. Eugene C. Trinite
(Address) 2918 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept. 19 19 31

19. UNDERTAKER [illegible]
(Address) 1063 [illegible]

20. FILED SEP 19 1931 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from September 10, 1931, to September 19, 1931

I last saw h[illegible] alive on September 14, 1931, death is said to have occurred on the date stated above, at 11:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?

(Other contributory causes of importance:

Broncho Pneumonia	Sept 18?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Simon Bruger, M. D.

(Address) Mercy Hospital

ADCo. 5-31-200

72273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X E 72273

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 1-2 Ward) 124-0127

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Wozniak

(a) Residence: No. 935 Ridgely St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (Write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18 1876

7. AGE — Years 54 | Months 9 | Days 0 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Po.

MOTHER FATHER

13. NAME Granville Young

14. BIRTHPLACE (city or town) (State or country) Po.

15. MAIDEN NAME Lydia Cassaby

16. BIRTHPLACE (city or town) (State or country) Po.

17. INFORMANT Fred Mountain
(Address) 5747 Pimlico Rd. Balto. Md.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place New York Date Sept 21 1931

19. UNDERTAKER Geo. Eyrich & Son
(Address) New York.

20. DATE 9-1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1931, to Sept. 18, 1931

I last saw him alive on Sept 15, 1931 death is said to have occurred on the date stated above, at 7:20 Am

The principal cause of death and related causes of importance were as follows:

Pontine Carcinoma — Date of onset May 1931

Other contributory causes of importance:

Broncho-Pneumonia — Sept. 11

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) University Hosp.

Apvo.—1-10-31—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72274

72274

CERTIFICATE OF DEATH.

REGISTERED NO. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 322 N Calhoun ST. (WARD) 19-28

2—FULL NAME Katie O Thomas

1a RESIDENCE NO. 322 N Calhoun ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct 8-1883

7 AGE: Years 47; Months 11; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED:

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 670

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Willard Thomas

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Thomas

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Willard B. Thomas Newport News Va

15 Filed 1931 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/11/1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931 to Sept 11, 1931.

that I last saw him alive on Sept 11, 1931

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted (if not at place of death)

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard Dain M. D.

, 19 (Address) 1415 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem

DATE OF BURIAL: Sept 13 1931

20 UNDERTAKER: W A Jones

ADDRESS: 111 E Lanvale

THION is very important See instructions on back

AdCo. 631 2M8

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 L 72275

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL 13-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Brown

(a) Residence: No. 4 C Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): —

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE: Years | Months 2 1/2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Kelly

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL SEP 18 1931

Place John Hopkins Med Coll

19. UNDERTAKER (Address)

20. FILED SEP 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 12 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 19 31 to Sept 12, 19 31

I last saw h alive on Sept 12 19 31 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Diarrhea & Enteritis under 2 yrs. — Date of onset

Other contributory causes of importance: acidosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159 D 72276

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. E-13 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Baby Girl Chatfield

(a) Residence: No. 951 S. Chapel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 2 - 31

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
		11 days	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

MOTHER FATHER

13. NAME Anderson

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Lillian Chatfield

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL SEP 18 1931
Place Mount Medley

19. UNDERTAKER
(Address)

FILED SEP 18 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-13 1931

22. I HEREBY CERTIFY, That I attended deceased from September 3 1931 to Sept-13 1931

I last saw her alive on Sept 13 1931 death is said to have occurred on the date stated above, at 7-50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Bronchopneumonia	9-10-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. L. Anderson, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-29—A & Co—250 Blks

L 72277 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 72277

CERTIFICATE OF DEATH 131

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 444 E 22nd St. ST. 9-46 WARD)

2 FULL NAME Catherine A Glynn

(a) RESIDENCE NO. 444 E 22nd St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city of town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 7, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS
10 NAME OF FATHER: John S. Glynn
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Ellen Daley
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Miss A Glynn 444 E 22nd St.

15 Filed 19 1931 19 C. RAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1931, to Sept 17, 1931
that I last saw h— alive on Sept 17, 1931
and that death occurred, on the date stated above, at 5:20 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis with Arteriosclerosis (duration) Years
CONTRIBUTORY (secondary) Edema (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Phys. Examination

(Signed) Peter F. Dineen M. D.
9/18 19 31 (Address) 504 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 19 1931

20 UNDERTAKER: Martin Daley & Sons — ADDRESS: 1827 W Baltimore

Spec.—9 20—A. & Co.—250 Blks

72278 HEALTH DEPARTMENT—CITY OF BALTIMORE 72278

JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH X 54-004

1 PLACE OF DEATH

CITY OF BALTIMORE (No 7-9 St (WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Myers

(a) RESIDENCE NO Salem Va St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 2 3 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edw Page Mayo Jr

6 DATE OF BIRTH (month, day, and year) (1892)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Salem Va

PARENTS
10 NAME OF FATHER Edward Walter Hood
11 BIRTHPLACE OF FATHER (city or town) (State or country): Roanoke Co Va
12 MAIDEN NAME OF MOTHER Helen Bickford
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Jr

14 Interment Records
(Address) JOHNS HOPKINS HOSPITAL

15 Filed SEP 19 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18-1931

17
I HEREBY CERTIFY, That I attended deceased from
Sept 16, 1931, to Sept. 18, 1931
that I last saw h[illegible] alive on Sept 18, 1931
and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:
Brain Tumor - Dural Endothelioma non-malignant

(duration) 3 yrs mos ds.

CONTRIBUTORY (Secondary) None
(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? not known.
Left Craniotomy
Did an operation precede death? yes Date of 9-17-31
Was there an autopsy? yes
What test confirmed diagnosis? operation
(Signed) Fred W. Veit M. D.
19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Salem Va
DATE OF BURIAL: 9/18 1931

20 UNDERTAKER: Joseph Ahern
ADDRESS 291 N. Broadway

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72279

CERTIFICATE OF DEATH.

131 E 72279

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3906 Parkside Drive) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Julian M. Tompkins

(a) RESIDENCE NO. 3906 Parkside Drive Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Tompkins

6 DATE OF BIRTH (month, day, and year): April 1844

7 AGE: Years 90; Months 5; Days; IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10 NAME OF FATHER: Coles Tompkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER: Elizabeth Sidwell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant (Address): Chas. J. Roth 3906 Parkside Drive

15 Filed 9/19 1931 C. RAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/17 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4 1931, to Sept 17, 1931, that I last saw him alive on Sept 17, 1931, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Arteriosclerosis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis (duration) 5 yrs. mos. ds.

If there was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Geo. L. Zimmerman M. D.

9/17, 1931 (Address) 2858 Hanford Rd

*State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery Date of Burial 9/19 1931

20 UNDERTAKER: Wm Cork ADDRESS 121 St Paul St

Certificates. See instructions on back of certificate. very important.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72280

CERTIFICATE OF DEATH.

82-E 72280

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2878 Woodbrook Av ST. 15-68 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret R Clark.

(a) RESIDENCE No. 2878 Woodbrook Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George R Clark

6 DATE OF BIRTH (month, day, and year): Nov 7. 1875

7 AGE — Years: 55 — Months: 10 — Days: 10 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Manager of Lunch Room

(b) General nature of industry, business, or establishment in which employed (or employer): L. M. Levey

(c) Name of employer: L. M. Levey

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Walter C Clark 2878 Woodbrook Ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

Per nrs

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 17 1931

17 I HEREBY CERTIFY, That I attended deceased from — , 1924 , to Sept 17 , 1931 ,

that I last saw h[illegible] alive on Sept 17 , 1931 ,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. Suddenly mos. dys.

CONTRIBUTORY (Secondary) Arteriosclerosis —

(duration) yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) M Bernardstock, M. D.

9/17, 1931 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 9/19 1931

20 UNDERTAKER: A M Cook — ADDRESS: 1214 Cathedral

THION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 72281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 107-001

E 72281

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. ST. 26-37 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry L. Taylor

(a) RESIDENCE NO. Parent P. C. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Salesman
Oil

9 BIRTHPLACE (city or town) (State or country) Parent P. C.

PARENTS

10 NAME OF FATHER Harry L. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Parent P. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Parent P. C.

14 Informant Mary A. Taylor

(Address) Parent P. C.

15 Filed 6/3/31 (Sgd.) HARRISON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13-31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest & Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) Contracted yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) C. O'Kerogyrad, M. D. Coroner

6/18, 1931 (Address) 1305 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parent P. C., Sept	19 31
20 UNDERTAKER John C. Miller	ADDRESS 35 E. Oliver

TION is very important. See instructions on back

Spec.—2-29-28—L. F. S.—500 Bks.

E 72282

HEALTH DEPARTMENT—CITY OF BALTIMORE

V-001

82

E 72282

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1035 Edmondson ST. 16-7 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida. B. Butler

(a) RESIDENCE NO. 1035 Edmondson ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm L. Butler

6 DATE OF BIRTH (month, day, and year) 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	56			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Geo. Lewis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Elizabeth Winston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Kate Hill

(Address) 1035 Edmondson

15 Filed SEP 19 1931 19 H. A. HAWKINS JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 16-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 19 31 to Sept 16, 19 31.

that I last saw her alive on Sept 16, 19 31 and that death occurred, on the date stated above, at 10.30 PM

The CAUSE OF DEATH* was as follows:

Paralysis Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) C. H. Fowler, M. D.

Sept 19 31 (Address) 1125 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Sept 19 31

20 UNDERTAKER John H. Joachim

ADDRESS 1027 Hull

E 72283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72283

CERTIFICATE OF DEATH.

Registered No. C

1-PLACE OF DEATH
City of BALTIMORE: (No.) 36-38 Maryland Ave. (St.) Ward 13-52

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Corder.

(Residence in Baltimore: No.) 3646 Beech ave (St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-~~Single~~ ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (Write the word.): Married

6-DATE OF BIRTH: April (Month) 19 (Day) 1869 (Year)

7-AGE: 62 yrs. 4 mos. 27 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Color + Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): C&O

9-BIRTHPLACE (State or Country): Warren Co. Va.

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (State or Country): Va.

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (State or Country): Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) John H. Corder (son)
(Address) 3646 Beech ave.

15-
Filed SEP 19 1931
C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16-DATE OF DEATH: Sept. (Month) 16 (Day) 1931 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and ~~from~~ find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH was as follows: Cerebro-cranial Contusion & Injuries Struck by Md & Penn R.R. Train Accidental

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) John H. Rossiter (Coroner) M. D.

9/17 1931 (Address) 632 E. Baltimore

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: St Mary's Cem. Frankford DATE OF BURIAL: Sept 19 1931

20-UNDERTAKER: Walter Davis ADDRESS 3418 E. Eastern Ave.

1-30—M. & T.—100 B—501.

E 72284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72284

210-001

REGISTERED NO. 16-325

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Womans Hosp. Bolton St. & North Ave ST. (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Louisa Gibbs

(a) RESIDENCE NO 905 N. Fulton Avenue ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	79	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Georgetown Washington, D. C.

PARENTS

10 NAME OF FATHER James B. Gibbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charleston South Carolina

12 MAIDEN NAME OF MOTHER Louisa Burbridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cumberland Maryland

14 Informant Hallie Caldwell Bullard
(Address) Mt. Vernon, New York

15 Filed SEPT 9 1931 G. W. SANDERS Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Struck and Knocked down by a moving auto truck
(Duration) yrs mos ds

CONTRIBUTORY (Secondary) C. C. Post Box Mfg Co Post Return Shade
(Duration) yrs mos ds

18 Where was disease contracted if not at place of death? in front of 806 N Mitch

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L S Frame, M. D. Coroner

9/16, 1931 (Address) 2939 W Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill Cemetery, Wash. D. C.
DATE OF BURIAL: 9/21 1931

20 UNDERTAKER: Wendy B. Myers & Son
ADDRESS: 805 W. Calvert

TION is very important! See instructions on back of

Spec.—12-9-25—A Co.—200 Bks.

E 72285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1931 E 72285

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No.) 134 N. 25th St. 12-51 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carmela Di Paula.

(a) RESIDENCE NO. 134 N 25th St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced, (or) WIFE of: Joseph. Di Paula.

6 DATE OF BIRTH (month, day, and year): May 14 1860

7 AGE: Years 71 Months 4 Days 3 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: at home

9 BIRTHPLACE (city or town)

(State or country): Italy

PARENTS

10 NAME OF FATHER: Didifi Diedi

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Italy

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Italy

14 Informant (Address): Chas. Di Paula. 134 N 25th St.

Filed SEP 9 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 17 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1931, to Sept. 17. 1931, that I last saw her alive on Sept 17 1931, and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis and Myocarditis 3 yrs. (duration) not known

CONTRIBUTORY (Secondary) Heat Exhaustion 3 (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual tests. Lab.

(Signed) Edmund P. Smith, M. D.

9/17. 1931 (Address) 920 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial 9-21 1931

UNDERTAKER: Bernard C Kade ADDRESS 1000 E Pres St

very important. See instructions on back of certificates.

1-50—M. & T.—100 B—501.

E 72286

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 72286

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 Colvin ST. 5-8 WARD)

2-FULL NAME Leonard Jones

(a) RESIDENCE NO 421 Colvin ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Colrd	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola Jones

6 DATE OF BIRTH (month, day, and year) Sept 11 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Unknown
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Alec Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Emma Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant Viola Jones
(Address) 24 N Bond

15 Filed Sep 19 1931 192 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

Probably (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Barnes M Denton Coroner, M. D.

9-14-1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: 9-17 1931

20 UNDERTAKER: Arrow Wright & Hall

ADDRESS: 1211 Pennsylvania Ave

AaCo. 1-31 2M8

E 72287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72287

CERTIFICATE OF DEATH

34

11-24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Upton Hosp St. ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Julius Wilson

(a) Residence: No. 1214 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	32	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centreville,
(State or country) Queen Anne Co, Md

FATHER

13. NAME Walter Wilson
14. BIRTHPLACE (city or town)
(State or country) Md

MOTHER

15. MAIDEN NAME Katie Handy
16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Walter Wilson
(Address) Centreville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 19, 1931

19. UNDERTAKER Mrs Katie R Williams
(Address) 3224 Edgewater St

20. Filed SEP 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/16/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/17/31, 19, to 9/16/31, 19

I last saw h alive on 9/16/31, 19 death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar pneumonia	8/17/31
(b) Syphilitic Aortitis	
(c)	
(d)	

Other contributory causes of importance: Cardiac decompensation 9/13/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Hamaker, M. D.

(Address) University Hosp.

Cor.—10-18-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 72288 8 92-001 B 72288

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Bayview Memorial Hospital 9-14-29 Ward

2-FULL NAME Thomas Buxton

(a) RESIDENCE NO. 626 Hooker st St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Married

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucie

6 DATE OF BIRTH (month, day, and year) ? 1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	40 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia U.S.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Fanny Wagner 1131 Eden St

15 Filed 19 T. Hamilton Johns M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/15 1929

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, Inquiry or Autopsy) thereon and from the evidence obtained by said Investigation, Inquest, Inquiry or Autopsy find that said deceased came to h... death on the day stated above.

The "CAUSE OF DEATH" was as follows:

Tabes Dorsalis
Duration 8 Years

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. H. Johns M. D.

9/17 1929 (Address) 1032 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Bayt. Auburn	9/19 1929

20 UNDERTAKER Wm. Geo. A. Holland ADDRESS 1101 Druid Hill Ave

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

252588 HEALTH DEPARTMENT—CITY OF BALTIMORE 72289

CERTIFICATE OF DEATH

82-06

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 21-31 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Jackson

(a) RESIDENCE NO. 922 Warner ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	black	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 14-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer) " 087

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sibilma Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Friends
(Address)

15 Filed . 19 , 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17-31

17 I HEREBY CERTIFY, That I attended deceased from 9-15-, 1931, to 9-17-1931

That I last saw h alive on 9-17-1931

and that death occurred, on the date stated above, at 6.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY —
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Not confirmed (Coroner's case)

(Signed) John Howard M. D.

. 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
Mutual Maryland Sept 21 1931

20 UNDERTAKER — ADDRESS
Joseph A. Lively 409 N. Mount St

Spec.—9-30—A. A Co.—250 Blks.

T2290 HEALTH DEPARTMENT—CITY OF BALTIMORE T2290

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Agnes Hospital 25-72 REGISTERED NO

CITY OF BALTIMORE: (No. Catons r Williams Ave WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Francis Nicholas

(a) RESIDENCE NO. Sykesville Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 17-1915

7 AGE: Years 15 — Months 11 — Days 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmhand
(b) General nature of industry, business, or establishment in which employed (or employer): by Father do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co.

PARENTS

10 NAME OF FATHER: Charles Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltor. Md

12 MAIDEN NAME OF MOTHER: Myrtle Mercinas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co.

14 Interment (Address): Charles Nicholas Sykesville Md

15 Filed 2-0-1931 16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 18. 1931

17 I HEREBY CERTIFY, That I attended deceased from 9-16 19 31 to 9-18 19 31

that I last saw h in alive on 9-18 19 31

and that death occurred, on the date stated above, at 1-50 A.m.

The CAUSE OF DEATH* was as follows: Post Operative Paralytic ileus D to peritonitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Obstruction due to peritonitis 5 ds

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9-16-31

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Francis Foster M. D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Family Hanover — DATE OF BURIAL: Sept 20 1931

20 UNDERTAKER: Frank A. Hurle — ADDRESS: Sykesville

Spec.—9-30—A. & Co.—250 Blks.

~~E 72291~~ HEALTH DEPARTMENT—CITY OF BALTIMORE E. 72291

E. 72291

CERTIFICATE OF DEATH

24

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No 6-9 St. (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ruth Boyd

(a) RESIDENCE NO. 411 N. Dallas ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Baby

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6-8-30

7 AGE: Years 1 | Months 15 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER Warren Boyd
11 BIRTHPLACE OF FATHER (city or town) (State or country): N.C
12 MAIDEN NAME OF MOTHER Martha Leathers
13 BIRTHPLACE OF MOTHER (city or town) (State or country): N.C.

14 Informant (Address) Records Johns Hopkins Hospital

15 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18-1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931, to Sept 18, 1931
that I last saw her alive on Sept 18, 1931
and that death occurred, on the date stated above, at 10.40 P M.
The CAUSE OF DEATH* was as follows:
Meningitis, tuberculous

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? No. Date of —
Was there an autopsy? Yes.
What test confirmed diagnosis?
(Signed) W. S. Anderson M. D.
(Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbury Laurel Cem. | DATE OF BURIAL: Sept. 21 1931

20 UNDERTAKER: Jno. J. Locke | ADDRESS 1302 Jeffer

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1851 W Fayette St, 90-27 Ward)

Registered No. 72292

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME (~~Grace~~ Sonie Kaplan) Sonie Kaplan

(a) Residence: No. 1851 W. Fayette St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~Grace~~ Isaac Kaplan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Isaac Kaplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irene E Katz

(Address) 1731 E Balt

18. BURIAL, CREMATION, OR REMOVAL Place Mount Wolfe Date 9-20- 1931

19. UNDERTAKER Jacob Kurn Jr

(Address) 1731 E Balt St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Sep 11 1931 to Sep 18 1931

I last saw her alive on Sep 18 1931 Death is said to have occurred on the date stated above, at 12:5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
2 yrs	

Other contributory causes of importance: Cardiac dilatation

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm H Baylis M.D.

(Address) 2020 Eutaw Pl

HAMPSON JONES M.D.

Spec.—1-30—M. & T.—250 Bks.

72293

HEALTH DEPARTMENT—CITY OF BALTIMORE

72293

CERTIFICATE OF DEATH.

1931

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 E Chase ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patrick Howard

(a) RESIDENCE NO. 1907 E Chase ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 13-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Michael Howard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Eliz Glancy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs Mary Howard

(Address) 1907 E Chase

15 Filed Sept 20 1931 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 . 1931 . to Sept 17 . 1931 . that I last saw h— alive on Sept 16 . 1931 . and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Coma (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E W White-Dr M. D.

9/18. 1931 (Address) 2800 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Sept 21 1931

20 UNDERTAKER Geo M. Smith & Son — ADDRESS 811 W Lex St

1-20—M & T—100 B—50L

E 72294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 72294

REGISTERED NO. _____

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Brendan Ave ST., 26-40 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John J. McDonough

(a) RESIDENCE NO 3100 Brendan Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. McDonough

6 DATE OF BIRTH (month, day, and year) June 18/1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 073
(b) General nature of industry, business, or establishment in which employed (or employer) R.R. Employee
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wheeling, W.Va.

PARENTS

10 NAME OF FATHER James McDonough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Walts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Elizabeth Flynn

(Address) 3100 Brendan Ave

15 Filed 9 20 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 18/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopay or inquiry) thereon and from the evidence obtained by said (Inquest, autopay or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

9/19/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Sept 21 19 31
20 UNDERTAKER Geo M. Smith & Son	ADDRESS 811 W. Lexington

IMPORTANT—See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

72295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 No. 72295

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1909 Ashland Av ST. 7-13 WARD)

2 FULL NAME Frances Nickel

(a) RESIDENCE NO. 1909 Ashland Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Nickel

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Frank Conrad

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia

12 MAIDEN NAME OF MOTHER Sophia Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Interment (Address) Mary Rest 1909 Ashland Av

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 17 31

17

I HEREBY CERTIFY, That I attended deceased from Sept 1 19 31 to Sept 17 19 31

that I last saw h Sr alive on Sept 17 19 31

and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 17 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Collapse

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William R Deane R M. D.

719 E 18 (Address) 80 S Kenwood Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Sept 21 1931

20 UNDERTAKER Frank E. Dee & Son 1906 E Monument

ADDRESS

AdCo. 5-31 250B

72296

HEALTH DEPARTMENT—CITY OF BALTIMORE

72296

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. Milton Ave St., 7-17 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S. If of foreign birth? 41 yrs. mos. ds.

2. FULL NAME Emma Soul

(a) Residence: No. 814 N. Milton Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Soul

6. DATE OF BIRTH (month, day, year) Sept 28, 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	57	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER FATHER

13. NAME Joseph Block

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Marie Steinanek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Thomas Soul
(Address) 814 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 21, 1931

19. UNDERTAKER Frank Brockdorf
(Address) 1906 Eutaw Ave

Sept 20 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to Sept 18, 1931
last saw h[illegible] alive on Sept 17, 1931 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pyo-Salpinx	June 1-31
Diabetes	
Anaemia	

Other contributory causes of importance:
acute Cardial Dilatation

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

9/19-31 (Address) 660 Park Ave

Spec.—9-30—A. & Co.—250 Blks.

72297

HEALTH DEPARTMENT—CITY OF BALTIMORE

62 B 72297

CERTIFICATE OF DEATH.

1 PLACE OF DEATH Provident Hosp. 13

CITY OF BALTIMORE: (No 1514 Division St (or WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bertha Johnson

(a) RESIDENCE NO. 1740 E. Oakland Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	34			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Wm. E. Brann 1740 Oakland Ave.

15 Filed ___, 19___ C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-17-31

17

I HEREBY CERTIFY, That I attended deceased from 7-29-, 1931, to 9-17-, 1931

That I last saw her alive on 9-17-, 1931

and that death occurred, on the date stated above, at 7 19 A. m.

The CAUSE OF DEATH* was as follows:

Pellagra

(duration) Unknown yrs.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. George McDonald M. D.

9-17-1931 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary.	1931
20 UNDERTAKER Mrs. R. A. Elliott	ADDRESS 1320 Eutaw

1-30—M. & T.—100 B—501.

E 72298

HEALTH DEPARTMENT—CITY OF BALTIMORE

35 E 72298

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 69 (WARD)

2-FULL NAME Samuel Skerritt

(a) RESIDENCE NO. 406 N. Bethel ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16/1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) New York City

PARENTS

10 NAME OF FATHER Reynold Skerritt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St. Kitts, B.W.I.

12 MAIDEN NAME OF MOTHER Rachel Gatewood

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Georgia

14 Informant Mrs. Robt Elliott

(Address) 1721 Eoland Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 17/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uremia-Retention of urine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Urethral Stricture

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? drainage Date of Sep 17/31

Did an operation precede death?

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Bacon, M. D.
Coroner

9/19/31 (Address) 1001 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL Sept 20 31

20 UNDERTAKER Mrs. R. G. Elliott

ADDRESS 1725 Eoland Ave

TION is very important. See instructions on the

2 0 1 5

1-30—M. & T.—100 B—59L

E 72299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72299

REGISTERED NO. 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. Provident Hospital ST. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Jesse Lee Boland, Jr.

(a) RESIDENCE NO Farmville, Va. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 27/1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roanoke, Va

PARENTS

10 NAME OF FATHER Jesse Lee Boland, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Roanoke, Va.

12 MAIDEN NAME OF MOTHER Bernice L. Coles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Farmville, Va.

14 Informant Jesse Lee Boland, Sr. (Address) Farmville, Va.

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning
Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hammelle Va. DATE OF BURIAL Sept 20, 1931

20 UNDERTAKER Mrs. R. G. Elliott ADDRESS 17 Leland

TION is very important See instructions on back of certificate

D 1931 C HAMPSON JONES, M. D.

1-30—M. & T.—100 B—50L

E 72300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 165 E 72300

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) Balto City Jail ST. No. 27 WARD

2-FULL NAME George Oliver Zepp

(a) RESIDENCE NO. New Windsor ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 26 1825

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	39	11	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Boiler Maker
(c) Name of employer: Balto City

9 BIRTHPLACE (city or town) (State or country): Edward Zepp

PARENTS

10 NAME OF FATHER: Edward Zepp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Lotta M Forth 9/19

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Lotta M Mudgett

(Address): Emmitsburg Md

15 Filed ____ 192 ____ Registrar

P 2 0 1931 C. HAMPSON JONES, M.D.

Rec'd: 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Strangulation by Hanging Self Inflicted Suicide

(duration) yrs Instantaneous

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? City Jail

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Observation

(Signed) James M Taylor, M. D. Coroner

(Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Grave Run, Balto Co	Sept 17 1931

20 UNDERTAKER: Edward C Tipton

ADDRESS: Hampstead Md

THIS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

Spec.—9-30—A. & Co.—200 Blks.

72301 HEALTH DEPARTMENT—CITY OF BALTIMORE 72301

CERTIFICATE OF DEATH

82

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 2109 N Charles St 12-50 WARD

2 FULL NAME Wilhelmina Seibel

(a) RESIDENCE NO. 2109 N Charles St ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Seibel

6 DATE OF BIRTH (month, day, and year) Aug 15, 50

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Home Work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Louis Bibler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: McKeon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs W. E Hardesty
(Address) 2109 N Charles

15 Filed, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 31

17 I HEREBY CERTIFY, That I attended deceased from 9/13, 19 31, to 9/18, 19 31

that I last saw h[illegible] alive on 9/18, 19 31

and that death occurred, on the date stated above, at 12 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

9/19 1931 (Address) 2020 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Parkton

DATE OF BURIAL: Sept 21 1931

20 UNDERTAKER: W M Carlson

ADDRESS: 2238 E Pratt

SEP 20 1931 HAMPSON JENKS, M.D.

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72302 | 119 E 72302

1-PLACE OF DEATH | REGISTERED NO.

City of BALTIMORE: (No. 1745 A. Duncan St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward John Jones.

(a) RESIDENCE NO. 1745 A. Duncan St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of:

6 DATE OF BIRTH (month, day and year): July 19-1931

7 AGE — Years: — Months: 2 Days: 2

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Md

(State or country)

PARENTS

10 NAME OF FATHER: Wilson Jones

11 BIRTHPLACE OF FATHER (city or town): Balto Md

(State or country)

12 MAIDEN NAME OF MOTHER: Margaret Stack

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country)

14 Informant: Father Jones

(Address) 1745 A. Duncan St

15 Filed: — 19 — Registrar: C. HARRISON JONES, M. D.

No.: 2329

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 19-1931 at 4 A.M.

17 I HEREBY CERTIFY, That I attended deceased from Sept 17 — 1931 to Sept 18 — 1931

that I last saw h[illegible] alive on Sept 18 — 1931

and that death occurred, on the date stated above, at 9-19-31-4 A.M.

The CAUSE OF DEATH was as follows:

Exhaustion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary): Marasmus

(duration) yrs. mos. 7 ds.

18 Where was disease contracted? At place of death.

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas. Cole M. D.

9/19/1931 (Address) 2043 Hudson St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — Date of Burial: 9/21/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

SEP 20 1931 C. HARRISON JONES, M. D.

Use typewriter, if possible, in making certificates. Please write plainly with pen and ink. Every question must be answered. Be sure to read carefully the instructions on back of certificate. Each item is very important. See instructions on back of certificate.

Spec.—1-12-23—30T—500 Blks.

E 72303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72303

CERTIFICATE OF DEATH.

31

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 4315-Garrison Blvd (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Alice Prince

(a) RESIDENCE NO. 4315-Garrison Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Robert E.

6 DATE OF BIRTH (month, day, and year): Nov. 1 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Benjamin Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elizabeth Singleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Mary E. Prince 4315-Garrison-Blvd

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 19 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1931, to Sept 19, 1931, that I last saw h[illegible] alive on Sept 15 - 1931 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Acute dilatation Heart

(duration) yrs. mos. 1 hr.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. C. O. Wheeler M. D.

9/19/1931 (Address) 1209 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 9-21-31

20 UNDERTAKER: H. M. Cook — ADDRESS: 1117 St. Paul

THOMPSON-JOINES-MFG. CO.

AaCo. 1-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

72304 — 92-0E 72304

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 S ... Run St. 2-4 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. if of foreign birth? 27 yrs. mos. ds.

2. FULL NAME _____

(a) Residence: No. 1 S ... Run St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ... Fuller
6. DATE OF BIRTH (month, day, year): 1873
7. AGE — Years: 58 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ... Virginia

FATHER
13. NAME: ... Fuller
14. BIRTHPLACE (city or town) (State or country): ... Virginia

MOTHER
15. MAIDEN NAME: ... Brown
16. BIRTHPLACE (city or town) (State or country): ... Virginia

17. INFORMANT (Address): 2-5 ... Fuller ... Res.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct 1 1931

19. UNDERTAKER (Address) 2-5 ... Fuller ... Street

20. FILED 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 17 1931

22. I HEREBY CERTIFY, that I attended deceased from June 30 1931 to Sept 17 1931

I last saw h... alive on ... and that death is said to have occurred on the date stated above, at 5:5... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of Left Leg	about June 30 31
Cerebral Hemorrhage	
Complications	
Hypertension	

Other contributory causes of importance:

Gangrene of Left Leg — 4 dys.

Name of operation: ... Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

9-19-31 (Signed) ... M. D.
(Address) ...

AaCo. 5-31 2M8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72305

CERTIFICATE OF DEATH

72305

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora J. Mulligan

(a) Residence: No. 1000 Pine Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 13, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis J. Mulligan
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME May Barger
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis J. Mulligan
(Address) 1000 Pine Heights

18. BURIAL, CREMATION, OR REMOVAL
Place St. Louis Date Sept 21, 1931

19. UNDERTAKER F. Kumpkuepper
(Address) 532 Holland St

20. FILED — —, 19— — — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Sept 18, 1931

I last saw h. alive on Sept 15, 1931 death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-enteritis	9-10-31

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Mulligan M. D.

(Address) 1000 Pine Heights

1-30—M. & T.—100 B—50L

E 72306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 17 3

E 72306

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 713 WARD)

2-FULL NAME Isaac Montgomery

(a) RESIDENCE NO 1610 Ellsworth ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 25/1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labirer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Manning, S.C.

PARENTS

10 NAME OF FATHER Isaac Montgomery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Manning, S.C.

12 MAIDEN NAME OF MOTHER Maggie Hunter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Manning, S.C.

14 Informant Sandy Montgomery

(Address) 1315 E. Madison St

15 Filed SEP 21 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 18/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis due pistol shot wound of intestines. (Homicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sep14/31

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. J. H. Cain, M. D. Coroner

9/21/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manning S. C

DATE OF BURIAL Sept. 24 1931

20 UNDERTAKER Robert E. Williams

ADDRESS 15-15 W. Eden St

THON is very important See instructions on back of certificate

Form —6-9-19—H. P. Co.—1000 Blks.

72307 HEALTH DEPARTMENT—CITY OF BALTIMORE B 72307

CERTIFICATE OF DEATH. † 131

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 732 S. Broadway St. Ward 1)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harriett A. Watkins.

(a) RESIDENCE No. Mercy Dominga Mills, St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Richard Watkins

6 DATE OF BIRTH (month, day, and year): 1850-4-17

7 AGE: Years 81; Months 5; Days 4; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Ernest Rundell,

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland,

12 MAIDEN NAME OF MOTHER: Elizabeth Day,

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant (Address): Mrs. Elizabeth Stahn, 3307 Maynard ave, City

15 Filed SEP 21 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 21 1931

17 I HEREBY CERTIFY, That I attended deceased from 9-18-31, 19, to 9-21-31, 19, that I last saw her alive on 9-20-31, 19, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Uremia
Ch. Nephritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secundary): Arterio Sclerosis ?
(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj. O'Conway, M. D.

9/22/31 (Address) 400 N. Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pine Grove Cemetery — DATE OF BURIAL: Sept 23 31

20 UNDERTAKER: C. M. Betts, Hyattsville, Md. — ADDRESS

THIS IS NOT A CERTIFICATE OF BURIAL

Spec.—6-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72308

CERTIFICATE OF DEATH

82-001 B 72308

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 4103 St Paul St 12-4 WARD 4

2 FULL NAME Caroline Fischer Keyser

(a) RESIDENCE NO. 4103 St Paul St

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 29 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

ST. WARD

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 If single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry B Keyser

6 DATE OF BIRTH (month, day, and year): July 22 1870

7 AGE: Years 61 Months 1 Days 29 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Louis Somerville Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ann Franklin Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Md

14 Informant (Address): Mrs Irene Keyser 2d 4103 St Paul Street

15 Filed SEP 21 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 1920 to Sept 20 1931

that I last saw h. alive on Sept 14 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - hypertension

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

Signed: Louis P Hamburger M. D.

(Address) 1201 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount

DATE OF BURIAL: Sept 21 1931

20 UNDERTAKER: Henry W Jenkins Sons Co

ADDRESS: McCulloh & Eutaw Sts.

P 21 1931

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72309

V 82-001 E 72309

CERTIFICATE OF DEATH

6-10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N. Belnerd Ave. St.) (Ward)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 12 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Limpert

(a) Residence: No. 407 N. Belnerd Ave. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME August Limpert
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Elizabeth Froehlich
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Schneider
(Address) 407 N. Belnerd Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Sept. 22, 19

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St.

20. FILED SEP 21 1931 19 H. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18th, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw her alive on Sept. 18, 1931 death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis - Apoplexy	9-18-1931

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. L. Libercier, M. D.
(Address) 309 E. Bway

Spec.—2-19-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72310

CERTIFICATE OF DEATH

93-003 72310

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1315 N. Central Ave ST. 9-18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert E. Lee Ohlgart

(a) RESIDENCE NO. 1315 N. Central Ave. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. life How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Nora Roland

6 DATE OF BIRTH (month, day, and year): Dec. 4th. 1878

7 AGE — Years: 52 — Months: 9 — Days: 14 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chief Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): B & O railroad

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: George P. Ohlgart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto., Md.

12 MAIDEN NAME OF MOTHER: Sophia Ritter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto., Md.

14 Informant: Mrs. Sophia Ohlgart
(Address): 1315 N. Central Ave.

Filed 2 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 18, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1931, to Sept 18, 1931, that I last saw h alive on Sept 17, 1931 and that death occurred, on the date stated above, at 4 4. m.

The CAUSE OF DEATH* was as follows:

Cardiac Infarction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? cor

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Hubert Thompson, M. D.

9/18, 1931 (Address) 1216 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Sept. 21, 1931

20 UNDERTAKER: John O. Mitchell & Sons, 1900 Eutaw Pl. — ADDRESS

Mahlon E. Mitchell

AdCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72311 1

93-03

CERTIFICATE OF DEATH

Registered No. E 72311

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18-29 ..... Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Cale Cladden

(a) Residence: No. 315 N. Schroeder St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Cladden

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co.
(State or country) Md.

FATHER

13. NAME John Bowen

14. BIRTHPLACE (city or town)
(State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Mason

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Records of
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Auburn Cem Date Sept 22 1931

19. UNDERTAKER Wilbur Sewell
(Address) Davis Md

FILED SEP 24 1931, 19 ... Registrar. WILBUR JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1931, to 9/19, 1931

I last saw h er alive on 9/19/31, 19 ... death is said to have occurred on the date stated above, at 9:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Uremia	Sept 1931
Embolism, cerebral	One day

(Other contributory causes of importance)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. Elwood Jr. M. D.

(Address)

AACo. 5-31 250M

E 72313

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72312

CERTIFICATE OF DEATH

1315

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Upton Hosp. St. 22-31 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Helen Scott

(a) Residence: No. 110 W. Montgomery St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Spencer Scott

6. DATE OF BIRTH (month, day, year) June 16, 1902

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	29	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Melvin Turner
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Sarah Anderson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lula Miller
(Address) 1220 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Sept. 23 1931

19. UNDERTAKER F. M. Snyder
(Address) 1220 Druid Hill Ave.

SEP 21 1931 19 ..... A.M. P.M. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20 , 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/19/31 , 19 , to 9/20 , 1931
I last saw h.e alive on 9/20 , 1931 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	

Other contributory causes of importance:

Chronic Nephritis
Cardiac decompensation
Uncertain contributory

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grace H. Years , M. D.
(Address) University Hospital

Spec.—1-30—M. & T.—250 Blks

E 72313 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 72313

CERTIFICATE OF DEATH.

95-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 S. Charles ST 23-31 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Thomas Cochran

(a) RESIDENCE No. 1541 S. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Cochran

6 DATE OF BIRTH (month, day, and year) Dec. 21. 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
51	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. & P. Bakery

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Cochran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Quirin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. Cochran (wife) (Address) 1541 S. Charles St

15 Filed 21. 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21/31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3 1930 to Sept 19 1931.

that I last saw him alive on Sept 19 1931.

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Right Lung Abscess

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. 17 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) S. M. Barranco, M. D.

, 19 (Address) 436 E. Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Sept 22 1931

20 UNDERTAKER Margaret G. Flynn

ADDRESS 1422 E. Eighth St.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72314

93-003 E 72314

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2. FULL NAME John J. Coughlin

(a) RESIDENCE NO. 2401 Belmont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Wht	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Coughlin

6 DATE OF BIRTH (month, day, and year) Jan 6 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Guard
(b) General nature of industry, business, or establishment in which employed (or employer) Metropolitan
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Cornelius Coughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sarah Thomas

(Address) 2401 Belmont

15 9-21 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis

CONTRIBUTORY (Secondary) Angina Pectoris (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? unknown (duration) yrs. mos.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

(Address) 706 Chas St 9/21 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Sept. 23 1931

20 UNDERTAKER Margerett G. Flynn

ADDRESS 1422 Light St

TION is very important See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

25-22315 28

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 13-002 72315

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-23 ST. WARD)

2 FULL NAME Josephine Green

(a) RESIDENCE NO. 3145 N. Carey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, ~~Married, Widowed~~ or Divorced. (Write the word): Baby

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years | Months: 6/26 | Days: 18 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ~~None~~ 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Charles Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rachel Wilburn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

Address: JOHNS HOPKINS HOSPITAL

Filed SEP 21 1931

HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept-19/31

17

I HEREBY CERTIFY, That I attended deceased from Sept-15 1931 to Sept-19 1931

that I last saw her alive on Sept 19 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Dysentery, bacillary

(duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. S. Anderson M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Grayson's White

UNDERTAKER: Edward Easter

DATE OF BURIAL: 9-21 1931

ADDRESS: 916 Ct ave

72316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 72316

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 8 S Carrollton Ave. WARD 18-29

2 FULL NAME Margaret Martha or Martha Margaret Hammett (nee Spangler).

(a) RESIDENCE NO. 8 S. Carrollton Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. I. Hammett (dead)

6 DATE OF BIRTH (month, day, and year) 11-13-1856

7 AGE: Years 74 | Months 10 ~~9~~ | Days 5 ~~4~~ | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Kept own house

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Schellsburg PA.

PARENTS

10 NAME OF FATHER: Dr. Jos. N. Spangler.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Williamsport Md.

12 MAIDEN NAME OF MOTHER: Young ~~Spangler~~

13 BIRTHPLACE OF MOTHER (city or town) (State or country): PA.

14 Informant (Address): Mrs. E. Hammett

15 Burial, Cremation or Removal: Mt. Olivet Cemetery

16 Undertaker: Joseph Cook

Date of Burial: Sept. 21 1931

Address: 1003 West Baltimore St.

SEP 21 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 31

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Sept 17 1931

that I last saw h[illegible] alive on Sept 17 31

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? Manual

(signed) H A Hill M. D.

(Address) 571 Lib Nat Bk

9/18 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

AACo. 5-41 2500

E 72317 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72317

CERTIFICATE OF DEATH 1195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) (Ward) 28

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Leonard Stranabitter

(a) Residence: No. 1930 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Infant

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6th 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER
13. NAME August Stranabitter
14. BIRTHPLACE (city or town) (State or country) Switzerland
15. MAIDEN NAME Sarah Swindle
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT August Stranabitter
(Address) 1930 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Catheridal Date 21st, 1931

19. UNDERTAKER Leo G. Cook
(Address) 1723 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1931, to Sept 19, 1931
I last saw h.. alive on Sept 19, 1931, death is said to have occurred on the date stated above, at 7.25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Gastro-enteritis	9-12-31
Other contributory causes of importance: Bronchopneumonia	9-17-31

Name of operation None Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. H. Yeager M. D.
9/21/31 (Address) University Hospital

Cor.—10-16-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 1001
82 E 72318

E 72318

REGISTERED NO. 28271

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
City of Baltimore: (No.) En route to University Hospital (If not in hospital)

2-FULL NAME Robert J. Gillen

(a) RESIDENCE NO. Old Frederick Rd St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Gillen

6 DATE OF BIRTH (month, day, and year) April 9 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	61	5	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Patrick Gillen

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Ellen Ryan

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Interment Mrs to Sophie J. Gillen
(Address) Old Frederick Rd.

15 Filed SEP 21 1931 (Signed) H. MADISON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Feldey M. D.

9/20 1931 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Sept 23 1931

20 UNDERTAKER Louis Syfer

ADDRESS 1600 W. North Ave

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72319

CERTIFICATE OF DEATH

53 V E 72319

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) 1914 Mc Kean Ave St. 15-21 (WARD)

2 FULL NAME Emma Cross

(a) RESIDENCE NO. 914 Mc Kean Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwell Cross

6 DATE OF BIRTH (month, day, and year) Feb. 27, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) — 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Portsmouth, Ohio.

PARENTS

10 NAME OF FATHER Fredrick Eath

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14 Informant Earl S. Cross
(Address) 2016 Mc Kean Ave.

15 Filed Sept. 20 1931 H. M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 19, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1931 to Sept. 19, 1931.

That I last saw her alive on Sept. 19, 1931.

and that death occurred, on the date stated above, at 3.30 P. M.

The CAUSE OF DEATH* was as follows:

Hypernephroma

about (duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

due to (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of July 16, 1931.

Was there an autopsy? no.

What test confirmed diagnosis? Operation.

(Signed) Nathan Smith M. D.

, 19 (Address) 3231 Eastern Ave.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem.

DATE OF BURIAL 9/22 1931

20 UNDERTAKER C. Vernon Lemmon

ADDRESS 461 Park Heights

AaCo. 5-31 250B

E 72320 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72320

CERTIFICATE OF DEATH + 9+001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital (Street) (Ward)

Length of residence in city or town where death occurred yrs mos 2 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mr Charles W. Culp

(a) Residence: No. Whiteford, Md St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Chas Hoyt Culp

6. DATE OF BIRTH (month, day, year) April 19, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
57 yrs.	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Culp

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Annie Osborne

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Delta Pa Date Sept 23, 1931

19. UNDERTAKER W. J. Osborne & Son
(Address) Delta Pa

SEP 21 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15th, 1931, to Sept. 21, 1931

I last saw him alive on Sept 20, 1931 death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Sept 16 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? ? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Samuel McLanahan, M. D.

(Address) Union Mem. Hospital

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72321

CERTIFICATE OF DEATH

86-09 E 72321

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 16-66 Ward)

2-FULL NAME Charles Lewis Wirts

(a) RESIDENCE NO. 2508 Arunah St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred A. Wirts

6 DATE OF BIRTH (month, day, and year) Nov 3-1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	41	10	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Asst. Supt.
(b) General nature of industry, business, or establishment in which employed (or employer) Floating Equipment
(c) Name of employer Lon. Gas & E. Co.

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Geo. W. Wirts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Rebecca Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. M. Wirts (Address) 2508 Arunah Ave

Filed SEP 21 1931 H. THOMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism secondary to fracture of right femur. Accidental death

Duration yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Marine dock. Westport

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? X Ray Exam Fetter M. D.

(Signed)

9/20. 1931 (Address) 730 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Eastern Cem.	Sept 22 1931
UNDERTAKER	ADDRESS
Wm. J. Tucker & Son	Mt Pleasant

Important. See instructions on back of certificate.

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3½ 72322

Registered No. 13 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Reservoir St., Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isadore M. Cohen

(a) Residence: No. 808 Reservoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie M. Cohen

6. DATE OF BIRTH (month, day, year) March 22, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mendel Cohen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bettie Lowenthal

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Nellie Cohen (Wife)
(Address) 808 Reservoir St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date Sep. 22, 1931

19. UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eutaw Place.

20. FILED [illegible], 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1928 to Sept 19, 1931

I last saw him alive on Sept 19, 1931 death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic nephritis.	10 yrs ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Emmett Holt Lewis, M. D.

(Address) 1810 Eutaw Place.

AsCo. 5-31 2500

E 72323

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72323

CERTIFICATE OF DEATH

Registered No. 14-26 82-001

1. PLACE OF DEATH Baltimore City Hospitals St. (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. life

2. FULL NAME John H. Bowie

(a) Residence: No. 773 Vine St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Marie Bowie

6. DATE OF BIRTH (month, day, year): Jan. 1, ?

7. AGE	Years	Months	Days	If LESS than 1 day: hrs or min.
	56?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Cem. Date 9/22 1931

19. UNDERTAKER (Address): Walter B. Sprigg 134 W. Lanvale St.

FILED SEP 21 1931 C. HAMPSON JONES, Registrar By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10-31, 19, to 9-17-31, 19

I last saw h im alive on 9-17-31, and death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum at	Aug 5, 31
Other contributory causes of importance: Arteriosclerosis	Before

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 2500

E 72324 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72324

CERTIFICATE OF DEATH

X 121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 E 20 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Albert E. Bowers

(a) Residence: No. 315 E. 1st St., ... Ward. Sparrows Point Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O. H.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward H. Bowers
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Henrietta M Peasterly
16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Mrs. Edward H Bowers
(Address) 315 E. 1st St. Sparrows Point Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Sept 23 1931

19. UNDERTAKER John F Young
(Address) 515 Light St

SEP 24 1931 HAMPSON JONES, M.D.
(Date) 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1931 to Sept. 20, 1931

I last saw h 14 alive on Sept. 20, 1931 death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute diffuse Peritonitis	
probably due to	
Ruptured appendix	Sept. 16, 31

Other contributory causes of importance:

Name of operation Drainage & sutures Date of 9, 20, 31

What test confirmed diagnosis? Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. F. Arenz M. D.
(Address) University Hospital

A4Co. 5-31 2500

E 72325 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 72325

46 ✓

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Eastline St. | 1-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs 6 mos 26 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Amelia Florence Lawrence

(a) Residence: No. 322 S. East Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James T. Lawrence

6. DATE OF BIRTH (month, day, year): Feb. 23, 1874

7. AGE: Years 57 | Months 6 | Days 26 | If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER

13. NAME: Thomas Mariner

14. BIRTHPLACE (city or town) (State or country): —Md

15. MAIDEN NAME: Margaret Brumbach

16. BIRTHPLACE (city or town) (State or country): —Md.

17. INFORMANT: Mr. James T. Lawrence

(Address) 322 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL: Parkwood Cem. Sept 21, 1931

19. UNDERTAKER: Wm. Fletcher Sons

(Address) Mech & Lenna Aves

SEP 21 1931 C. HAMPSON JONES, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to Sept 18, 1931

I last saw her alive on Sept 17 1931, death is said to have occurred on the date stated above, at 3.57 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) D H Mohr, M. D.

(Address) 301 S Ellwood Ave

Spec.—9-30—A. & Co.—250 Blks

E 72326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72326

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Balto. City Hospitals WARD) 58

2 FULL NAME Arthur Crockford

(a) RESIDENCE No. 514 N. Central Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No. 523

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 39; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Exeter, S. C.

PARENTS

10 NAME OF FATHER: Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country): S. C.

12 MAIDEN NAME OF MOTHER: Alice

13 BIRTHPLACE OF MOTHER (city or town) (State or country): S. C.

14 Informant

(Address)

SEP 21 1931

HAMPSON JONES

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 15 31

17 I HEREBY CERTIFY, That I attended deceased from 7-28-31, 19, to 9-15-31, 19

that I last saw h— alive on 9-15-31, 19

and that death occurred, on the date stated above, at 6.20 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) Lawrence A. Tenney M. D.

19 (Address) Sheppard & Enoch Pratt Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery

DATE OF BURIAL: Sept 17 19 31

20 UNDERTAKER: Randall J. Hupp

ADDRESS: 1600 Eutaw

AACo. 5-31 2500

E 72327 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72327

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH Baltimore City Hospitals — St. 18-76 Ward) — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward)

Length of residence in city or town where death occurred 4 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Alberta Gant

(a) Residence: No. 739 W. Fairmount Ave. St., ____ Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — David Gant

6. DATE OF BIRTH (month, day, year) Sept. 14, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Timinsville S.C.

MOTHER FATHER

13. NAME James Smith ?
14. BIRTHPLACE (city or town) (State or country) S.C.
15. MAIDEN NAME Lula Young ?
16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Lutr. Linn Date 9-21 1931

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Gilmor St.

C. HAM ____ Registrar

SEP 21 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-17-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-13-31, 19, to 9-17-31, 19

I last saw her alive on 9-17-31 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lumbar Spine - Tuberculosis Peritonitis	15 mo

Other contributory causes of importance:

Acute Heart Failure Anginal	10 hrs.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

M. D. (Signed) ____

(Address) Balto. City Hospitals

Spec.—9 39—A. & Co.—250 Blks.

E 72328 E 72328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 23

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals WARD 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Irvin Brooks

(a) RESIDENCE NO. 1072 W. Fairmount Ave WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Separated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4-15-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Lacey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address)

15 SEP 21 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 19

17 I HEREBY CERTIFY, That I attended deceased from 9-14-31, 19 to 9-15-31, 19

that I last saw h[illegible] alive on 9-14-31

and that death occurred, on the date stated above, at 8.45 P. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Laurence A. Sears M. D.

, 19 (Address) Balto City Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery DATE OF BURIAL 9-21 1931

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 327 Lehmont

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 72329

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp Street or Ward) 19 3 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lena O'Brien

(a) Residence: No. 45 Schroeder St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of Peter Jeremiah O'Brien

6. DATE OF BIRTH (month, day, year) Oct 15th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Sipf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Zobra.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Jeremiah O'Brien

(Address) 45 Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 23 1931

19. UNDERTAKER Chas J Conway & Co.

(Address) 901 Hollins St

SEP 21 1931

HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1931, to 9-20, 1931

I last saw her alive on 9-20, 1931 death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1927

Other contributory causes of importance:

Multiple carbuncles	3 mo.
Terminal broncho-pneumonia	3 days.

Name of operation Incision & drainage of carbuncles Date of 5-6-31

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No 8-22-31

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hamsbaker, M. D.

(Address) Univ. Hosp.

AaCo. 5-31 2500

E 72330

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72330

CERTIFICATE OF DEATH

10

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St.) (Ward) 16-B

Length of residence in city or town where death occurred 5 yrs. 9 mos. 24 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Shaulty

(a) Residence: No. 841 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Nov. 26, 1925

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	5	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Shaulty

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna Joyce

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Father Shaulty

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 9/21/1931

19. UNDERTAKER Mrs. Geo. E. Holland

(Address) 1631 Druid Hill Ave

20. FILED SEP 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1931, to Sept. 20, 1931

I last saw h[illegible] alive on Sept 20 1931 death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Faucial and Laryngeal Diphtheria	Sept 12, 31

Other contributory causes of importance:

Acute Toxic Myocarditis	9/17/31

Name of operation none Date of

What test confirmed diagnosis Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Peter Mowshin M. D.

(Address) Sydenham Hospital

Spec.—9-30—A. & Co.—250 Blks

E 72331 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 72331

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No Provident Hospital ST 14-54 WARD

2 FULL NAME Florence Mahoney

(a) RESIDENCE NO 2109 Druid Hill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Mahoney

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Practical Nurse

(b) General nature of industry, business, or establishment in which employed (or employer) Ost

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. R. C. Elliott

(Address) 1725 Eutaw Place

15 Filed 21 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20-31

17

I HEREBY CERTIFY, That I attended deceased from 9-16, 1931, to 9-20, 1931

that I last saw her alive on 9-20, 1931

and that death occurred, on the date stated above, at 9:15 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Isel McDonald M. D.

9-22 1931 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: West Lawn

DATE OF BURIAL: Sept 22 1931

UNDERTAKER: Mrs. R. C. Elliott

ADDRESS: 1725 Eutaw Pl

Spec.—9-30—A. & Co.—250 Blks.

252578

Bal.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72332 JOHNS HOPKINS HOSPITAL

CERTIFICATE OF DEATH

E 72332

REGISTERED NO. 119

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katherine Booth

(a) RESIDENCE NO. 1107 Lawrence St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 8, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		6	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Floyd Booth

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Alice Booth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Interment (Address) Record JOHNS HOPKINS HOSPITAL

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

2 1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) SEP 16 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 14, 19 31, to Sept 16, 19 31

That I last saw h[illegible] alive on Sept 15, 19 31

and that death occurred, on the date stated above, at [illegible] m.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diarrhea and enteritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) A Bickford M. D.

9/16 19 31 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or In Deaths From Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL SEP 21 1931

20 UNDERTAKER Commissioner Health.

ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

72333 HEALTH DEPARTMENT—CITY OF BALTIMORE 72333

CERTIFICATE OF DEATH

159

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital S. 18-26 (WARD)

2 FULL NAME Baby Carter

(a) RESIDENCE NO. 811 N. Arlington Av. ST. WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8/6/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Israel Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Marie Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant (Address) Johns Hopkins Hospital.

15 Filed 9-21 1931 C. HAMPSON JONES M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/27/31

17 I HEREBY CERTIFY, That I attended deceased from 8/6, 1931, to 8/27, 1931

that I last saw him alive on 8/27/, 1931

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY ... (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F F Snyder M. D.

19 (Address) Johns Hopkins Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

JOHNS HOPKINS HOSPITAL

Bureau of Vital Statistics, Baltimore City Health Department

SEP 21 1931

AdCo. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72334

CERTIFICATE OF DEATH

119 E 72334

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 N Pine)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Howard Chance

(a) Residence: No. 808 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Aug. 8 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. H. Chance

14. BIRTHPLACE (city or town) (State or country) Annapolis

MOTHER

15. MAIDEN NAME Pearl Gean

16. BIRTHPLACE (city or town) (State or country) Chestertown

17. INFORMANT University Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date SEP 2 1931

19. UNDERTAKER
(Address)

20. FILED SEP 2 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-20-31 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1931, to Sept 20, 1931

I last saw h[illegible] alive on Sept 20 1931 death is said to have occurred on the date stated above, at 8 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Prematurity.	8-8-31
(b) Gastro enteritis	9-3-31

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James [illegible], M. D.

(Address) Univ. Hosp.

AdCo. 5-31 250P

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72335

CERTIFICATE OF DEATH

X 160 - E 72335

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 3rd)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Lee Albrittain

(a) Residence: No. Gen. Burnes Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 27, 1930

7. Month	Days	Hours	Minutes	If LESS than 1 day, hrs or min.
10 1930	0	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Albrittain

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Tuttle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel Albrittain
(Address) Glenburnie Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Crata. Md. Sept 21 1931

19. UNDERTAKER Chas. A. Tuttle
(Address) 4 E. Centre Ave

20. FILED Sept 21 1931 . 19 ... Registrar.

THOMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-31 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 . 19 31 . to Sept 21 . 19 31

I last saw her alive on Sept 21 . 19 31 death is said to have occurred on the date stated above, at 12:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Cerebral Hemorrhage	9-17-31

Other contributory causes of Importance:

Name of operation None Date of ...

What test confirmed diagnosis? Labor Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... . 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas Jones Brown M. D.

(Address) Asst. Hosp.

1-30—M & T —100 B—50L

E 72336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002 ✓

E 72336

REGISTERED NO. 2332

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 Clarkson St. ST., WARD)

2-FULL NAME Mary J. Fuller.

(a) RESIDENCE NO 1744 Clarkson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs ---- mos ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced (or) Wife of Charles D. Fuller.

6 DATE OF BIRTH (month, day, and year) February--- 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	--	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia-

PARENTS

10 NAME OF FATHER Thomas Bannan.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherina Halpen.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Charles D. Fuller (husband.

(Address) 1744 Clarkson St.

15 FILED 2 1 1931 C. HAMPSON JONES, M. D. Registrar

TION is very important. See instructions on back of certificate.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 19, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

9/21 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery DATE OF BURIAL Sept. 22 1931

UNDERTAKER Margaret J. Flynn ADDRESS 1417 Light St.

AaCo. 5-31 2500

HERBERT S. PHILLIPS ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

72337. E 72337

CERTIFICATE OF DEATH

47

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp St. 12-51 (Ward)

Length of residence in city or town where death occurred 4 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Herbert S. Phillips

(a) Residence: No. 295 W 34th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel Phillips

6. DATE OF BIRTH (month, day, year) June 11, 1894

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	37	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Coach Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William F. Phillips
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jane Wooten
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Edith M. Phillips
(Address) 295 W. 34th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Sept. 23 1931

19. UNDERTAKER Horace E. Burgee
(Address) 3631 Falls Road

21 1931 19 Registrar

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Sept 20, 1931

I last saw him alive on Sept 20, 1931 death is said to have occurred on the date stated above, at 5 50 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Mediastinum	?
Oesophagostal Obstruction	

Other contributory causes of importance:
Myocardial Failure
Pulmonary Edema.

Name of operation Gastrostomy Date of Aug 17 31

What test confirmed diagnosis X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph A. Smith M. D.

(Address) Mercy Hospital

AaCo. 5-31 2108

72338 HEALTH DEPARTMENT CITY OF BALTIMORE

E 72338

CERTIFICATE OF DEATH

23-31 97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Carlton St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah V Loughran

(a) Residence: No. 1436 Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of John J Loughran

6. DATE OF BIRTH (month, day, year) July 11th 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Thos E Carbery

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Carlton

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Wm Loughran (Address) 1436 Carlton St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept 21 1931

19. UNDERTAKER J. Fernando Tone (Address) 1515 Lafayette Ave.

20. FILED Sept 21 1931 JAMES L. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19th 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to Sept 19 1931

I last saw h alive on Sept 18 1931 death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. K. Campbell M.D.

(Address) 1644 Hanover St

10—M & T—100 B—50L.

E 72339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-201 ✓ E 72339

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE } NO. Frankin Sq. Hosp ST. 21-29 WARD

2-FULL NAME Tresa A Thomas

(a) RESIDENCE NO 1110 Scott St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE W | 5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Thomas

DATE OF BIRTH (month, day, and year) 12/12/02

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	8	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Work 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Jacob Hickel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Tresa Hauck

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Gilbert Thomas

(Address) 1110 Scott St

Filed 9 T 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

CAUSE OF DEATH* was as follows: Chf in which she was a rider overturned when in collision with another auto

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hamburg & Orland

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) L Frame, M. D.

9/21, 1931 (Address) Traffic Coroner Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rendle PK | DATE OF BURIAL 9/23/31

UNDERTAKER Geo Rendle Assn | ADDRESS Lyndhurst

Spec.—9-30—A. & Co.—250 Blks

72340 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46 E 72340

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-10 Ward)

2 FULL NAME John Jasinski

(a) RESIDENCE NO. 2512 E. Fayette St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work do

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Interment (Address) [illegible]

15 [illegible] 19 [illegible] Registrar

2 1 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20-31

17

I HEREBY CERTIFY, That I attended deceased from Sept 3, 191 , to Sept 20, 191

That I last saw h[illegible] alive on Sept 20, 1931

and that death occurred, on the date stated above, at 9.55 A M.

The CAUSE OF DEATH* was as follows:

1° Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J E Goodman M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore County [illegible] DATE OF BURIAL: [illegible] 19 31

20 UNDERTAKER: [illegible] ADDRESS: [illegible]

ARCo. 5-31 2M

HEALTH DEPARTMENT CITY OF BALTIMORE

72341

CERTIFICATE OF DEATH

23E 72341

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 451 Drew St. 26-37 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Swiencinski

(a) Residence: No. 451 Drew St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 23 1909

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	22	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME George Swiencinski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Maryanna Ramotawska
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rose Clarke
(Address) 451 Drew St.

18. BURIAL, CREMATION, OR REMOVAL
Place Date Sept 22 19 31

19. UNDERTAKER
(Address)

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18 19 31

22. I HEREBY CERTIFY, That I attended deceased from May 10 19 31 to Sept. 18 19 31
I last saw h— alive on Sept. 18 19 31 death is said to have occurred on the date stated above, at 7:40 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis
Myocardial Insufficiency

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Kenyaurock M D

(Address) 2324 Eastern Ave.

C. HARRISON JONES, M. D.

Spec.—1 12-23—MAT—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72342

CERTIFICATE OF DEATH.

✓ 0°2

X 95E 72342

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2741 Alameda (St.) Apt 6 (WARD)

2-FULL NAME Sophie C. Howard

(a) RESIDENCE No. Hampton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Edward F. Howard

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: David Duncan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Edward F. Howard Hampton Ave.

Filed SEP 1931, 19 — C. F. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 18 1931 to Sept 21 1931 that I last saw her alive on Sept 21 1931 and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Disease

(duration) 3 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary): Cerebral Apoplexy (duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Chas A. Edmunds, M. D.

, 19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. — DATE OF BURIAL: Sept 23 1931

20 UNDERTAKER: John E. Miller — ADDRESS: 1 E. Lafayette

Spec.—9-30—A. & Co.—250 Blks

72343 HEALTH DEPARTMENT—CITY OF BALTIMORE 72343

CERTIFICATE OF DEATH

68

1 PLACE OF DEATH

CITY OF BALTIMORE: I No West Balto Gen Hosp ST. 21-29 WARD)

REGISTERED No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lillian Catterton

(a) RESIDENCE No. 1149 Carroll ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, ~~widowed, or divorced~~ (or) WIFE of Marvin Catterton

6 DATE OF BIRTH (month, day, and year) Nov 10th 1888

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Harry Harshey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER E. Hedrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Marvin Catterton

(Address) 1149 Carroll St

Filed 2-1-1932 19 HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/20/31

17 I HEREBY CERTIFY, That I attended deceased from 9/17 19 31 to 9/20 19 31

that I last saw h[illegible] alive on 9/20 19 31

and that death occurred, on the date stated above, at 7:30 P. m.

The CAUSE OF DEATH* was as follows:

Addison's Disease

(duration) unknown ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Harry Eichman M. D.

19 31 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 9/23 1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St. Paul St.

AACo. 5-31 2MP

E 72344 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 72344

CERTIFICATE OF DEATH

Registered No. 25-75 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S Hanover St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary A. L. Bailey

(a) Residence: No. 311 S. Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Charles F. Bailey

6. DATE OF BIRTH (month, day, year) June 11, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework & at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Linus Watts

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Eichenauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Schneider (Address) 633 Cambria St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Sept 22, 1931

19. UNDERTAKER Wilson Cook (Address) 1121 Eutaw St

Hanson Jones M.D.

Sept 21 1931 19 NFW Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1931

I HEREBY CERTIFY, That I attended deceased from Aug. 2nd, 1931, to Sept 20th, 1931

I last saw her alive on Sept 19, 1931 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	Previous a year previous to death
Other contributory causes of importance: Cachexia - duration	3 weeks

Name of operation Exploratory Date of 9/20/31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Kelly M.D.

9/20/31 (Address) 1204 St Paul St.

AaCo. 5-11 2MR

E 72345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72345

CERTIFICATE OF DEATH

Dr Smith 4706 Harford Road

97-00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6605 Eldorado Ave Ward) 27-43

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Charles A. M. Briggs

(a) Residence: No. 665 Eldorado Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Estelle 1919
6. DATE OF BIRTH (month, day, year):
7. AGE — Years: 12 — Months: — — Days: 3 — If LESS than 1 day, hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER
13. NAME: Charles A Briggs
14. BIRTHPLACE (city or town) (State or country): Bermuda Isl
15. MAIDEN NAME: Estelle Dugan
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Charles A Briggs
(Address): 665 Eldorado Ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Woodlawn Cemetery State 9/22/ 1931

19. UNDERTAKER: Wm Cook
Address: 1217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931 to Sept 15, 1931

I last saw him alive on Sept 15, 1931 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation, Auricular fibrillation	

Other contributory causes of importance:
Myocarditis

Name of operation — Date of

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 0 Date of injury ..... 19....
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas Smith, M. D.
9/21/31 (Address) 4706 Harford Road

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

72346

CERTIFICATE OF DEATH

Shamer

HE 72346

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2439 N. Charles St. 17-49 Ward

Length of residence in city or town where death occurred, 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Milton Ingram

(a) Residence: No. 2439 N. Charles Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

Male | White | Widowed

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Keaton

6. DATE OF BIRTH (month, day, year) July 10-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER FATHER

13. Name Wyatt H. Ingram

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Catherine Milton

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Louise Ingram Priest
(Address) 2439 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 9/22 1931

19. UNDERTAKER William Cook
(Address) 1217 St. Paul Street

20. FILED 1931 Registrar. F. C. TEST C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/20/1931

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1931 to Sept. 20, 1931

I last saw him alive on Sept. 20, 1931 death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	July 1929

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? clinical findings? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Maurice E. Shamer M. D.

(Address) 5300 N. North Ave

A&Co. S-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

72347

CERTIFICATE OF DEATH

81 E 72347

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital 4-30 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Harry Buttner

(a) Residence: No. 1231 1/2 S. Light St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9 1908

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	22	9	12 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Harry
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Lena Johnson
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Cedar Hill Cemetery Date 9/24 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. Filed 9 21 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/3 1931 to 9/21 1931
I last saw him alive on 9/21 1931 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Transverse Myelitis	1930
Cystitis and Multiple Abscesses	May 1931

Name of operation None Date of

What test confirmed diagnosis? Clinical Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Lemmon Jr. M. D.
(Address) City Hosp

Spec.—12-8-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 ✓

E 72348

CERTIFICATE OF DEATH.

E 72348

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Home for the Aged of the ~~D.O.S.~~ Friends. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John L. McMaster

(a) RESIDENCE NO. 400 N. Fulton Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~or WIFE of~~ Susan McMaster

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ✓ hrs. or ✓ min.
	79	6	20.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) New Windsor

(State or country) Carroll County Md

PARENTS

10 NAME OF FATHER Samuel McMaster

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Hanover, Penna.

12 MAIDEN NAME OF MOTHER Mary Deatz

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Humpstead Maryland.

14 Informant Etta Cuddy

(Address) 400 N Fulton Ave.

21 1931 C. HAMPSON JONES, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 21 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 16 1931 to Sept 21. 1931, that I last saw him alive on Sept. 20 1931, and that death occurred, on the date stated above, at 8.20 p m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) ✓ yrs. 3 mos. ✓ ds.

CONTRIBUTORY (Secondary) Apoplexy.

(duration) ✓ yrs. ✓ mos. 4 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) George C. Hampson, M. D.

, 19 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Walkersville Md. Date of Burial Sept 23 1931

20 UNDERTAKER George J. Smith ADDRESS 1532 Hollins St.

very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72349 V119 E 72349

72349

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 718 S. Bethel Street 2-4 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Wanda. Dylewski

(a) RESIDENCE NO. 718 S. Bethel Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep. 4 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	1	-	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ignatius . Dylewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Helen. Jakubik

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs . Helen . Dylewski
(Address) 718 S. Bethel Street

15 Filed ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 20 / 31

17

I HEREBY CERTIFY, That I attended deceased from Sept 18 , 1931 , to Sept. 20 , 1931

That I last saw h alive on Sept 20. , 1931

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Drasthea + Enteritis

(duration) Imed yrs. mos. ds.

CONTRIBUTORY — (duration) — yrs. mos. ds.
(Secondary)

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) A. F. Ras M. D.

Sept 22, 1931 (Address) 24 E Bay

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. DATE OF BURIAL: Sep. 22 1931

20 UNDERTAKER: John McAleer ADDRESS 401 Chester St

Bur.—12-21-27—E.B.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72350

CERTIFICATE OF DEATH.

× 23 E 72350

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 406 N. Caroline St., 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie Stallings

(a) Residence No. 406 N. Caroline St., Ward.
(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos 15 ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: George Stallings

6-DATE OF BIRTH (month, day and year): 1901

7-AGE. ✓ 30 yrs. mos. ds. If LESS than 1 day hrs. or min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laundress
(b) General nature of industry, business, or establishment in which employed (or employer): 04
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Raleigh N. C.

PARENTS

10-NAME OF FATHER: Andrew Watson

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Raleigh N. C.

12-MAIDEN NAME OF MOTHER: Mattie Watson

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Raleigh N C

14- (Informant): Sonny Merritt
(Address) 406 N Caroline St

15-
Filed 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): 9-21-1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 18 1931 to Sept 21 1931 that I last saw h er alive on Sept 17 1931 and that death occurred, on the date stated above, at 2301 A. M.

The CAUSE OF DEATH* was as follows:

Acute pulmonary Tuberculosis

(Duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(signed) J. E. Thomas M. D.

9-21- 1931 (Address) 822 N. Bond St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Clayton N.C — DATE OF BURIAL: Sept 22 1931

20-UNDERTAKER: Edward Bryon — ADDRESS 691 orleans st

Spec—9 30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 7235 I

REGISTERED NO. E 7235 I

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Saint Joseph's Hospital WARD) 9-17

2. FULL NAME Nelson Mc Elain

(a) RESIDENCE NO. Mt. St. Mary's College WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred —yrs. 1 mos 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W.	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Mt St Marys College

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Interment (Address) Records of Hospital

15 SEP 22 1931 W. C. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22-31

17

I HEREBY CERTIFY, That I attended deceased from August 31, 1931, to Sept. 22, 1931, that I last saw him alive on Sept. 21, 1931, and that death occurred, on the date stated above, at 7:50 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 15 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W B Fleming M D

19 Address Mt St Mary's Emmitsburg Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt St Marys Cemetery Emmitsburg Md

DATE OF BURIAL Sept 22 1931

20 UNDERTAKER Dan F. Shuff

ADDRESS Emmitsburg Md

1-30—M. A. T.—100 B—501.

43-20 1/72352

E 72352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto city Hosp ST. 11-24 WARD)

2-FULL NAME Geo Arnstein

(a) RESIDENCE NO. Balto city Hosp ST. 120 Jaulain Alley WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Oliver Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary Ashwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Lillie White

(Address) 517 N Carey St.

15 Filed SEP 22 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 120 Jaulain Alley

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Edgerton M. D. Coroner

(Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL 9-22 1931

20 UNDERTAKER: Lamm Easton

ADDRESS 916 Bq N

TION is very important. See instructions on back of certificate.

C. HAWLEY JONES, M. D.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE 72353

E 72353

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Myrtle Ave St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Johnnie W Harris

(a) Residence: No. 1005 Myrtle Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: C | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Harris

6. DATE OF BIRTH (month, day, year): July 6 1860

7. AGE: Years 70 | Months 2 | Days 15 | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: of O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: John Harris

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Rachel Harris

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Viola Evans Hall 1005 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: New Cathedral Date 9-23 1931

19. UNDERTAKER: Edward Eaton (Address): 1516 Pennsylvania Ave

FILED SEP 24 1931 IN [illegible] HAROLD JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931 to Sept 20 1931

I last saw h[illegible] alive on Sept 20 1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility Contributory Cause Renal Disease	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

Dec 1 1931 (Address) 1005 Myrtle Ave

1-30—M & T—100 B—561.

E 72354 E 72354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

14-20

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Alexander States

(a) RESIDENCE NO 38 McCullough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a If married, widowed, or divorced (husband of (or) WIFE of) Unknown

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	38			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Hampton, Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant J. C. Williams

(Address) 1508 Penna. Ave

SEP 22 1931

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy (R sided Paralysis)

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

9/22/31 (Address) 1508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet DATE OF BURIAL Sept 23 1931

20 UNDERTAKER Chas. W. Chase & Son ADDRESS 608 N. Howard

TION is very important. See instructions on back of certificate.

1-20—M A T—100 B—561.

E 72355

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72355

CERTIFICATE OF DEATH

16-22 95 V 002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 W. Lanvale St. 16-22 WARD)

2-FULL NAME Ellen Virginia Matthews

(a) RESIDENCE NO. 1728 W. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Matthews

6 DATE OF BIRTH (month, day, and year) July 30/1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER George Cemegys

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant [illegible] ter

(Address) Resie Cemetery (Lieut.) 822 N. Farrish St

Filed SEP 22 1931, 192 C. HAMPSON JONES, M. D. Registrar

By

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 20/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardio- Vascular Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

9/22/31 (Address) 608 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery

DATE OF BURIAL Sept 20 1931

UNDERTAKER [illegible]

ADDRESS [illegible]

TION is very important. See instructions on back of certificate.

E 72356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72356

CERTIFICATE OF DEATH.

82

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1103 Harlem Ave ST. 16-26 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Willie A Roberts

(a) RESIDENCE NO. 1103 Harlem ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: William Roberts

6 DATE OF BIRTH (month, day, and year): November 15 1886

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
45	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Geo Bush

11 BIRTHPLACE OF FATHER (city or town) (State or country): N. C

12 MAIDEN NAME OF MOTHER: Unkown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Helen Brown

(Address) 1103 Harlem ave

SEP 22 1931 C. HAMPSON JONES, M. D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 14, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Sept 14 1931

that I last saw h alive on Sept 14 1931

and that death occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma Hemorrhage

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson — DATE OF BURIAL: Sept 22 31

UNDERTAKER: Joseph A Lively — ADDRESS: 409 N Mount st

Spec—9-30—A. & Co.—250 Blks.

E 72357

E 72357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√ 121

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St Josepha Asylum S. 26-40 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lester Houseman

(a) RESIDENCE NO. (Usual place of abode) 3016 Shannon Drive WARD Balto.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): June 5 1900

7 AGE — Years: 31 — Months: 3 — Days: 17 — If less than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Edward C. Houseman

11 BIRTHPLACE OF FATHER (city or town) (State or country): New York

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town) (State or country): New York

14 Informant (Address): Mary T. Houseman 3016 Shannon Drive

15 SEP 22 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 21, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 16, 1931, to Sept 21, 1931

that I last saw h alive on Sept 21, 1931

and that death occurred, on the date stated above, at 12:15 PM

The CAUSE OF DEATH* was as follows:

Perforated appendix

(duration) yrs. mos. 7 days

CONTRIBUTORY (Secondary): Generalized Peritonitis / Toxemia (duration) yrs. 48 hrs. 0 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9/16/31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W. T. Hendrix M. D.

, 19 St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Sept 23 1931

20 UNDERTAKER: J. F. Johnston — ADDRESS: 156 Eutaw

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72358

CERTIFICATE OF DEATH

93-003 72358

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE No. 1910 N Franklin ST. 20-27 (WARD)

2 FULL NAME Anna M Coy.

(a) RESIDENCE No. 1910 N Franklin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Jr Coy

6 DATE OF BIRTH (month, day, and year) May 2 55

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	76	4	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired 037

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ind.

PARENTS

10 NAME OF FATHER: Thomas D Mutchler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Zilinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ind.

14 Interment (Address): Thomas Corner Canfield ave

15 Filed SEP 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 31, 1931, to Sept 20, 1931, that I last saw h[illegible] alive on Sept 20, 1931, and that death occurred, on the date stated above, at 8 55 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Acute insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Tumor Breast

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

What test confirmed diagnosis? No Thyroid Surg?

(Signed) Calvin F. C. Williams M. D.

9/22, 1931 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenridge

DATE OF BURIAL: Sept 23 1931

20 UNDERTAKER: J P McMenon

ADDRESS: 2230 N Monroe

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 115 E 72359

E 72359

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Haven Hospital St. 14-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvia Dairy Lake

(a) Residence: No. 1531 W Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) March 21, 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	1	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Lake
14. BIRTHPLACE (city or town) (State or country) Jamaica

MOTHER

15. MAIDEN NAME Daisy Spence
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Daisy Lake
(Address) 1531 W Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Sept 23, 1931

19. UNDERTAKER Wm. Katie R. Williams
(Address) 322 W. Lafayette Ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Sept 21, 1931

I last saw h[illegible] alive on Sept 21, 1931 death is said to have occurred on the date stated above, at 12½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tonsillitis and Pharyngitis (Streptococcus)	9/6/31
Other contributory causes of importance: Acute Toxic Myocarditis	9/9/31

Name of operation ... Date of ...

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Peter Moranetz, M. D.
(Address) Lydenham Hospital

1-20—M. & T.—100 B—60L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72360 — REGISTERED NO. E 72360

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Ward ST. 21-28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Chambers

(a) RESIDENCE NO 1417 Ward ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6 DATE OF BIRTH (month, day, and year) Aug. 6th., 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	26	1	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Any kind of work
(c) Name of employer ---

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Florence Robinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Florence Robinson

(Address) 1417 Ward Street

15 Filed ---, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) --- yrs. --- mos. 11/2 ds.

CONTRIBUTORY (Secondary) --- (duration) --- yrs. --- mos. --- ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

9/21, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Sept 24 1931

20 UNDERTAKER Mr. Kate R. Williams

ADDRESS 3224 Schroeder St

C. HAMILTON JONES, M.

IMPORTANT See instructions on back of certificates.

Spec.—9-30—A & Co.—250 Blks

E 7236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 108 E 7236

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1604-E-31st St. 9-46 (WARD)

2 FULL NAME Agnes Kemp Nisbet

(a) RESIDENCE NO. (Usual place of abode) 1604-E-31- St. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs 0 mos 0 ds. How long in U. S., if of foreign birth? 52 yrs 0 mos 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gordon W. Nisbet

6 DATE OF BIRTH (month, day, and year) Aug. 13-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Scotland Scotland

PARENTS

10 NAME OF FATHER Peter Kemp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Anne Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Interment (Address) Mistanne M. Nisbet daughter 1604-E-31 St.

15 SEP 22 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21/31

17

I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to Sept 21, 1931

That I last saw h[illegible] alive on Sept 20, 1931, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

. 19 (Address) 4810 Belair Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery DATE OF BURIAL Sep 24 19 31

20 UNDERTAKER Stewart & Conn ADDRESS Balto

AaCo. 5-31 2M

72362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72362 General Hospital

1. PLACE OF DEATH Good Shepherd (If death occurred in a hospital or institution, give its NAME instead of street and number.) 16-22 (Ward) Registered No.

CITY OF BALTIMORE: (No. 1512 N. Gilmor St.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles Williams

(a) Residence: No. 707 N Stricker St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) Feb 1931

11. Total time (years) spent in this occupation 0 6 0

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Max Williams

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Fannie Fox

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Annie Wilson 707 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL Place Interment Date Sept 22 1931

19. UNDERTAKER (Address) Thomas E. Kelson 4303 Prestman St

20. FILED C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to Sept. 20, 1931. I last saw h alive on Sept. 20, 1931 death is said to have occurred on the date stated above, at 10.40 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	9-19-31

Other contributory causes of importance:

Myocarditis
Arterio Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles F. Wagner M D

(Address) Gen'l Physician Gen'l Hosp.

Spec.—1-30—M. & T.—250 Bks.

E 72363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72363

CERTIFICATE OF DEATH.

REGISTERED NO. 20-69 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Lauretta Ave St.) WARD)

2-FULL NAME Faustina Dill

(a) RESIDENCE NO. 2510 Lauretta Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of George Dill

6 DATE OF BIRTH (month, day, and year) March 27 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent Co Md

PARENTS
10 NAME OF FATHER Gilbert Wood
11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Md
12 MAIDEN NAME OF MOTHER Catherine Trueberry
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co Md

14 Informant (Address) L. A. Davis 2510 Lauretta ave

15 Filed Sept 24 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 17 . 1931 to Sept 21 . 1931 ; that I last saw her alive on Sept 20 . 1931 ; and that death occurred, on the date stated above, at 1.40 A m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary) Myocarditis, Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Findings.

(Signed) Edwin Hartman M. D.

9/24 1931 (Address) 1219 Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown Kent Co Md — DATE OF BURIAL Sept 24 1931

UNDERTAKER F. Vernon Kechner — ADDRESS 531 Hollins

Spec.—1-10-21—M&T—1500 Blks.

E 72364

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72364

CERTIFICATE OF DEATH.

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital
CITY OF BALTIMORE: (No. Fayette ST. 20-71 WARD)

2. FULL NAME Joseph N Donaldson

(a) RESIDENCE NO. 2513 Loudon Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 16 1869

7 AGE: Years 62; Months 6; Days 4; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): New York City

PARENTS

10 NAME OF FATHER Walter Donaldson

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N. Y.

14 Informant: Mrs Lillian J Schroeder
(Address) 2513 Loudon Ave

15 Filed 2 2 1931 C. HAMPSON JONES, M. D. Registrar
By [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 20 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1931, to Sept 20, 1931, that I last saw him alive on Sept 20, 1931, and that death occurred, on the date stated above, at 1:40 P m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular
renal disease

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis Examination

(Signed) M. B Schreiber, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Sept 23 1931

20 UNDERTAKER: F Vernon Keehner — ADDRESS: 153 Hollins

TION is very important. See instructions on back of certificate.

Spec—9-30—A. & Co.—250 Blks

E 72365 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72365

CERTIFICATE OF DEATH 157-004

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 513-59 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Alkonor Gregory

(a) RESIDENCE NO. 2505 Salem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 28 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 3	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Marshall Gregory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Lyon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Records
(Address) JOHNS HOPKINS HOSPITAL

15 C. HAMPSON JONES M.D.
2 2 1931 Registrar
0174

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 18 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 17, 19 31, to Sept 18, 19 31

that I last saw h[illegible] alive on Sept 18, 19 31

and that death occurred, on the date stated above, at 12 5 P. m.

The CAUSE OF DEATH* was as follows:

Hutchinson's Disease

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Acute nutritional Dis

Edema (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) H. S. Anderson M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	Sept 22 31
20 UNDERTAKER	ADDRESS
Mrs. R. A. Elliott	1122 Eastland

1-30—M & T—100 B—581.

E 72366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72366

REGISTERED NO. 203

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provd Dead at Mercy Hospital ST. 8-17 (WARD)

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Anna A. Ruhm

(a) RESIDENCE NO. 1404 4 Bond ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female
4 COLOR OR RACE white
5 Single, Married, Widowed, or Divorced (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert R. Ruhm

6 DATE OF BIRTH (month, day, and year) Sept 1869

7 AGE Years 62 Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Seamstress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Erickson

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Johann Ehrendhaus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Wessel

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anthony Wroot
(Address) 1630 N Monument

15 Filed 192 Registrar

PARENTS

TION is very important See instructions on back of certificates

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Crushed Chest & Internal Hemorrhage

CONTRIBUTORY (Secondary) Fell 30 (duration) yrs. 2 mos. down 2 flights Elevatorshaft

18 Where was disease contracted if not at place of death? 304 E Pratt

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) James M Fenton, M. D. Coroner

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Sept 24 1931

20 UNDERTAKER Geo M. Pinkham Son

ADDRESS 811 N Howard

Sept 24 1931 C. HAMPSON JONES, M. D.

1-30—M & T—100 B—501.

E 72367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 / E 72367

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Ferndale Ave ST. 28-64 WARD)

2. FULL NAME Walter Francis X. Byrne

(a) RESIDENCE NO 3305 Ferndale Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Byrne

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 73			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Walter J. Byrne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Dyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant George H. Fink

(Address) 811 N. Wolf St

15 Filed 2 2 1931, 19[illegible] C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis & Syph Chr Nephritis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John F. Pacer Coroner, M. D.

19[illegible] (Address) 1401 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lucke dral DATE OF BURIAL Sept 23 1931

20 UNDERTAKER Geo M. Fink & Son ADDRESS 511 N Wolf St

THION is very important! See instructions on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks

E 72368 HEALTH DEPARTMENT—CITY OF BALTIMORE 002 ✓ 12 E 72368

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No Sinai Hospital 9-16 (WARD)

2 FULL NAME William F. S. Bricker

(a) RESIDENCE NO 1311 Homestead St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of: Lillian Bricker

6 DATE OF BIRTH (month, day, and year): Sept. 21 1868

7 AGE: Years 63; Months; Days 1; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Contractor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Wm Bricker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Mathews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Indiana

14 Informant: Mrs Lillian Bricker

(Address) 1311 Homestead St

Filed 2-2 1931 19 C. HAMPSON JONES, M. D. Registrar

By: AKP

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year): Sept 22, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1931 to Sept 22 1931

that I last saw h[illegible] alive on Sept 22, 1931

and that death occurred, on the date stated above, at 2 yrs a m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver (Laennec's)

Chronic nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic nephritis

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Levin, M. D. M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: Sept 24 to 31

20 UNDERTAKER: B Lee M. Frank Son

ADDRESS: 811 W Lee St

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72369

CERTIFICATE OF DEATH

72369

1. PLACE OF DEATH Good Shepherd General Hospital 93-003 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1512 N. Gilmor St., 9-27 Ward

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Thomas

(a) Residence: No. 229 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Howard County

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Johnson

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place John Hopkins No Chicago Date SEP 22 1931

19. UNDERTAKER

(Address)

9-22-1931 G. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 21-, 1931, to Sept 21-, 1931

I last saw her alive on Sept 21, 1931, death is said to have occurred on the date stated above, at 6:22 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Curditis	about Aug 1. 1931
Senility	

Other contributory causes of importance:

Arterio Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. R Dayton M.D.

(Address) 1512 Gilmor St

AaCo. 5-31 2500

72370

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 72370

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 8-16 (Ward)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Waverly Redd

(a) Residence: No. 2125 Llewellyn Ave. St., ... Ward
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Va.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Virginia ?

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Johns Hopkins Hosp. Date SEP 22 1931

19. UNDERTAKER [redacted] (Address) [redacted]

22 1931 C. HOLSON JONES M D
(Date Filed) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1931 to Sept. 17, 1931

I last saw h im alive on Sept. 17, 1931 death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	
Nephritis, Chr	7-8-31

Other contributory causes of importance:

Hypertension ent Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Hunter Jr, M. D.

(Address) Balto. City Hosp.

Cor.—10-30-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72371

169 ✓ E 72371

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2317 Eutaw Place. St., 19-59 Ward)

2-FULL NAME Dorothy Goodman

(a) RESIDENCE NO. 2317 Eutaw Place St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1899

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	About 32			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Pa.

PARENTS

10 NAME OF FATHER William Goodman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Sadie Nicholson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Dr. L. Greenwald (Brotherin-law)
(Address) 2317 Eutaw Place.

2 21 1931 G. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 8/21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

18 CAUSE OF DEATH* was as follows:
Fracture of Skull due to Fall from Bedroom Window
(Suicide)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

15 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed Lee Mowbray, M. D.

8/22/31 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem.	8/23/1931
20 UNDERTAKER	ADDRESS
Hurd Sondheimer Son	1902 Eutaw Place

Filed property classified. EACH statement of FACT is very important. See instructions on back of certificate.

AdCo. 611 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72372 — 34 E 72372

Registered No. 15-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 W. North Ave. St., 15 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Rosenstock

(a) Residence: No. 1845 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 19, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~None~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gerson Rosenstock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Goodman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. L. Meyer, Marlborough Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~. Place Balto. Hebrew Date Sep. 23, 1931

19. UNDERTAKER Ward Sondheimer's Son (Address) 1808 Eutaw Place.

20. FILED Sept. 23, 1931 W. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1931 to Sept 22, 1931

I last saw h-r alive on Sept 22 1931 death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	June 1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Emanuel Hamburger, M. D.

(Address) 1810 Eutaw Place.

Spec.—9-30—A. & Co.—250 Blks

E 72373

HEALTH DEPARTMENT—CITY OF BALTIMORE 01

CERTIFICATE OF DEATH.

39- 72373

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital 15-58 WARD)

2 FULL NAME Mrs Pauline Manues

(a) RESIDENCE NO. 3507 Pasteur Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Manues

6 DATE OF BIRTH (month, day, and year) Feb 24 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	66	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto-Md.

PARENTS

10 NAME OF FATHER Herman Goldsmith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta Moses

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Jack Manues 3507 Pasteur Rd

15 DEC 2 1931 .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 17 .19 31 to Sept 22 .19 31

that I last saw h e alive on Sept 22 .19 31

and that death occurred, on the date stated above, at 6 30 m.

The CAUSE OF DEATH* was as follows:

Cardiac failure
Chronic passive congestion of viscera

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chocolate cysts of ovary - with pelvic abscess (duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of Sept 19 '31

Was there an autopsy? yes

What test confirmed diagnosis? yes

(Signed) Geo H Romberg M. D.

.19 (Address) Sinai Hospital Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sinai Friendship	Sept 23 19 31

20 UNDERTAKER J. Thomas & Co.

ADDRESS 2132 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72374 ✓ E 72374

E 72374

CERTIFICATE OF DEATH.

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. John Hopkins Hospital St. 7413 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles Cummings

(Residence in Baltimore: No. 1933 E. Chase St.; yrs.....mos.....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male | 4-COLOR OR RACE White | 5-Single, Married, Widowed, or Divorced. (Write the word.)

6-DATE OF BIRTH. July (Month) 15th (Day) 1931 (Year)

7-AGE. yrs. 2 mos. 7 ds. | If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country). Balto Md.

PARENTS

10-NAME OF FATHER. Courtney Cummings

11-BIRTHPLACE OF FATHER. (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER. Barbara Kress

13-BIRTHPLACE OF MOTHER. (State or Country). Balto

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Burton Cummings

(Address) 1933 E Chase St

15-

Filed 2 2 1931 19 A K B Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Sept (Month) 22nd (Day) 1931 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal Indigestion
(Cause undetermined)
Autopsy at Hopkins

(Duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(Duration) .....yrs. .....mos. .....ds.

(Signed) H. J. Kalm M. D.
(Coroner)

9/22/31 192 (Address) 508 E. North Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Pat Lawn Cem. DATE OF BURIAL. Sept 23 1931

20-UNDERTAKER. Geo M. Tonic Son ADDRESS 811 N Wolfe

C. EARLSON JAMES, M. D.

AaCo. 1-31 2508

E 72375 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH

X 119 E, 72375

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine J. Hanson

(a) Residence: No. Greenhaven Md. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of?

6. DATE OF BIRTH (month, day, year) Jan 4th 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Greenhaven Md

MOTHER FATHER

13. NAME George Harrison
14. BIRTHPLACE (city or town) (State or country) Ind
15. MAIDEN NAME Mildred Shaw
16. BIRTHPLACE (city or town) (State or country) Dalton Md

17. INFORMANT Geo Harrison
(Address) Greenhaven Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date 9/25/ 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 1PM Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22 . 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-22 . 1931, to 9-22 . 1931

I last saw her alive on 9-22 . 1931 death is said to have occurred on the date stated above, at 2:51 p.m.

The principal cause of death and related causes of importance were as follows:

1 Cerebral hemorrhage - embolism — Date of onset 9-18-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dennis J. [illegible] M. D.
(Address) [illegible]

9-27-1931 C. CAMPSON JONES, M. D.

1-20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43 803 V
43 E 72376

E 72376

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 16-68 WARD)

2-FULL NAME Edward Donovan

(a) RESIDENCE NO 1614 Thomas Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Donovan

6 DATE OF BIRTH (month, day, and year) Oct 2 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Balto Dry Dock

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER James Donovan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland Md

12 MAIDEN NAME OF MOTHER Mary Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs Grace Donovan

(Address) 1614 Thomas Ave

15 Filed 9-2-1931 16 Registrar HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said decensed came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocarditis

(duration) 1 yrs. 6 mos ds

CONTRIBUTORY (Secondary) Arterio Sclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in bed

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Hundley, M. D. Coroner

9-24-31 (Address) 700 E Lanvale

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 9-24 1931

20 UNDERTAKER Cook

ADDRESS 124 St Paul St

TION is very important See instructions on back of certificates.

AaCo. 1-31 2508

E 72377 HEALTH DEPARTMENT CITY OF BALTIMORE E 72377

CERTIFICATE OF DEATH

Registered No. 27-48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5793 Clearspring Road St., 27 Ward.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl F. Wanke.

(a) Residence: No. 5793 Clearspring Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Knapp Wanke.

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brew Master

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Franz Wanke

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Julia Hertzmannski

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT (Address) Gertrude K. Wanke 5793 Clearspring Road

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Sept. 23/ 1931

19. UNDERTAKER (Address) Lilly & Zeiler Inc. 403 S. Wolfe St.

Be FILED 9-24-1931 C. HAMPSON JONES, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Sept 21, 1931

I last saw h alive on Sept 20, 1931, death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Left Side Paresis	1929
Endarteritis of left leg - gangrene of right leg	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) D. K. Bishop, M. D.

(Address) 501 Glenarm

Spec.—1-10-21—MAT—1500 Blks.

E 72378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 72378

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 507 Jayne Ave ST. 20-21 (WARD)

2-FULL NAME Mrs. Elizabeth Linthicum

(a) RESIDENCE NO. 507 Jayne Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed or divorced: (a) Husband of

(b) Wife of: Edward W. Linthicum

6 DATE OF BIRTH (month, day, and year): Dec 12 1864

7 AGE: Years 66 Months 9 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Christopher Krauss

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Medalus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Edw Linthicum 507 Jayne Ave

15 Filed SEP 22 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Sept 22 1931, that I last saw h[illegible] alive on Sept 22 1931, and that death occurred, on the date stated above, at 12:20 P.M.

The CAUSE OF DEATH* was as follows: Carcinoma of Stomach

(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Same (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Thomas S Bowman M. D.

19 (Address) 3632 Frederick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto County

DATE OF BURIAL: 9/25/31

20 UNDERTAKER: Geo Leimbach & Son

ADDRESS: [illegible]

THOMPSON JONES, M. D.

TION is very important See instructions on back of certificate

AdCo. 5-11-2500

HEALTH DEPARTMENT CITY OF BALTIMORE

B 72379

CERTIFICATE OF DEATH

Registered No. 82-9-72379

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11 Ward)

Length of residence in city or town where death occurred yrs mos 8 da. How long in U.S. If of foreign birth? yrs mos da.

2. FULL NAME Herbert H. Warren

(a) Residence: ~~No.~~ Centreville, Md. ~~St.~~ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17 1875

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	56	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) nr Centreville Q.A. Co. Md.

MOTHER FATHER

13. NAME Wm Henry Warren
14. BIRTHPLACE (city or town) (State or country) Q.A. Co Md
15. MAIDEN NAME Sarah Wynne
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Daughter
(Address)

18. BURIAL, CREMATION, OR REMOVAL Chesterfield Cem Centreville Md 9/24 1931

19. UNDERTAKER H. H. Eaton
(Address) Centreville Md.

20. FILED Sept 24 1931 J. L. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1931, to Sept. 22, 1931

I last saw h alive on Sept. 22 1931 death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset July 6 1931

Other contributory causes of importance: Bronchopneumonia — Sept. 20 '31

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) Willard H. Spencer, M. D.
(Address) Univ. Hospital Baltimore Md.

AaCo. 1-31 1000

Wolfram

HEALTH DEPARTMENT CITY OF BALTIMORE

72380

CERTIFICATE OF DEATH

82 C 72380

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. 72-30 St., Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Wolfram

(a) Residence: No. 114 Light St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Wm. Wolfram

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ida Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date 9/23 1931

19. UNDERTAKER John J. Sykes & Sons

(Address) 1125 E. Baltimore St.

20. FILED SEP 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1/18/27, 19, to 9/18/31, 19

I last saw h[illegible] alive on 9/15/31, 19 death is said to have occurred on the date stated above, at 2:50 P. M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage into Cerebrum — Date of onset 9/8/31

Other contributory causes of importance: Hypertension and Arteriosclerosis — and unknown

Name of operation None — Date of

What test confirmed diagnosis? None — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Arnold Jr. M. D.

(Address) City Hosp.

1-30—M. A. T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72381 | 87 E 72381 -001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 3211 Eastern Ave ST. 76-2 WARD)

2-FULL NAME August Wilhelm Sr

(a) RESIDENCE NO. 3211 Eastern Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 95 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Wilhelm

6 DATE OF BIRTH (month, day, and year) Dec 2 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	11	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town) (State or country) Carrollton Md

PARENTS

10 NAME OF FATHER Henry Wilhelm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Wilkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jno Eisenmeit

(Address) 3211 Eastern Ave

15 Filed SEP 23 1931 H. M. Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows

Apoplexy

(duration) yrs. mos 1 ds

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) V. H. Jones M.D. M. D. Coroner.

9/21, 1931 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bachmans Cemetery

DATE OF BURIAL Sept 23 1931

20 UNDERTAKER George W Sinkler

ADDRESS 1737 E Pratt

* TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

72382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital (St.) No-1 (WARD)

REGISTERED NO. 73 E 72382

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harrison P. Smith

(a) RESIDENCE NO 1219 E Clinton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Smith

6 DATE OF BIRTH (month, day, and year) Oct 30 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Bricklayer
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Henry A Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Eliz Dannenfelser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant Mary E Smith

(Address)

15 Filed [illegible] 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Haemorrage of liver & Spleen due to Gunshot (Homocide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3408 Toone St

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) S P Berger M D M. D.

Coroner

9/23, 1931 (Address) 1305 N Fatterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carmel Cemetery	Sept 24 1931
20 UNDERTAKER	ADDRESS
George W. Zitzler	1737 E Eager St

TION is very important. See instructions on back of certificate.

AaCo. 5-31 2MR

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72383 — CERTIFICATE OF DEATH — 159 — 76-1 — W. 72383

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 S. Highland Ave St., 26 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Elizabeth Smith

(a) Residence: No. 911 S. Highland Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month day year) Sept. 11 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
			10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm A. Smith
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Kate Long
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Kate Smith
(Address) 911 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 23rd 1931

19. UNDERTAKER Lilly & Sons
(Address) 701 E Monument St

20. FILED SEP 23 1931 19 Pyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Sept 21st 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1931 to Sept 21st 1931

I last saw ... alive on Sept 21 1931 Death is said to have occurred on the date stated above, at 5:50 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Debility 7½ Month	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) H. L. Pechstein M.D.
(Address) 3201 Eastern Ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72384

173 ✓ E 72384

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Provident Hospital ST. 11-24 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Andrew Woods

(a) RESIDENCE NO 241 Camel Alley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer v40
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Sam Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs Woods
(Address) 241 Camel Alley

15 Filed SEP 23 1931, 192 a. m. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 18/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Hemorrhage due to Pistol shot right lung. Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? seen by Dr. McCleary

What test confirmed diagnosis?

(Signed) [illegible] M. D.
Coroner

9/22, 19 31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 9-22 1931

20 UNDERTAKER Samuel Easton — ADDRESS 911 Eutaw

TION is very important See instructions on back of certificates.

1-30—M & T —100 B—50L

72385

HEALTH DEPARTMENT—CITY OF BALTIMORE

72385

CERTIFICATE OF DEATH

92-00E

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E. Madison ST. 10-W WARD)

2-FULL NAME Robert Garner

(a) RESIDENCE NO 1408 E. Madison ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	61			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) St. Mary's Co., Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) St. Mary's Co., Md.

14 Informant Catherine Robinson
(Address) 1408 E. Madison St

15 Filed SEP 23 1931 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep21/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Chr. Endocarditis

"History" of Rheumatism (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

9/23/31 (Address) 208 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL 9-24 1931

20 UNDERTAKER Jas. M. Skinner

ADDRESS 1626 E. Madison

TION is very important See instructions on back of certificate.

E 72386 S. Catherine O'Connell. E 72386

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital St. 27-44 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs Sarah C. O'Connell

(a) Residence: No. 5102 Harford Rd St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Thomas O'Connell

6. DATE OF BIRTH (month, day, year) Aug. 2 1884

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
A ✓	47	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME George B Chartier

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Ann Brady

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 9/24/31

19. UNDERTAKER George B. Hartman & Bro Baltimore

(Address) 1321 Harford Av

SEP 23 1931

(Filed) HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1931 to Sept. 21, 1931

I last saw h alive on Sept. 21 1931 death is said to have occurred on the date stated above, at 3:20 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystitis	1929
Bronchopneumonia	Sept 20.
Acute Dilatation of Stomach	Sept 21.

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 9/19/31.

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis Bregel M. D.

(Address) Mercy Hospital

1-30—M. & T.—100 B—501.

E 72387

E 72387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 9-17 WARD)

2-FULL NAME Grace E. Messenger

(a) RESIDENCE NO Middle River, Md. ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 24, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	16	11	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

PARENTS

10 NAME OF FATHER John H. Messenger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.Co. Md.

12 MAIDEN NAME OF MOTHER Mollie E. Dranyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.Co. Md.

14 Informant John H. Messenger
(Address) Middle River, Md.

15 Filed SEP 23 1931 HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22, 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Acute Intestinal Toxemia (Source undetermined)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Uremia--retention of urine

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) ..... Coroner, M. D.

9/23/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Sept. 25, 19 31

UNDERTAKER Frederick Lauchheimer

ADDRESS 7401 Belair Rd.

TION is very important. See instructions on back of certificate.

AoCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72388

CERTIFICATE OF DEATH

32-001 V 72388

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-58 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Charles L. Schaefer

(a) Residence: No. 3828 Cottage Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara I. Schaefer

6. DATE OF BIRTH (month, day, year) Dec 7 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Henry Schaefer
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Walters
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs Clara I Schaefer 3828 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Date Sept 23 1931

19. UNDERTAKER (Address) Jas. J. Tuckers Son Forest Glenn Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1931 to Sept. 21, 1931 I last saw h-- alive on Sept. 21, 1931 death is said to have occurred on the date stated above, at 3.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (Estd)
Chronic myeloid leukemia	

(Other contributory causes of importance:)

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgical Path autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Thomas Baker M. D.

(Address) University Hosp.

AaCo. 9-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72389

CERTIFICATE OF DEATH

131 V E 72389

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3006 Brighton St. 16-67 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Buchanan Anderson

(a) Residence: No. 3006 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John L Anderson

6. DATE OF BIRTH (month, day, year) Nov 18-1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Hughe

14. BIRTHPLACE (city or town) (State or country) Del Md

15. MAIDEN NAME Buchanan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT. Bessie Anderson
(Address) 3006 Brighton St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept 23 1931

19. UNDERTAKER Wm F Fredericksen & Son
(Address) Mt Royal Ave

20. FILED Sept 23 1931 HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to Sept 20, 1931
last saw her alive on Sept 19 1931 death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Intracranial Hemorrhage	June 1 1931.
Myocarditis, Edema of Lungs	✓

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Foland M. D.
(Address) 1219 Poplar Grove St.

AaCo. 5-31 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72390

CERTIFICATE OF DEATH

E 72390

Registered No. 17 E 72390

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hos. St. 8-12 Ward)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Harrison

(a) Residence: No. 2305 E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6, 1928

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	3	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Harrison

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Belle F Baer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Frank Harrison
(Address) 2305 E. Biddle St

18. BURIAL, CREMATION OR REMOVAL
Place Forrans Rielly Co. Date Sept 26 1931

19. UNDERTAKER Wm. Maurer & Sons
(Address) North & Bemadous.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1931, to Sept. 22, 1931

I last saw him alive on Sept. 22, 1931 death is said to have occurred on the date stated above, at 11 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis lethargica	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jesse S. Iglis M. D.

(Address) Union Memorial Hosp.

Spec.—9-30—A. & Co.—250 Blks.

E 72391

E 72391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122002

REGISTERED No.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hosp. Monument St. 5-58 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Betsy Donner

(a) RESIDENCE No. 2601 Springhill Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 8/20/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	33	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 600

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER ~~Louis~~ Joseph Donner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md U.S.A.

14 Informant (Address) Jack Louis Donner 1439 E. Baltimore St.

15 Filed SEP 23 1931 19 By C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 3 , 1931 , to Sept 22 , 1931

that I last saw h[illegible]m alive on Sept 22 , 1931

and that death occurred, on the date stated above, at 12:10 A. M. Sept 23 '31

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(Duration) yrs. mos. 19 ds.

CONTRIBUTORY (Secondary) Dehydration, Bronchopneumonia.

(Duration) yrs. mos. 19 ds.

18 Where was disease contracted if not at place of death? at birth (hospital)

Did an operation precede death? yes Date of Sept 4 '31

Was there an autopsy? yes.

What test confirmed diagnosis?

(Signed) J. E. Sanders M. D.

, 19 (Address) Sinai Hospital Balt.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Hering Rum

DATE OF BURIAL 9/23 1931

20 UNDERTAKER Jack Louis

ADDRESS 1439 E. Baltimore St

MCo 24198 E 72392

HEALTH DEPARTMENT—CITY OF BALTIMORE E 72392

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 N Castle St. (If not in hospital or institution, give ward) 17th

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Lindner

(a) Residence: No. 1709 N Castle St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Lindner

6. DATE OF BIRTH (month, day, year) June 24 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	67	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Beck
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Lobinger
(Address) 1709 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 26 1931

19. UNDERTAKER M. J. & E. Kipple Inc.
(Address) 33 S Carrollst

20. FILED SEP 23 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1931

22. I HEREBY CERTIFY, That I attended deceased from June 25 1931 to Sept 22 1931

I last saw h alive on Sept 22 1931, death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Of Liver & Intestines	1931

Other contributory causes of importance:

Toxic Absorption 3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Good M. D.

(Address) 1413 N Washington

AaCo. 5-31 1500

E 72393 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72393

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 13-59

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Holly

(a) Residence: No. 2319 Division St., Ward (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Agnes Holly

6. DATE OF BIRTH (month, day, year): 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	61?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? Va.

MOTHER FATHER

13. NAME: Addison Holly
14. BIRTHPLACE (city or town) (State or country): ? Va.
15. MAIDEN NAME: Sarah ?
16. BIRTHPLACE (city or town) (State or country): ? Va.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Calvary Date: Sept 24 1931

19. UNDERTAKER: Thomas E. Kelson (Address): 1303 Pressman St

20. FILED SEP 23 1931 HAMPSON JONES Registrar
By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-21-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-1-29, 19, to 9-21-31, 19

I last saw h. alive on 9-21-31, 19 death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	Jan 1929
Other contributory causes of importance: Pneumonia - non-specific	14 hrs

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. Arnold M. D.
(Address) Balto. City Hosp.

AaCo. 5-31-2500

HEALTH DEPARTMENT CITY OF BALTIMORE

X 131 VE 72394

CERTIFICATE OF DEATH

Registered No. 72394

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3 E 33rd St.) (2 - 14 - 1 Ward)

Length of residence in city or town where death occurred 5 yrs 5 mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mrs Virginia Lecompte

(a) Residence: No. Hampstead, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced ~~Husband~~ Wife Mr. Paul Lecompte

6. DATE OF BIRTH (month, day, year) July 12, 1888

7. AGE Years 43 | Months 2 | Days 10 | If LESS than 1 day hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER
13. NAME Louis Le Perre
14. BIRTHPLACE (city or town) (State or country) Canadian

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Canadian

17. INFORMANT Paul Lecompte
(Address) Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL
Place Williamsport Date 1931

19. UNDERTAKER Inscoe & Cook
(Address) 121 S. Paul St

20. FILED Sept 23 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931 to Sept 22, 1931
I last saw her alive on Sept 20 1931 death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis — Uraemia	? 9/15/31
Other contributory causes of importance: Bronchopneumonia	9/14/31

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard Prance, M. D.
(Address) Union Memorial Hosp.

Form—0-30—A. & Co.—250 Blks

72395

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-E 72395

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2028 Cecil Ave St. 9-46 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John J. Woods

(a) RESIDENCE NO. (Usual place of abode) 2028 Cecil Ave St. Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Woods.

6 DATE OF BIRTH (month, day, and year) March 25 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Officer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto City Police Dept.

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Woods

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lunney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. Mary Woods

(Address) 2028 Cecil Ave.

15 Filed SEP 23 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931, to Sept 21, 1931, that I last saw h alive on Sept 21, 1931, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows: Cerebral apoplexy

(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Coma.

(Duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No.

What test confirmed diagnosis? Coma

(Signed) [redacted] M. D.

9/25/31 (Address) 704 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Cathedral Cem.

DATE OF BURIAL 9/27 1931

20 UNDERTAKER Orton Lemmon

ADDRESS [illegible]

A&Co. 5-31 2000

72396 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 72396

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital (St. 11-24 Ward)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary U. Earp

(a) Residence: No. Elkridge Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of C. A. R. Earp

6. DATE OF BIRTH (month, day, year): Jan 24-1865

7. AGE: Years 66 | Months 9 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm. John Hayes

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Maria Helming

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Elkridge, Md. Date Sept. 25 1931

19. UNDERTAKER E. Leroy Stafford, Inc. (Address) 125 E. North Ave.

20. FILED SEP 23 1931 19 W. C. JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1931 to Sept 22 1931

I last saw her alive on Sept 22 1931 death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Hypertension & Arteriosclerosis Chronic	6 years 4 years
Other contributory causes of importance: Hyperbolic Anemia - Pelvic	2 days

Name of operation Chaleycystectomy Date of Sept 18 1931

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Robert F. Chamberlain M. D.

(Address) md General Hospital

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72397

CERTIFICATE OF DEATH

X 23 E 72397

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 6 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Frank D. White

(a) Residence: No. 157 Atlantic Ave. St., Ward. Hempstead, N.Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 18, 1877

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	54	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER FATHER

13. NAME John M. White

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Mary M. McCabe

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
Place Loudon Park. Date Sept. 23, 1931

19. UNDERTAKER E. Leroy Stafflebur & Inc.
(Address) 125 E Northwable.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1931 to September 22, 1931

I last saw him alive on Sept. 22, 1931 death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active.	?
Over 3 years duration	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Gordon R. Abbott M. D.
U.S. Marine Hospital
(Address)

AaCo. 5-11 2/28

E 72398

HEALTH DEPARTMENT CITY OF BALTIMORE E 72398

CERTIFICATE OF DEATH

93003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 Chilton St. 8-4-6 Ward) 9

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Ripley

(a) Residence: No. 1828 Chilton St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Ripley

6. DATE OF BIRTH (month, day, year) Aug 13, 1835

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	96	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horse
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Pa
13. NAME Thomas Ripley
14. BIRTHPLACE (city or town) (State or country) Pa
15. MAIDEN NAME Marie Lavers
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Jacob Crimm
(Address) 1828 Chilton St

18. BURIAL, CREMATION, OR REMOVAL
Pln London Park Date Sept 25 1931

19. UNDERTAKER John Ulrich
(Address) 202 Gilmor

20. FILED SEP 25 1931 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Sept 22 1931

I last saw him alive on Sept 21 1931 death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Senile Myocarditis 9/15/31

Other contributory causes of importance: Arterio-Sclerosis 1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. F. Ulrich M. D.
(Address) 202 Gilmor St.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72399

CERTIFICATE OF DEATH

8 2 [illegible] 72399

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 - Southern Ave St., 27-44 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate - Sommers

(a) Residence: No. 2806 - Southern Ave St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August - Sommers

6. DATE OF BIRTH (month, day, year) Nov 14 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-3

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Jacob Krumeck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Baer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lippman
(Address) 2806 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Sept 24 1931

19. UNDERTAKER John Lenich
(Address) 2005 Allam St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 20. 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1931, to Sept 20, 1931

I last saw h[illegible] alive on Sept 20 - 1931 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	Sept 11/31
Other contributory causes of importance: Coma -	Sept 11/31

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank A Bruce, M. D.

(Address) 125 W Eday

1-30—M & T—100 B—501.

E 72400

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 72400

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 608 W. North Ave ST. 13-20 (WARD)

2-FULL NAME John J. Krieger

(a) RESIDENCE NO 608 W North Ave ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
or WIFE of

6 DATE OF BIRTH (month, day, and year) May 16, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Anton Krieger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Kurtz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Rose Curry
(Address) 608 W North Ave

15 Filed _____, 192 _____ Registrar

SEP 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Krauss, M. D. Coroner

9/22 1931 (Address) 7632 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Sept 24 1931

ADDRESS

20 UNDERTAKER Morton Baker 1827 N. North

IMPORTANT—See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

72401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X23 E 72401

REGISTERED NO. 13-57

1-PLACE OF DEATH

City of BALTIMORE: (No. 3630 Brenn Vista St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George A Bamblitz

(a) RESIDENCE NO. 3630 Brenn Vista St. Ward Town Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept. 25, 1905

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	26	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Balto Co. Md.

(State or country)

PARENTS

10 NAME OF FATHER Harrison Bamblitz

11 BIRTHPLACE OF FATHER (City or town) Balto Co Md.

(State or country)

12 MAIDEN NAME OF MOTHER Elvira Bayne

12 BIRTHPLACE OF MOTHER (city or town) Balto Co. Md

(State or country)

14 Informant Hastings Burial Co

(Address) 1 Towson 825 E Pratt

15 Filed ——— 19 ——— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept. 22, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931, to Sept 22, 1931,

that I last saw h— alive on Sept. 21, 1931,

and that death occurred, on the date stated above, at 3:55 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) ——— yrs. ——— mos. 1 da.

CONTRIBUTORY (Secondary) Kidney Arteriosclerosis

(duration) Ten yrs. ——— mos. ——— da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) J H Munch M. D.

19 (Address) 4037 Falls Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Marys Cemetery — Date of Burial Sept 24 1931

20 UNDERTAKER Tim Burns Sons — ADDRESS Towson

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS very important. See instructions on back of certificate.

E 72402

2527

E 72402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1-PLACE OF DEATH (a) JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No 76-37 ST. WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Anna Heddeman

(b) RESIDENCE NO. 1337 S. Clinton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced, (write the word): widowed

If [redacted], widowed, or [redacted] (or) WIFE of John G. Heddeman

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years: 70? | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: H.W. 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS
10 NAME OF FATHER: Hugh Nelson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Jennie Powell
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: JOHNS HOPKINS HOSPITAL (Address)

15 Filed 2 3 1931, 19 [illegible] C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22-1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 18, 19 31 to Sept 22, 19 31
that I last saw her alive on Sept 22, 19 31
and that death occurred, on the date stated above, at 9 10 a m.
The CAUSE OF DEATH* was as follows:
Cardiac failure

(duration) yrs. mos. 04 ds.
CONTRIBUTORY (Secondary) Pulmonary oedema
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) Charles McLane M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 25 19 31

UNDERTAKER: John G. Connelly — ADDRESS: Essex

(SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS)

Form. 1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72403 — 23 E 72403

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 603 N. Eden ST. 5-9 WARD)

2. FULL NAME Wm. A. Glascoe

(a) RESIDENCE NO. 603 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	B	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Glascoe

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Glascoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucinda Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Alberta Glascoe 603 N. Eden St.

15 Filed 2-3 1931 . 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20-1931

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 . 1930 . to Sept 18 . 1931 .

that I last saw him alive on Sept 18 . 1931 .

and that death occurred, on the date stated above, at 11:00 P. m.

The CAUSE OF DEATH* was as follows:

Ch. Pulmonary T.B.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Physical

What test confirmed diagnosis?

(Signed) L. G. Hornstein M. D.

9/22, 1931 (Address) 733 Orleans St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Sept 22, 31

20 UNDERTAKER: Chas. H. Johnson — ADDRESS: 416 N. Carrollton Ave.

SEE instructions on back of certificate. THIS is very important.

1-30—M. & T.—100 B—581.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72404

167 E 72404

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Jefferson ST., 7-19 WARD)

2. FULL NAME Albert Washington

(a) RESIDENCE NO 1616 Jefferson ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waiter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Md/land (State or country)

14 Informant Charles Washington (Cousin)
(Address) 1616 Jefferson St

Filed SEP 23 1931 Registered _____

C. HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol Shot wound of brain - Suicide
(Not Temple)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D.
Coroner

(Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. National Cemetery DATE OF BURIAL Sept 24, 1931

20 UNDERTAKER Chas H. Johnson ADDRESS 466 N. Carey St.

TION is very important! See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

72405

HEALTH DEPARTMENT—CITY OF BALTIMORE

72405

CERTIFICATE OF DEATH

REGISTERED No. 27-44 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No.) Caroline & Oliver St. 27-44 WARD)

2 FULL NAME Dennis Hasson

(a) RESIDENCE No. 3310 Ruckert Ave St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Barbara Hasson

6 DATE OF BIRTH (month, day, and year) June 3, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 066
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS
10 NAME OF FATHER: Neal. Hasson
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Margaret ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Mr. Lenard V. Hasson 3315 Beverly Rd.

9-23-1931 C. HAMPSON JONES, M. D. Registrar
Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-21-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Sept 21, 1931
that I last saw h[illegible] alive on Sept 21, 1931
and that death occurred, on the date stated above, at 6.40 P. M.
The CAUSE OF DEATH* was as follows:
Hypertrophied Prostatitis
(duration) 5-6 yrs. mos. ds.
CONTRIBUTORY (Secondary): Acute Cardiac Dilatation
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 9/21/31
Was there an autopsy? no
What test confirmed diagnosis? Operation

(Signed) [illegible] M. D.
, 19 Address St Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Sept 24 31

20 UNDERTAKER: John F Moran — ADDRESS: 3000 E. Balto St.

72406 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 119 E 72406

REGISTERED NO

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Providence Hospital ST. 1420 (WARD)

2 FULL NAME Bessie Grimes

(a) RESIDENCE NO. Chase, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1, mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Aug 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1.	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Benj. Grimes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co. Md.

12 MAIDEN NAME OF MOTHER Rose Cornish

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md.

14 Informant (Address)

15 9 23 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-20-31

17 I HEREBY CERTIFY, That I attended deceased from 9-10, 1931, to 9-20, 1931, that I last saw h[illegible] alive on 9-20, 1931, and that death occurred, on the date stated above, at 2.25 A. m.

The CAUSE OF DEATH* was as follows: Acute intestinal disturbance

(duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Geo. McDonald, M. D.

9 20 1931 (Address) Providence Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible]

DATE OF BURIAL SEP 23 1931

ADDRESS

20 UNDERTAKER Commissioner Health.

ADDRESS

AdCo. 5-R 2/08

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72407

CERTIFICATE OF DEATH

#6 E 72407

1. PLACE OF DEATH Mt Hope Retreat — Registered No. 28-63 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward.)

Length of residence in city or town where death occurred 13 yrs 6 mos. How long in U.S. If of foreign birth? yrs mos ds unknown

2. FULL NAME Catherine Geissin

(a) Residence: No. Mt Hope Retreat St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female — 4. Color or Race White — 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Feb 6. 1854

7. AGE: Years 77 — Months 7 — Days 17 — If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Unknown — 11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Patrick Gallagher

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Flynn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mt Hope Retreat Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Place Philadelphia Date Sept 28 1931

19. UNDERTAKER (Address) John Lehnich 2022 Orleans St

Sept 28 1931 .. 193.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1924 to Sept 23. 1931

I last saw h[illegible] alive on Sept 20 1931 death is said to have occurred on the date stated above, at 12.30 m. Sept 23

The principal cause of death and related causes of importance were as follows:

Carcinoma of Hemilytic Bronchus — Three Months

(Other contributory causes of importance) Senile Dementia — 15 Years

Name of operation None — Date of

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Tell M. D.

(Address) Mt Hope Retreat

AaCo. 1-11-1930

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72408

CERTIFICATE OF DEATH

9 E 72408

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 13-57 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 9 mos 20 ds. How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Evelyn Allen van Horn

(a) Residence: No. 1529 36th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3, 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Miles van Horn

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Myrtle Drummer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Miles van Horn

(Address) 1529 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Where Carmel Cemetery Date Sept 24 1931

19. UNDERTAKER Edgewood Chapel

(Address) 3615 Edmondson Ave

20. FILED SEP 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/23/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1931, to 9/23, 1931

I last saw h alive on 9/23, 1931, death is said to have occurred on the date stated above, at 12:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	6 wks. ago
Other contributory causes of importance: Cerebral Hemorrhage	6 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

Cor.—10-19-29—A Co.—100 Bks.

E 72402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 SEP 03

E 72409

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. En route to University Hospital Ward)

2-FULL NAME Joseph Kovacs

(a) RESIDENCE NO. 2400 Booth St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Kovacs

6 DATE OF BIRTH (month, day, and year) May 20 - 1882

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	49	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hungary

PARENTS

10 NAME OF FATHER Martin Kovacs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hungary

12 MAIDEN NAME OF MOTHER Martha Howath

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hungary

14 Informant (Address) Mrs E. Kovacs 2240 Booth St

15 Filed ..... 19 ..... Registrar

SEP 23 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Fellyn M. D.

9/23, 1931. (Address) 2730 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION (OR REMOVAL)

20 UNDERTAKER J. Shepard Hutchins

DATE OF BURIAL 9-24 (1931)

ADDRESS

DEATH in plain terms, so that it may be properly classified. FAILURE to answer all questions may be important. See instructions on back of certificate.

AaCo. 5-31 1500

HEALTH DEPARTMENT CITY OF BALTIMORE

72410

CERTIFICATE OF DEATH

59 Registered No. 72410

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Groveland Ave St. 22 Ward) 25-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Leah L. Kussmaul

(a) Residence: No. 4401 Groveland Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William A. Kussmaul

6. DATE OF BIRTH (month, day, year): 1865

7. AGE — Years: 63 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: Jacob A. Seymour

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Elmira Tittle

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: W. L. Kussmaul
(Address): 4401 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: 1-25, 1931

19. UNDERTAKER: Jos. Ulmer & Son
(Address): 1211 W. Fayette St

20. FILED: [illegible], 19 31 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1923, 19__, to Jan 22, 1931

I last saw h[illegible] alive on Jan 21, 1931 death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Myocarditis	

Other contributory causes of importance:

Diabetes Mellitus 8 yrs.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Hanson Jones, M. D.

(Address) 4037 Falls Rd.

AaCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

72411 95-002 72411

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. W-7 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Tschudy

(a) Residence: No. 224 N. Jay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Josh Tschudy

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Lucie Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bucco Cemetery Date 9/24/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 9 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931 to Sept 22, 1931

I last saw him alive on Sept 22, 1931 death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Disease ?	
(Other contributory causes of importance)	

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lucie Wagner, M. D.

(Address) Mercy Hospital.

1-20—M & T—100 B—50L

E 72412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 72412

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hos ST. 20-28 (WARD)

2-FULL NAME Mary Linnie

(a) RESIDENCE NO 1916 Wilkins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F Male

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): Apr 8 1924

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	7	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Philadelphia

PARENTS

10 NAME OF FATHER: Raymond Linnie

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Cora Hostzell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant Mrs. Thomas Cuney

(Address) 1716 Linthicum Ave

15 Filed 2 3 1931, 19 C. HAMPSON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-22 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Run into side of a moving auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? in 1900 Block Wilkins St Agnes Hosp

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) A Graun, M. D. Coroner

1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudenn Park Sept	26 19 3
20 UNDERTAKER	ADDRESS
Harry H Leitzke	1101 Edmondson

TION is very important See instructions on back of certificates

AACo. 5-31 250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72413 | 9 E 72413 | Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Gyldenhame Hospital (Ward) 11-54
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Hall

(a) Residence: No. 2217 Etting St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Howard Hall
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Evelyn Sheridan
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mrs. Howard Hall 2217 Etting St.

18. BURIAL, CREMATION, OR REMOVAL. Date 9/24 1931
Place St Peters Cemetery

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Freestman St.

SEP 23 1931 G. HERMAN JONES, M. D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/21, 1931, to 9/22, 1931

I last saw him alive on 9/22, 1931 death is said to have occurred on the date stated above, at 1:45A m.

The principal cause of death and related causes of importance were as follows.

	Date of onset
Pertussis	2 wks. ago

Other contributory causes of importance:

Rickets	
Cerebral Hemorrhage	1 Day ago

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson M. D.
(Address) Gyldenhame Hospital

AaCo. 5-31 2500

E 72414

HEALTH DEPARTMENT CITY OF BALTIMORE

2404

94-662 72414

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4600 Pimlico Road St. 27-56 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Emma Kitt

(a) Residence: No. 4600 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Kitt

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Abraham Kitt
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Fannie —
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Emma Kitt
(Address) 4600 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 9-24 1931

19. UNDERTAKER Jack H. Lewis Inc.
(Address) 1459 E Baltimore St.

20. FILED SEP 24 1931 19 Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23- 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931, to Sept 23 1931
I last saw h living alive on Sept 23 1931, death is said to have occurred on the date stated above, at 9 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel, M. D.
(Address) 2404 Eutaw Pl.

Spec.—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72415

CERTIFICATE OF DEATH

X 13 V E 72415

1 PLACE OF DEATH

CITY OF BALTIMORE (No West Balto Jun Hosp 16-68 WARD)

2 FULL NAME Karl F. O. Rudolph

(a) RESIDENCE No German S.S. Maine Leonhardt WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. 9 ds.

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 16 1890

7 AGE: Years 41 | Months 8 | Days 7 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): Dr L. McLeonhardt

(c) Name of employer: Leonhardt & Blumberg

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) Not Known (State or country) Not Known

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) Not Known (State or country) Not Known

14 Informant: F. Sander Sons Inc.

(Address) 1710 Pleasant St

15 Filed SEP 24 1931 Sept. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/22/31

17

I HEREBY CERTIFY, That I attended deceased from 9/14/31, 19 to 9/22, 19 31

that I last saw h alive on 9/22, 19 31

and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Right Arm.

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 10 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) D. Eshman M. D.

, 19 (Address) West Balto Jun Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Pauls Cemetery — DATE OF BURIAL: Sept 24 19 31

20 UNDERTAKER: H. Sander Sons Inc — ADDRESS: 1710 Pleasant St

TION IS very important. See instructions on back of

Spec.—9-30—A. & Co.—250,000

72416

HEALTH DEPARTMENT—CITY OF BALTIMORE

72416

CERTIFICATE OF DEATH.

23 V

1. PLACE OF DEATH

CITY OF BALTIMORE (No. St Joseph's Hospital 10-14 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Betty Mary Wolf

(a) RESIDENCE NO. 976 Augusta St Balt. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 17 1930

7. AGE — Years: ✓ Months: 11 Days: 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (city or town) (State or country): Balto. Md

PARENTS

10. NAME OF FATHER: Joseph M. Wolf

11. BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12. MAIDEN NAME OF MOTHER: Effie M. Brayboy

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14. Informant: Mr. Joseph M. Wolf
(Address): 976 Augusta St

15. Filed SEP 26 1931 By A. [illegible] Registrar

SEP 24 1931 C. HAMILTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Sept 24 1931

17.
I HEREBY CERTIFY, That I attended deceased from Sept 22, 1931, to Sept 24, 1931
that I last saw her alive on Sept 24, 1931
and that death occurred, on the date stated above, at 5 A m.
The CAUSE OF DEATH* was as follows:
Toxemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Tubercular pneumonia and Meningitis (duration) ? yrs. mos. 3 ds.

18. Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

9/25 1931 (Signed) Em Brayboy M. D.
(Address) St Joseph Hospital Balt

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Sept 26 1931

20. UNDERTAKER: Henry Knepp Sons Inc. — ADDRESS: 1301 E. Eager St

1-30—M & T—100 B—50L

E 72417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72417

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 16-68

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emil Priesterjahn

(a) RESIDENCE NO 1507 Braddish Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep 26/1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	64	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Silversmith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles A. Priesterjahn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary A. Wolff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant

(Address)

15 SEP 24 1931 A. B. C. Hampson Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 22/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D. Coroner

9/28/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Sept 24 1931

UNDERTAKER [illegible] ADDRESS 2708 Edmondson Ave

THION is very important See instructions on back of certificates.

A&Co. 5-31 2M8

E 72418 **HEALTH DEPARTMENT CITY OF BALTIMORE** 51 E 72418

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md General Hospital 15-61 (St. ..... Ward)

CITY OF BALTIMORE: (No. ..... St. .....)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H Roberts

(a) Residence: No. 2803 Gittings Block St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Roberts

6. DATE OF BIRTH (month, day, year) 1/14/52

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME George Roberts
14. BIRTHPLACE (city or town) (State or country) Maryland.
15. MAIDEN NAME Miss (?) Robinson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date Sept 16 1931

19. UNDERTAKER Gaither & Jones Inc
(Address) 1 W. Franklin St.

20. FILED SEP 24 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-19-31, 19.., to 9-23, 1931

I last saw h[illegible] alive on 9-23, 1931 death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Carcinoma of prostate	Not known

Other contributory causes of importance:

Acute Myocardial Dilatation	2 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Robert F Chenoweth M. D.
(Address) Md. General Hospital

E 72419

E 72419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45v

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St Agnes Hospital (St.) 18-16 (Ward) 1

2 FULL NAME Mrs Catherine A. ~~Stromsky~~ Stromsky

(a) RESIDENCE NO. 1097 N. Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Widowed

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bartholomew Stromsky

6 DATE OF BIRTH (month, day, and year) October 29,1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Lithuania

PARENTS

10 NAME OF FATHER: Sylvester Saine

11 BIRTHPLACE OF FATHER (city or town) (State or country): Lithuania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Mrs Marie B[illegible] 1097 N. Fayette st

15 FILED SEP 24 1931 C. HAMPSON JO[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-22-31

17 I HEREBY CERTIFY, That I attended deceased from 9-16, 19 31, to 9-22, 19 31

that I last saw her alive on 9-22, 19 31

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis Hemiplegia

1 yr 1 hour

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P E.

(Signed) H[illegible] S[illegible] M. D.

9 22 31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

UNDERTAKER: Joseph B. Cook

DATE OF BURIAL: Sept. 25, 19 31

ADDRESS: 1003 West Baltimore St.

1-30—M. & T.—100 B—561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

E 72420

REGISTERED NO. E 72420

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St.Agnes Hospital 23-32 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs.Anna C. Pfeffer

(a) RESIDENCE No 1719 Clarkson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A. Pfeffer

6 DATE OF BIRTH (month, day, and year) August 3,1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): ----------
(c) Name of employer: At Home

9 BIRTHPLACE (City or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Patrick Brady

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine L. Clark

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Ireland

14 Informant Edward A. Pfeffer

(Address) 1719 Clarkson St.

15 Filed ... 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept.23rd.1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency and Myocardial Decompensation.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY------- (Secondary)

----- (duration) ------ yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs.

(Signed) Guy N. Cromwell, M. D. Coroner

19 (Address) 203 Patapsco Ave., Brooklyn

9/23/31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Glen Cathedral Cemetery

DATE OF BURIAL: Sept.26 1931

20 UNDERTAKER: Conner W. Coughlin

ADDRESS: 924 E. Eager St.

2. TION is very important! See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 72421

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72421

CERTIFICATE OF DEATH

REGISTERED NO. 191

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 918 Harlem Ave. WARD 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Montague Samuels

(a) RESIDENCE NO. 918 Harlem Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Widowed

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Nov Samuels

6 DATE OF BIRTH (month, day, and year) Sept 1 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	—	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): St. John Antigua British W. I.

PARENTS

10 NAME OF FATHER Unknown.

11 BIRTHPLACE OF FATHER (State or country) W. I.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) W. I.

14 Informant (Address) Nov Samuels 918 Harlem Ave.

15 Filed SEP 24 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22nd 1931

I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Heat Prostration

(duration) few hours,

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) H. Colin Corner, M. D.

(Address) Coroner

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pt. Breeze Cemetery

DATE OF BURIAL: Sept 25 1931

20 UNDERTAKER: Archibald O. Gaddis

ADDRESS: 1545 McCulloh St

TION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M.D.

AaCo. 5-31 2500

72422 **HEALTH DEPARTMENT CITY OF BALTIMORE** 72422

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Mansfield Gen Hosp — Registered No. 17-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alonzo J. Carey

(a) Residence: No. 2101 St Paul st St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie Rose Carey.

6. DATE OF BIRTH (month, day, year) Feb 3rd 1879

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
Feb 3 1879	53	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Asst.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER'S MAIDEN NAME

13. NAME Jacob Carey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sara Kiefer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery Date 9/24/1931

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul st

20. FILED SEP 24 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1931 to Sept 22, 1931

I last saw h[illegible] alive on Sept 2[illegible], 1931 death is said to have occurred on the date stated above, at 2.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis, -	? —
Acute Myocardial dilatation	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Sig.) Albert R. Williams M. D.

(Address) Md. Gen. Hosp.

1-30—M & T—100 B—60L

E 72423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72423

54-004

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Donald Dalyard

(a) RESIDENCE NO Holesburg, W.Va. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	10			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W.Va.

PARENTS

10 NAME OF FATHER Wayne Dalyard

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Suzzie Maier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Wayne Dalyard

(Address) Holesburg, W. Va.

15 Date received SEP 24 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12.30 P.M. Sep 23/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Benign Tumor Cerebellum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sep 21/31

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis?

(Signed) [signature] Coroner, M. D.

9/24/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Reisterstown Md

DATE OF BURIAL 9/24/31

20 UNDERTAKER Gorsuch & Owens

ADDRESS Druid Hill Ave

THON is very important See instructions on back of certificates.

Spec.—9 30—A & Co—250 Blks

E 72424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72424

131V

CERTIFICATE OF DEATH.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE (No. 7-9 ST. WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Heckstall

(a) RESIDENCE NO. 631 N Bond ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Scott

6 DATE OF BIRTH (month, day, and year) apr 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	34	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work N.W. 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records JOHNS HOPKINS HOSPITAL (Address) G. HAMPSON JONES, M.D.

15 SEP 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 20 1931 to Sept 21 1931

that I last saw her alive on Sept 21 1931

and that death occurred, on the date stated above, at 735 p m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis
(Uremia)

about (duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? urine, blood chemistry

(Signed) Lawrence D Treuer M. D.
Caroline H Hedell

. 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Edgewood Cem. DATE OF BURIAL 9-24-1931

20 UNDERTAKER Byron & Wright 218 N Eldersley St ADDRESS

TION is very important. See instructions on back of certificate

1-20—M. & T.—500 B.—501.

E 72425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72425

CERTIFICATE OF DEATH

175

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. President St. 1521 St. WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Margie Baldwin Young

(a) RESIDENCE No. 628 N. Vincent St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. Young.

6 DATE OF BIRTH (month, day, and year) 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jas Baldwin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Nancy Baton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Fidler

(Address) 133 Woodyear Ave

15 Filed OCT 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 21 st of 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon, and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Homicide Fractured Skull

Hit with bat,

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 628 N. Vincent

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Stanley A. Gill, M. D.

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cem.

DATE OF BURIAL 9-24 1931

20 UNDERTAKER Byron Knight

ADDRESS 218 N. Elderry St

TION is very important See instructions on back of certificate

AoCo. 5-31 2MB

E 72426 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 61 72426

CERTIFICATE OF DEATH

Registered No. 921

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Oxford St. 17-24 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Rosa Peterson

(a) Residence: No. 524 Oxford St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Aug. 19, 1907

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	24	~~11~~ 1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) Aug 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME ~~Henry William~~ Peterson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Olivia Peterson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry Peterson

(Address) 524 Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-24 1931

19. UNDERTAKER Lewis Easton

(Address) 916 Pennsylvania Ave

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1931, to Sept 21, 1931

I last saw her alive on Sept 21 1931 death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1930

Other contributory causes of importance:

Secondary anemia	1931

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Marco Williams M. D.

(Address) 520 Madison Ave

1-30—M S.T.—100 D.—10L

E 72427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 72427

93004

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1008 Edmondson Ave ST. 16-26 WARD)

2-FULL NAME Ada Smith

(a) RESIDENCE NO 1008 Edmondson Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs _____ mos _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	black	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Smith

6 DATE OF BIRTH (month, day, and year) Dec 25/1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38 39	8	26 27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER George Wilkes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Frances Sheppard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. J. Smith (Address) 1008 Edmondson Ave

15 Filed SEP 24 1931, 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 21/31 19 2.50 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Myocardial Insufficiency

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Jos H Crum, M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 9/24/19 31

20 UNDERTAKER Jas. H. Kelly & Son — ADDRESS Balto

TION is very important! See instructions on back of certificates.

1-20—M. & T.—100 B—50L

E 72428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72428

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-9 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Williams

(a) RESIDENCE NO 21 N. Spring St St., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	about 50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Marion, Ga. ?

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "
(State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country)

14 Informant Police Records

(Address)

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 17/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Oedema Lungs-Enlarged heart
General Arteriosclerosis
Chr. Nephritis?

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis? _____

(Signed) _____, M. D.
Coroner

9/23/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL HOPKINS HOSPITAL

DATE OF BURIAL SEP 2 1931

20 UNDERTAKER

ADDRESS

TION is very important See instructions on back of certificates.

1-30—M. & T.—100 B—501.

E 72429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72429

REGISTERED NO. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. Galloway & Eastern Ave ST. 3-4 WARD)

2.-FULL NAME Frederick Pahl

(a) RESIDENCE NO. 830 S. Bond St ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	62			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd Jobs
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant

(Address)

15 Filed 9-2-1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) B. J. Young M.D. Coroner, M. D.

9/8, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL DATE OF BURIAL SEP 2 1931

20 UNDERTAKER ADDRESS

TION is very important See instructions on back of certificate.

Spec—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72430

E F 230

159

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 Merriman Lane ST., 12-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Dixon

(a) RESIDENCE NO. 427 Merriman Lane ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 hour ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Infant (Single)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9-23-31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 427 Merriman Lane

PARENTS

10 NAME OF FATHER John Dixon

11 BIRTHPLACE OF FATHER (city or town) Sutton N.C.
(State or country)

12 MAIDEN NAME OF MOTHER Sadie Murphy

13 BIRTHPLACE OF MOTHER (city or town) Lyden N.C.
(State or country)

14 Informant John Dixon
(Address) 427 Merriman Lane

15 Filed SEP 24 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-23-31

17 I HEREBY CERTIFY, That I attended deceased from 9-23-, 1931, to 9-23-, 1931,

that I last saw him alive on 9-23-, 1931,

and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:

Premature development

(duration) 4 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Abnormal appearance

(Signed) Frank B. Saunders M. D.

9-24, 1931 (Address) 1029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL SEP 24 1931

ADDRESS

20 UNDERTAKER

Filed SEP 24 1931

C. HAMPSON JONES, M. D.

Spec.—2-25-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72431 ! 23 ✓ E 72431

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Collins

(a) RESIDENCE NO. 954 Forrest ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 3-23-94

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	17 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jacksonville Fla.

PARENTS

10 NAME OF FATHER J J. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Eliza Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Jacksonville Florida

14 Informant Laura Brown
(Address) 321 N. Carrollton Ave.

15 Filed SEP 2 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3 . 1931 . to Sept 9 . 1931 .

that I last saw him alive on Sept 9 . 1931

and that death occurred, on the date stated above, at 12.50 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary T. B.

(duration) 1 yrs 2 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Usual

(Signed) John D. Aubrey M. D.

. 19 (Address) 3012 Northway Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL SEP 2 1931

20 UNDERTAKER C. HAMPSON JONES, JR.

ADDRESS

Spec.—0.30—A. & Co.—250 Blks.

E 72432 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72432

CERTIFICATE OF DEATH

36-42 82

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 5623 Belair Road ST. WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME J. Carroll Walmsley

(a) RESIDENCE NO. 5623 Belair Road ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose I. Walmsley

6 DATE OF BIRTH (month, day, and year) July 8, 1887,

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	2	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Printer 063

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James G. Walmsley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elkton Md.

12 MAIDEN NAME OF MOTHER Emma R. Barrickman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Rose I. Walmsley
(Address) 5623 Belair Road,

9/24 1931 RWH Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day, and year) 9-22-31

16
I HEREBY CERTIFY, That I attended deceased from 9/20 m 1931 to 9/22 1931
that I last saw h alive on 9-22 1931
and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

Uraemia 2 days -1-

CONTRIBUTORY (Secondary) (duration) yrs. mos. -3- ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical sign

Signed David Gilly M. D.
9/23 1931 (Address) 580 N. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Sept 25 1931

20 UNDERTAKER Wm. H. Black ADDRESS 927 N. Broadway

TION is very important. See instructions on back of C

Rper.—1-30—M. & T.—250 Blks.

E 72433 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72433

CERTIFICATE OF DEATH. 107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 St Paul ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Florence Octavia MacCallum

(a) RESIDENCE NO. 925 St Paul ST., WARD Baltimore
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? 21 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr G. A. MacCallum

6 DATE OF BIRTH (month, day, and year) Jan 7 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	81	9	16/17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sparta Ontario Canada

PARENTS

10 NAME OF FATHER John A. Eakins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada

12 MAIDEN NAME OF MOTHER Maria Wrong

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sparta

14 Informant (Address) W. G. MacCallum - Son 701 St Paul St. Baltimore

15 Filed Feb 2 1931 C. H. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24, 1931

17 I HEREBY CERTIFY, That I attended deceased from June 1930 to Sept 24 1931

that I last saw h alive on Sept 23 1931

and that death occurred, on the date stated above, at 3 20 A m.

The CAUSE OF DEATH* was as follows:

Interna-Sclerosis - myocardial
mentf - Terminal broncho-
pneumonia

(duration) 1 yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Terminal broncho pneumonia

(duration) — yrs. — mos. 3 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? none

(Signed) Henry H Thomas Jr M. D.

, 19 (Address) 1201 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Ontario Canada — DATE OF BURIAL Sept 25 1931

20 UNDERTAKER Geo M. Smith & Son — ADDRESS 511 N. Wolfe

1-36—M & T.—100 M—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72134

E 72134

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) ST., WARD)

2-FULL NAME

(a) RESIDENCE NO. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX | 4 COLOR OR RACE | 5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE | Years | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by (inquest, autopsy or inquiry) find that said deceased came to (his, her) death on the day stated above.
The CAUSE OF DEATH* was as follows:

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Coroner, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

TION is very important: See instructions on back of certificate

AACo. C.H. 2500

E 72435 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72435

E 72435 CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. 11-24 (Ward) Registered No.

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs mos 14 ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Wm Towers

(a) Residence: No. Chase Md St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1 1853

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78		10	

OCCUPATION (Give kind of work done throughout life, not merely occupation at retirement. See instructions on back.)

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) New York Mg.

13. NAME Wm Towers

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Emma Lee

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Md Date Sept. 28 1931

19. UNDERTAKER The W.C. White Co. Inc Laurel Md

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-11-, 1931, to 9-24-, 1931

I last saw him alive on 9-24, 1931 death is said to have occurred on the date stated above, at 4 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetes mellitus	10 yrs
2. Arteriosclerosis hypertension	
3. Prostatic hypertrophy	

Other contributory causes of importance:

Myocardial failure	13 days

Name of operation Date of

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not so specify

(Signed) Robert F Chenoweth M. D.

(Address) Md General Hospital

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

72436 at home CERTIFICATE OF DEATH 51 E 724

1. PLACE OF DEATH 1514 Forsach Ave St. Ward 46 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David L. Green

(a) Residence: No. 1514 Forsach Ave. Ward. 9th
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Burker

6. DATE OF BIRTH (month, day, year) Oct 3 1857

7. AGE	Months	Days	If LESS than 1 day hrs. or min.
73 Years	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder

OCCUPATION

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Thomas Green

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Rice

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Son) Arthur Green
(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery 9/28/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED SEP 24 1931 19 C. F. THOMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/24 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15 1931 to Sept 24 1931

I last saw h im alive on Sept 24 1931 death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
Uraemia	
secondary anaemia	

(Other contributory causes of importance)

Name of operation none Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd F. Lewis M. D.

(Address) 1 Calvert Bldg

OCCUPATION is very important. See instructions on back of certificate.

AACo. C.H. 2000

72137

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 72137

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2629 Fait Avenue St., 1-3 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth 35 yrs. mos. ds.

2. FULL NAME Anna Cieslak

(a) Residence: No. 2529 Fait Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	64 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Wortman
(Address) 2529 Fait Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21 , 19 31

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 , 1931 , to Sept 21 , 1931

I last saw h.e alive on Sept 24 19 death is said to have occurred on the date stated above, at 6:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Feb 2. 31

Other contributory causes of Importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Specify

(Signed) Edward Jamison, M. D.

(Address) 2431 Fait Ave

C. HAMPSON JONES, M. D.

Spec—9-30—A & Co—250 Blks

E 72438

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72438

CERTIFICATE OF DEATH.

13-002

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 532 S. Lakewood Ave ST 3 WARD)

2 FULL NAME Dolores Baldwin

(a) RESIDENCE NO 532 S. Lakewood Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	✓

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Feb. 5 1931

7 AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
		7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Wm Baldwin

11 BIRTHPLACE OF FATHER (city or town) Whitemarsh (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Heltmanquist

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant (Address) Mary Baldwin 532 S Lakewood Ave

15 Filed 2 4 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 "31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1931, to Sept. 23, 1931

that I last saw h.w alive on Sept. 23, 1931,

and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:

Convulsions - due to Syphilis

Dysentery

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Theodore Kenworthy M. D.

(Address) 2087 E Eaton Way

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Sept. 25 1931

20 UNDERTAKER Hyde & Trailsworth Inc ADDRESS 1000 N. Eutaw St

TION is very important. See instructions on back of certificate

1-20—M. & T.—100 B—501.

E 72439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72439

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-4 WARD)

2-FULL NAME Augusta Daubert

(a) RESIDENCE NO Marlyn Ave ST., _____ WARD Essex, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William J. Daubert

6 DATE OF BIRTH (month, day, and year) June 13/1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	27	3	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Alexander, Va.

PARENTS

10 NAME OF FATHER Henry Stenken

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Wm. J. Daubert
(Address) Essex, Md.

15 Filed 9/24 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 24/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
General Peritonitis following spontaneous abortion at 6 wks gestation (about Aug 20/31)
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Odema 36 hrs
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) J. K. Powers Coroner, M. D.

9/24/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Sept 27 1931

20 UNDERTAKER John F. Connelly

ADDRESS Essex Md

CAUSE OF DEATH must be stated plainly. Items must be filled in on back of certificate.
TION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72440

CERTIFICATE OF DEATH

131 E 72440

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. South Baltimore General Hospital St. 7-12 Ward)

2-FULL NAME Mrs. Agnese Lombardi

(a) RESIDENCE NO. 2641 Ashland Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
F	W	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Antonio Lombardi

6 DATE OF BIRTH (month, day, and year) Sept. 11, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50	0	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) ----
(c) Name of employer ----

9 BIRTHPLACE (city or town) ----
(State or country) Italy

PARENTS

10 NAME OF FATHER Pasquali Alvigi

11 BIRTHPLACE OF FATHER (city or town) ----
(State or country) Italy

12 MAIDEN NAME OF MOTHER Guaranta

13 BIRTHPLACE OF MOTHER (city or town) ----
(State or country) Italy

14 Informant Antonio Lombardi
(Address) 2641 Ashland Ave.

15 Filed ..... 19.. ..... Registrar

SEP 25 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Disease

Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) Guy A. Cromwell M. D.

9/24/31 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Sept 26, 31

20 UNDERTAKER Frank V. Pipitone — ADDRESS 2815 E Balto

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L.

B 72441

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 72441

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 17-24 WARD)

2-FULL NAME Mimmie Taylor Jones

(a) RESIDENCE No. 520 St Marys ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ben Jones

6 DATE OF BIRTH (month, day, and year) 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
35	35	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): _____
(c) Name of employer: _____

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Benj Jones

(Address) 520 St Marys St

15 Filed _____, 192 _____ Registrar

CAUSE OF DEATH: Physician's certificate. See instructions on back of certificate. IMPORTANT is very important

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? 520 St Marys St

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) B F Kerzywood (Coroner) M. D.

9th 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: 9-25 1931

20 UNDERTAKER: Hans Eastar — ADDRESS 916 Cathedral

AaCo. 5-31 2500

72442

HEALTH DEPARTMENT—CITY OF BALTIMORE

72442

CERTIFICATE OF DEATH

V 82-OL 72442

1. PLACE OF DEATH Baltimore City Hospitals 16-23 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Leatherburg

(a) Residence: No. 1121 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tom

6. DATE OF BIRTH (month, day, year) July 6, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
apparent ~~45~~ 50			15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER
13. NAME Isaiah Dixon
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Linda ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 9-25-1931

19. UNDERTAKER David Easton
(Address) 916 Pacific

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on BACK of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-17-31, 19, to 9-21-31, 19
I last saw him alive on 9-21-31, 19 death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	9-14-31
Bronchopneumonia	2 days

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm S. Thurnell Jr. M. D.
(Address) Balto. City Hosp.

AdCo. S-H 2108

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72443 — 23 E 72443

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Holland

(a) Residence: No. 809 Orleans St., [redacted] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Howard Holland

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Estella Hamilton

16. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

17. INFORMANT Rollins Master

(Address) 809 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 9 26 1931

19. UNDERTAKER Bolton Wright

(Address) 1216 Eden St

20. FILED ..... 19.. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23-31 19

22. I HEREBY CERTIFY, That I attended deceased from 9-15-31, 19, to 9-23-31, 19

I last saw h[redacted] alive on 9-23-31 19 death is said to have occurred on the date stated above, at 6.01 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	July 1931
Cardiac Dilatation	4 days.

Other contributory causes of importance:

Pulmonary Tuberculosis pneumonic in type.	May 1931

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Lawrence H. Dena M. D.

(Address) Baltimore City Hospitals

1-30—M & T—100 B—50L

E 72444

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72444

CERTIFICATE OF DEATH

183

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Dundalk Harbor St. 6-9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry Grant

(a) RESIDENCE NO 1512 Milligan ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	47	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Rev. Harry Hughes

(Address) 319 August St

15

Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

Patrol Station unknown

16 DATE OF DEATH (month, day, and year) about Dec 24 19 30

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. P. Kenzog M.D., M. D.

(Coroner)

9/24, 1931 (Address) 1205 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Asbury Cem	9-25 1931
20 UNDERTAKER	ADDRESS
Byron Knight	1218 McElderry St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72445

108

E 72445

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 713 Bruce St. 17-26 WARD)

2-FULL NAME Ella C. Sullivan

(a) RESIDENCE NO. 713 Bruce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of James Sullivan

6 DATE OF BIRTH (month, day, and year) Aug 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Lowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Gearwood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant James Sullivan (Address) 713 Bruce St

15 Filed SEP 26 1931 19 H. L. JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 23, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 16 1931 to Sept 23 1931

that I last saw h alive on Sept 22 1931

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Coron Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Dr Bruns

(Signed) Dr Cassis, M. D.

, 19 (Address) 1522 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct — DATE OF BURIAL 9/26/31

20 UNDERTAKER David L Brown & Son — ADDRESS 108 Montgomery St

IT IS very important that all questions be answered. See instructions on back.

AdCo. 5-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72446

CERTIFICATE OF DEATH

32-31 3rd E 72446

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Ward) .....

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Spencer

(a) Residence: No. 801 Bevens St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11, 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Granville N.C.

FATHER

13. NAME David Spencer

14. BIRTHPLACE (city or town) (State or country) ? N.C.

MOTHER

15. MAIDEN NAME Rose Lee Howard

16. BIRTHPLACE (city or town) (State or country) ? N.C.

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 9-25-31 19

19. UNDERTAKER Isaac L. Brown & Son
(Address) 1222 Montgomery St

20. FILED ..... 19 ..... Registrar

OCCUPATION

See instructions on back of certificate.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1931 to Sept. 20, 1931

I last saw h. alive on Sept. 20, 1931 death is said to have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis ? Aortic with Aortic insufficiency	More than 2 months

Other contributory causes of importance:

Myocardial insufficiency ? Senile

Name of operation ..... Date of .....

What test confirmed diagnosis? Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

Rev.—3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72447

REGISTERED NO. E 72447

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N Mount ST. WARD) 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ira Conn. A. Johnson

(a) RESIDENCE NO. 406 N. Mount ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year): May 17. 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Am. C. A. Montgomery Co

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Ira A. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Montgomery Co Md

12 MAIDEN NAME OF MOTHER: Lizzie E. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Montgomery Co Md

14 Informant: Mrs. Lizzie E. Johnson

(Address): 406 N Mount St

15 Filed SEP 23 1931 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22 31

17 I HEREBY CERTIFY, That I attended deceased from Sept 14 19 31 to Sept 22 19 31

that I last saw him alive on Sept 22 19 31

and that death occurred, on the date stated above, at 6 15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thos E Bell, M. D.

19 (Address) 711 Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pooleville Mem Pk Co

20 UNDERTAKER: John H Owens

DATE OF BURIAL: Sept 23 1931

ADDRESS: 538 Baltimore

AACo. 5-31 2500

E 72148

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72148

CERTIFICATE OF DEATH

97-001

Registered No. 27-5697

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) #5112 Cordelia Ave. (Ward) 27

Length of residence in city or town where death occurred 64 yrs. 9 mos. 29 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Kenny Stansbury

(a) Residence: No. #5112 Cordelia Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6m. If married, widowed or divorced (or) WIFE of: the late John Stansbury

6. DATE OF BIRTH (month, day, year): Nov 25 18

7. AGE: 64 Years, 9 Months, 29 Days. If LESS than 1 day: hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: John Kenny

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Margaret Tyrre

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Frank D. Clarke (Address) 5112 Cordelia Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Olivet Cem. Date: 9/26/1931

19. UNDERTAKER: John F. Cowan & Son (Address) 901 Hanover St.

20. FILED 19 Register

OCCUPATION — MOTHER — FATHER

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9/23/1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1931 to Sep 23, 1931

I last saw her alive on Sep 23, 1931 death is said to have occurred on the date stated above, at 4.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Wm D. Gilbert M. D.

(Address) 4752 Park Heights Ave

8spec—1-30—M. & T.—250 Blks

E 72449 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72449

CERTIFICATE OF DEATH.

REGISTERED NO. E7-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1023 Myrtle Ave ST. 17-25 (WARD)

2-FULL NAME Lillie Byrd Smith

(a) RESIDENCE NO. 1023 Myrtle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE: Stanley Smith

6 DATE OF BIRTH (month, day, and year): June 5 1883

7 AGE — Years: 48 — Months: 8 — Days: 17 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Cockeysville Md.

PARENTS

10 NAME OF FATHER: Wm B Forth

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Young

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Informant (Address): Henrietta Forth 1023 Myrtle Ave

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22 31

17 I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to Sept 22, 1931, that I last saw him alive on Sept 22, 1931, and that death occurred, on the date stated above, at 2.55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. Leslie Hall-Laird, M. D.

..., 19 (Address) 1111 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Sept 24, 31

20 UNDERTAKER: Samuel F. Stansbury

ADDRESS: Fallsway

THIS is very important. See instructions on the back of this certificate.

© J. HENDERSON JONES, M.D.

1-30—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72150

E 72150

CERTIFICATE OF DEATH

REGISTERED NO. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. City Hospital ST. [illegible] WARD)

2-FULL NAME Charles F Smith

(a) RESIDENCE NO. 3408 Toone St ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret V Smith

6 DATE OF BIRTH (month, day, and year) 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	76		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Game Warden
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: State

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Philip Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Russell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Lucille Smith

(Address) 347 Ellwood Ave

15 Filed [illegible] 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Haemorrhage of Brain due to Gunshot (Homicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B Petersmd, M. D. Coroner

Oct 1, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Sept 25 1931

20 UNDERTAKER: Lilly & Zeiler — ADDRESS: 1043 W Lafayette

CAUSE OF DEATH must be plainly written. Avoid use of abbreviations or terms of doubtful meaning. Fill in all blanks with black ink or typewriter. Make no erasures. Physicians are required to report to the Registrar of Vital Statistics the cause of death of every person attended by them during their last illness. Failure to do so is punishable by a fine. See reverse side for additional space. Also see reverse side for instructions on back of certificate.

TION is very important.

AdCo. 5-11-2508

E 72451 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 72451

CERTIFICATE OF DEATH

82-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S. Binney St. 13 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME George N. Wayson

(a) Residence: No. 907 S. Binney St., 1 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Wayson

6. DATE OF BIRTH (month day year) Feb. 16 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Tin can Factory

10. Date deceased last worked at this occupation (month and year) Sept 2 1930

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John T. Wayson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Dorothy Baldwin

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Barbara Wayson Wife
(Address) 907 S Binney St.

18. BURIAL, CREMATION, OR REMOVAL. Place Sacred Heart Date Sept. 25 1931

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 So. Mount St.

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Sept. 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1931, to Sept 22 1931

I last saw h in alive on Sept 22 1931, death is said to have occurred on the date stated above, at 3 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Mayer M. D.

(Address) 1014 S. Ellwood Ave.

AdCo. 5-31 250B

E 72452

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

191 E 72452

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. 1-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Simpson.

(a) Residence: No. 3114 Elliott St. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Mrs. Geo. Simpson

6. DATE OF BIRTH (month, day, year) Feb. 25, 1894

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	37	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pipe fitter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky.

FATHER

13. NAME Jas. Simpson

14. BIRTHPLACE (city or town) (State or country) Ky.

MOTHER

15. MAIDEN NAME Elizabeth Belle

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Sacred Heart Cem. Date Sept 28 1931

19. UNDERTAKER Kelly & Fuller Inc.
(Address) 403 S. Paca St.

20. FILED ..., 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1931, to Sept. 24 1931

I last saw him alive on Sept. 24 1931 death is said to have occurred on the date stated above, at 9:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Stroke	9/2/31
Cardiac Failure	9/24/31
Acute Nephritis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenoweth, M. D.

(Address) Md. General Hospital

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72453

CERTIFICATE OF DEATH

945 51 V E 72453

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Harford Road ST.) (WARD)

2. FULL NAME Edward Kerchoff

(a) RESIDENCE NO. 3604 Harford Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Kerchoff

6. DATE OF BIRTH (month, day, and year) Feb. 27-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer do

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14. Informant Maria Kerchoff

(Address) 3604 Harford Road

15. Filed ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept. 24. 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1928, to Sept. 24, 1931

that I last saw him alive on Sept 24. 1931

and that death occurred, on the date stated above, at 7-15 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Bladder

(duration) 3 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of 1929 & 29

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Operation.

(Signed) D. W. Gould, M. D.

9/26. 1931 (Address) 1011 N. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Sept 26 1931

20. UNDERTAKER George W. Zirkler

ADDRESS 1737 E Eager St

TION is very important. See instructions on back of certificates.

A4Ca. 5-31 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72454

CERTIFICATE OF DEATH

93E 72454

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 17-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Waters

(a) Residence: No. 613 Greenwillow St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec. 25, ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Waters
14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Levinia ?
16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 9-24 1931

19. UNDERTAKER Gray T. A. Gibson
(Address) 1135 Druid Hill Ave.

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1931 to Sept. 23, 1931

I last saw him alive on Sept. 23, 1931 death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	Aug 21, 31
Coronary Occlusion	Sept 23

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinically Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. Edmunds Jr. M. D.
(Address) Balto. City Hosp.

Spec—9-30—A. & Co.—250 Blks

252853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72455

REGISTERED NO. 48 E 72455

1 PLACE OF DEATH

ST. 19-26 WARD

CITY OF BALTIMORE (No.)

2 FULL NAME Lucie Washington

(a) RESIDENCE NO. 1304 W. Mulberry St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem.	black	widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work unknown

(b) General nature of industry, business, or establishment in which employed (or employer) " 027

(c) Name of employer -

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Ezekiel Pinkerton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Maria Collins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Hosp.

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24-31

17 I HEREBY CERTIFY, That I attended deceased from 9-22, 1931, to 9-24, 1931

That I last saw her alive on 9-24, 1931

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Generalized peritonitis.
purulent.

(duration) yrs. mos. 4-5 ds.

CONTRIBUTORY (Secondary) Adenocarcinoma uterus.

(duration) 2 yrs.? mos. ds.

18 Where was disease contracted if not at place of death? 1304 W. Mulberry St.

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) G. B. Hurd M. D.

Sept 2 19 31 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sinai Cemetery 9-26-31

DATE OF BURIAL 9-26 19 31

20 UNDERTAKER J. R. Williams

ADDRESS 522 Schroeder

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

252769 Fred. E 72456

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-0E 72456

CERTIFICATE OF DEATH

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital ST. 17-84 WARD
CITY OF BALTIMORE (No.)

2. FULL NAME Richilla Johnson

(a) RESIDENCE NO. 1317 Myrtle Ave, ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Unknown

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records
(Address) Johns Hopkins Hospital

15 Filed _____, 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) SEP 22 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1931, to Sept. 22, 1931, that I last saw h[e] alive on Sept 22, 1931, and that death occurred, on the date stated above, at 7 PM.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

4 days (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____ (duration) _____ yrs. _____ mos. _____ ds.
(Secondary)

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis? Gross Examination

(Signed) Caroline C. Bedell M. D.

_____, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Sept 25, 19 31

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 322 N Schroeder St.

TION is very important. See instructions on back of certificates

Spec.—1-19-21—MAT—1500 Blks.

E 72457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 E 72457

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 636 W. Lee st (ST.) 47-30 (WARD)

2-FULL NAME Annie Frazier

(a) RESIDENCE NO. 636 W. Lee st ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: negro

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm E. Frazier

6 DATE OF BIRTH (month, day, and year): [illegible] Mountain, 1857 (?)

7 AGE: Years 74; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Crisfield Md

PARENTS

10 NAME OF FATHER: Steven Shreves

11 BIRTHPLACE OF FATHER (City or town) (State or country): Crisfield Md.

12 MAIDEN NAME OF MOTHER: Burris ?

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Unknown

14 Informant (Address): Sadie Biddle 636 W. Lee St.

15 Filed SEP 23 1931 H. [illegible] JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 23 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 18 1931 to Sept 23 1931.

that I last saw her alive on Sept. 22 1931,

and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:

Acute Uremia

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) * Cancer of breast

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) John W. Frames, M. D.

, 19 (Address) 615 S. Paca St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: 9-25 1931

20 UNDERTAKER: Mrs. Katie R. W. Means

ADDRESS: 222 Lehigh

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72458

59 E 72458

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Hanover St. ST. 22-30 WARD)

2-FULL NAME Virginia J.Bians.

(a) RESIDENCE NO. 421 Hanover St. ST. _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed or divorced
DEGREE OF
(or) Wife of Webster I.Bians.

6 DATE OF BIRTH (month, day, and year) Feb.15,1876

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	55	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry D.Sauerhoff.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Annie Dover.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Henry D.Sauerhoff.(father)
(Address) 421 Hanover St.

15 Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept.23rd.1931

17 I HEREBY CERTIFY, That I attended deceased from September 28, 1931 to September 28, 1931.

that I last saw him alive on September 21, 1931.

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Embolism.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Wm H Rinehardt, M. D.

9/25 1931 (Address) 1017 N Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Sept 25 1931

20 UNDERTAKER John F Denny ADDRESS 1157 W Fayette St

SEP 29 1931 H. M. Myers, M. D. Registrar

TION is very important See instructions on back of certificate

Spec.—1-30—M. & T.—250 Blks.

E 72459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72459

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE, (No.) 3138 Foster ST., (or) WARD)

2-FULL NAME John Herman

(a) RESIDENCE NO. 3138 Foster ST., WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Dora Herman

6 DATE OF BIRTH (month, day, and year) Mar 6 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Policeman 061
(b) General nature of industry, business, or establishment in which employed (or employer) Park Tracks
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Balatus Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER Elizabeth Fanner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Informant Anna D Herman
(Address) 3138 Foster Ave

15 Filed _____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23/31

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Sept. 23, 1931, that I last saw him alive on Sept 23, 1931, and that death occurred, on the date stated above, at 1130 p. m.

The CAUSE OF DEATH* was as follows:

Neoplasm ? Metastases
(a) Undetermined
Bronchopneumonia

(duration) yrs. mos. 56 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of

Was there an autopsy? No Physical Findings

What test confirmed diagnosis?

(Signed) Maud E Fisher, M. D.

, 193, (Address) 3145 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL
Oak Lawn — Sept 26 1931

20 UNDERTAKER — ADDRESS
John F Denny — 715 Light St

TION is very important. See instructions on back of certificate.

AACo. 5-31 2500

72460 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 72460

CERTIFICATE OF DEATH 79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Mem'l Hosp (St.) 1st E (Ward) 46

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Arthur Cater Jr

(a) Residence: No. 1615 Cornwells St., Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
5 yrs	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Arthur Cater Sr.

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Selina Heine

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Father
(Address) 1615 Cornwells St

18. BURIAL, CREMATION OR REMOVAL
Place [illegible] Date 9/26/31

19. UNDERTAKER Leon E. Rust Inc
(Address) 1732 Harford Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 24 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931 to Sept 25, 1931
I last saw h[illegible] alive on 9 23 1931 death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal meningitis	
Pneumococcus	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon E. Price, M. D.
(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72461

CERTIFICATE OF DEATH

92-001 E 72461

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735-E. Lafayette Ave. St. 16-22 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Jockisch

(a) Residence: No. 1735-E.Lafayette Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa (Wieners)

6. DATE OF BIRTH (month, day, year) 1/30/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Constant Jockisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C. Gassinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Jockisch
(Address) 1735-E.Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/26/31

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 th 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 10th 1931 to Sept 24th 1931

I last saw h[illegible] alive on Sept 10th 1931 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis of Stomach	
Arterial Failure	Duration

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2508

Michael J. Fitzpatrick

E 72462 HEALTH DEPARTMENT CITY OF BALTIMORE

45 E 72462

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 24-33 St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME James Michael Fitzpatrick

(a) Residence: No. 109 East Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sara F. Fitzpatrick

6. DATE OF BIRTH (month day year) May 12 1866

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Lennon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Sept 23, 1931

19. UNDERTAKER Edgar W. Conklin

(Address) 1202 Eutaw Pl.

20. FILED SEP 25 1931 C. FRANKSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) Sept 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931 to Sept 24, 1931

I last saw h alive on Sept 24, 1931 death is said to have occurred on the date stated above, at 7:35 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	Jan 1930

Other contributory causes of importance:

Arteriosclerosis	Unk

Name of operation Trach Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) Balto City Hospitals

Spec.—1-30—M. & T.—250 Bks.

E 72463 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72463

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1431 Hollins St. 19-28 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James La Fiesta Rodier

(a) RESIDENCE NO. 1430 Hollins St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75?			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pant maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER Pulliat L. Rodier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Harold Rodier

(Address) 1842 Park Avenue N.W.

15 Filed Sept. 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 6 1931 to Sept 24 1931, that I last saw him alive on Sept 24 1931, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Mitral Stenosis)

Chronic nephritis

(duration) 4 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) C. Heller Hemmeter M. D.

9/25 1931 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Wash D. C. DATE OF BURIAL 9/25 1931

20 UNDERTAKER Wm H. Sands + Co ADDRESS 712 H St N.E. Wash D.C.

TION is very important See instructions on back of

Spec.—9-30—A. & Co.—250 Blks.

72464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1201 72464

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 512 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Christopher

(a) RESIDENCE NO. 2531 E. Biddle St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 4th 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Jerome C. Christopher

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine George

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Catherine Christopher
(Address) 2531 E. Biddle St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 24th 1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to Sept 27, 1931
that I last saw her alive on Sept 24, 1931
and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:

Toxemia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Infectious Diarrhea

(duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? yes.
What test confirmed diagnosis? Clinical
(Signed) Gm Baumgardner M. D.
19 (Address) St Joseph Hosp Balto.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore — DATE OF BURIAL Sept 26 1931

20 UNDERTAKER J. M. Cook — ADDRESS 1217 W. Fayette St

TION is very important. See instructions on back of certificates.

2 1931 C. HAMPERIAN, M.

11 Spec.—1-30—M. & T.—250 Bks.

E 72465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59 E 72465

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH The Church Home & Infirmary

CITY OF BALTIMORE: (No. N. Broadway ST. 5 WARD)

2-FULL NAME Mrs. Kate Seward

(a) RESIDENCE No. 2020 Cliftwood Ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ (HUSBAND or) WIFE of Theodore S. Seward

6 DATE OF BIRTH (month, day, and year) Aug 9th 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Frank Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosalie Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Hospital Records Church Home Bal md

15 Filed ..... 19 ..... J. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21 1931 to Sept 23 1931 that I last saw h alive on Sept 23 1931 and that death occurred, on the date stated above, at 10.20 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and uraemia (terminal)

(duration) 10 yrs. mos ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus 4 years Acute Appendicitis - 4 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History Physical Examination Laboratory findings

(Signed) J. Frank Heuisler M.D.

Sept 23 1931 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	9/26/1931

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 72466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 E 72466

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5225 Harford Road Ward 4

2 FULL NAME Julia van Reuth

(a) RESIDENCE NO. 5225 Harford Rd St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Dec 31 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	10	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Holland

PARENTS

10 NAME OF FATHER Felix van Reuth

11 BIRTHPLACE OF FATHER (city or town) (State or country) Holland

12 MAIDEN NAME OF MOTHER Catherine Thoolen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland

14 Informant Mrs Fillmore Bell

(Address) 3101 Eastdale Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27. 1931.

17

I HEREBY CERTIFY, That I attended deceased from

Sept 10, 1931, to Sept 27, 1931

That I last saw he alive on Sept. 27, 1931

and that death occurred, on the date stated above, at 1 40 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis + Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas Smith M. D.

9/29, 19 31 (Address) 4706 Harford Road

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	Sept 30/31

20 UNDERTAKER ADDRESS

Wm Cook 1217 Hollins

TION is very important. See instructions on back of certificates

SEP 29 1931

AFH

1-30—M. & T.—100 B—66L.

E 72467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72467

REGISTERED NO. 93,004

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 N. Eden ST. 9-17 WARD)

2-FULL NAME Emma Talbott

(a) RESIDENCE NO 1303 N. Eden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6/1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Companion
(b) General nature of industry, business, or establishment in which employed (or employer) to elderly woman
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles A. Talbott

11 BIRTHPLACE OF FATHER (city or town) Balto., Md.
(State or country)

12 MAIDEN NAME OF MOTHER Emily H. Kelly

13 BIRTHPLACE OF MOTHER (city or town) Balto., Md.
(State or country)

14 Informant Nellie Goldsborough

(Address) 1303 N. Eden St

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 25/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Indigestion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. S. Waters, M. D. Coroner

9/25/31 (Address) 508 EWorth Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cem. Sept. 28 1931 DATE OF BURIAL

20 UNDERTAKER Wm. C. Black ADDRESS 922 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2500

E 72468

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72468

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mel-General Hospital (St.) 27-48 (Ward) 8

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lloyd

(a) Residence: No. 600 Northern Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida C. Lloyd

6. DATE OF BIRTH (month, day, year) Sept 10 1856

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	65	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R. Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Phila - Pa

FATHER
13. NAME W. H. Lloyd
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Antonine
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Reported words
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Hill Park Date 9/30 1931

19. UNDERTAKER Wilson & Co
(Address) 119 W. Saranac St

20. FILED 1931 — 10 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25. 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-25-, 1931, to 9-25-, 1931

I last saw him alive on 9-25- 1931 death is said to have occurred on the date stated above, at 9 20 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 9-22-31

Other contributory causes of importance:

Arteriosclerosis ?
Hypertension ?
Gallstones ?

Name of operation None Date of

What test confirmed diagnosis? Clinical & autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert J. Thompson Jones, M. D.

(Address) Md General Hospital

THOMPSON JONES, M.D.

APR

OCCUPATION is very important. See instructions on back of certificate.

AoCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

72469

CERTIFICATE OF DEATH

13 E 72469

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 15-21 (St. ..... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 55 yrs. 2 mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Heymueller

(a) Residence: No. 2025 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) July 20 1846

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	85	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER FATHER

13. NAME Jacob Heymueller
14. BIRTHPLACE (city or town) Germany
(State or country)
15. MAIDEN NAME Catherine
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Heymueller
(Address) 5107 Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Date 9/28 1931

19. UNDERTAKER Wilson Leigh
(Address) 1317 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1929 to Sept 25 1931

I last saw h[illegible] alive on Sept 24 1931 death is said to have occurred on the date stated above, at 12:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal	
Uraemia	9-11-31

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leonard P. Leidy, M. D.

(Address) Balto. City Hospitals

State cause of death so that the underlying cause of death may be understood. See instructions on back of certificate. OCCUPATION is very important.

1-30—M. & T.—100 B—501.

E 72470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72470

CERTIFICATE OF DEATH

1-PLACE OF DEATH Union Memorial Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 33rd ST., 12 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Ann Wastler

(a) RESIDENCE No. 118 Susquehanna Ave ST., Towson WARD Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 4th 1929

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Lloyd Wastler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Barbara M Keegan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Mrs Norma Wastler

(Address) Towson Md

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Struck & knocked down by auto while crossing street

(duration) yr. mo. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Susquehanna Ave Towson Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) P. J. Frame, M. D.

9/26, 1931 (Address) 29 39 W. Eldorado

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Govans Presbyterian Cemetery — DATE OF BURIAL 9/28/31

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSA-TION is very important. See instructions on back of certificate.

C. HAMPSON JONES, M. D.

P 25 1931

Src—12-23-21—E.B.R.S.—400 Blks.

E 72471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72471

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3441 Old Frederick Road St. 70-9 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William St. Clair Wise

(a) Residence No. 3441 Old Frederick Road. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of —

6-DATE OF BIRTH (month, day and year) April 8, 1926

7-AGE: 5 yrs. 5 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): St. Mary's County, Md.

PARENTS

10-NAME OF FATHER: William R. Wise

11-BIRTHPLACE OF FATHER (City or town) (State or Country): St. Mary's County Md.

12-MAIDEN NAME OF MOTHER: Agnes G. St. Clair

13-BIRTHPLACE OF MOTHER (City or town) (State or Country): St. Mary's County Md.

14-INFORMANT: Agnes G. Wise

(Address) 3441 Old Frederick Road.

15-Filed SEP 25 1931 19.. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Sept. 25, 1931.

17- I HEREBY CERTIFY, That I attended deceased from August 28 1931 to Sept. 24 1931

that I last saw him alive on Sept. 24, 1931

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Whooping cough

(Duration) yrs. mos. 26 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs. mos. 22 ds.

18-Where was disease contracted if not at place of death? 3441 Old Frederick Road.

Did an operation precede death? No Date of —

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn, M. D.

Sept 25 1931 (Address) 507 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem — DATE OF BURIAL: 9/26 1931

20-UNDERTAKER: Forge & Finley — ADDRESS: Fulton & Fayette

Exact statement of occupation is necessary. Read instructions in plain terms, so that it may be properly classified. instructions on back of certificates.

AACo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72472

CERTIFICATE OF DEATH

23E 72472

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Czajkowska

(a) Residence: No. 2541 Fait Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26th 1914

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	17	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Andrew Czajkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Catherine Sliwinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Andrew Czajkowski.

(Address) 2641 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date Sept 28th 1931

19. UNDERTAKER George A. Weber

(Address) 703 S Lime Street

20. FILED Sept 28 1931 19 M. P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-31-30, 19, to 9-25-31, 19

I last saw h alive on 9-25-31, 19 death is said to have occurred on the date stated above, at 10.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Indefinite

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence A. Sena M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

1-36—M. & T.—100 B—SPL.

E 72473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72473

191

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital ST. (WARD) 7

2. FULL NAME Lillian Parker

(a) RESIDENCE NO. 313 Myrtle Ave ST., _____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 26 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 697
(c) Name of employer: Retired

9 BIRTHPLACE (city or town) (State or country): Geo Williams

PARENTS

10 NAME OF FATHER: Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Virginia Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Retired

14 Informant: Geo Williams

(Address): 309 N. Pine

SEP 26 1931

Date Received

H. HAMPSON JONES, M. D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 22nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (Death) on the day stated above.

The CAUSE OF DEATH* was as follows:

Heat Prostration

(duration) _____ yrs. _____ mos. 2 hours ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Haughey M. D.

(Title or Official) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Sept 26 1931

UNDERTAKER: Mrs Kate R Williams

ADDRESS 322 N. Schroeder St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 6-31 1500

E 72474

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72474

93-005

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 15-21 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Woodland

(a) Residence: No. 1431 N. Vincent St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year): Feb. 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jarrett

14. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER

15. MAIDEN NAME Chloe Bush

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Date Sept 26 1931

19. UNDERTAKER (Address) Wm. H. Keas & Son 634 E. Fairmount Ave.

SEP 26 1931 H. HAMPSON JONES

20. FILED 19. Registrar

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-25-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-1-31, 19, to 9-25-31, 19

I last saw him alive on 9-25-31, and death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr.	1 year
Other contributory causes of importance: Cystitis, chronic Hypertension	Unknown

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Shannon Jr. M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72475

CERTIFICATE OF DEATH

23 E 72475

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Provident Hospital ST. 23-31 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Beatrice Barbour

(a) RESIDENCE NO. 1002 Crack Alley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yr mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Mr Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Interment Daisy Grove
(Address) 48 W Fort St

15 Filed SEP 25 1931 19 C. HAMPTON JAMES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-25-31

17

I HEREBY CERTIFY, That I attended deceased from 8-5-31, 19 , to 9-25-31, 19 31

that I last saw her alive on 9-25-31, 19

and that death occurred, on the date stated above, at 9.30 a m

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Indefinite

(duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Jas. W. S. Donald M. D.

9 25 19 31 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Ct	9/26/31
20 UNDERTAKER	ADDRESS
Isaiah L Brown & Son	104 Montgomery

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—2-25-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72476

CERTIFICATE OF DEATH

108 ✓ E 72476

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2511 Ridgley St. 25-12 WARD

2—FULL NAME Benjamin Thurnell

(a) RESIDENCE NO. 25[illegible] Ridgley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 17.1914

7 AGE: Years 17 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Ben Tunstall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Lucy Burnell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Lucy Wallace
(Address) 2511 Ridgley Street

15 Filed SEP 26 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/23/31

17 I HEREBY CERTIFY, That I attended deceased from 9/19/1931 to 9/23/1931 that I last saw him alive on 9/23/1931 and that death occurred, on the date stated above, at 8.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. B. Hawkins M. D.

9/25/1931 (Address) 912 Edmondson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Auburn	Sept 26 1931

20 UNDERTAKER	ADDRESS
Joseph A Lively	409 Mount St

P 26 1931 H. M. JONES, M. D.

Important. See instructions on back of certificates.

1-30—M & T —300 B—561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72477

93-023

70-69

REGISTERED NO. E 72477

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2114 Hollins ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Robert Gillis

(a) RESIDENCE NO 2114 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Donnelly Gillis

6 DATE OF BIRTH (month, day, and year) Sept. 20th. 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Towsend & Grace Co.
(c) Name of employer: Hat Makers

9 BIRTHPLACE (city or town) (State or country): Liverpool England

PARENTS

10 NAME OF FATHER Robert Gillis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Liverpool England

12 MAIDEN NAME OF MOTHER Sarah Jane Waitherdale

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Ireland

14 Informant Mrs. Charlotte Gillis

(Address) 2114 Hollins St.

15 Filed SEP 28 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24th. 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) Stat. yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Degeneration & Decompensation (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of -----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell Coroner, M. D.

9/25 19 31 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 9/26/31 19

20 UNDERTAKER: John H. Emmy Sons Inc 1800 Frederick Ave

ADDRESS

mation should be carefully supplied. Exact statement of OCCUPA-
it may be properly classified.
CAUSE OF DEATH in plain terms, so that it m
TION is very important. See instructions on b
on back of certificate.

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 78458 PLACE OF DEATH

123 E 72478 REGISTERED NO.

CITY OF BALTIMORE: (No. 3024 Belmont ave 6-67 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rachel M Lytle

(a) RESIDENCE No. 3024 Belmont ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	W

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry C Lytle

6 DATE OF BIRTH (month, day, and year) Nov 8 61

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS
10 NAME OF FATHER: John A Abbott
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.
12 MAIDEN NAME OF MOTHER: Merriken
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Norman D Todd
(Address): 3024 Belmont ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 25 31

17
I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1931, to Sept 25th, 1931
that I last saw her alive on Sept 25th, 1931
and that death occurred, on the date stated above, at 3 30 P m.
The CAUSE OF DEATH* was as follows:
Senility - Auto intoxication
(duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) ... Malnutrition due to appetite
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) H M Poulton M. D.
(Address) 804 Gwynn Oak Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Ben — DATE OF BURIAL: Sept 28 1931

20 UNDERTAKER: H M Routson — ADDRESS: 2238 N Gay St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificates.

EP 26 1931 HAMILTON JONES M. D.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72479

161 E 72479

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 15-63 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Barry Gay Kelly

(a) RESIDENCE NO. 3906 Chesley Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 24 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1/2 1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Herman Clay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Amelia Cecilia Fink

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address)

15 SEP 23 1931 Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each item is very important. See instructions on back of certificates.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 31

17

I HEREBY CERTIFY, That I attended deceased from Sept 24 . 1931 . to Sept 25 . 1931

that I last saw him alive on Sept. 25 . 1931

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) ... Respiratory failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) M. D.

19 Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. JOHNS HOPKINS HOSPITAL DATE OF BURIAL SEP 26 1931

20 UNDERTAKER ADDRESS

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72480

E 72480

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 N. West St. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Mary Lomax.(C)

(a) RESIDENCE NO 162 N. West St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs 4 mos 16 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) May 9, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	0	4	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Vernon Smothers.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Gary Lomax.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Gary Lomax.(C) mother.

(Address) 162 N. West St.

15 [illegible] 1931 Registrar

SEP 2 c 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 25, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhea & Enteritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

9/25 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL SEP 2 1931

20 UNDERTAKER

ADDRESS

Commissioner Health.

UNIVERSITY OF MARYLAND

Exact statement of OCCUPATION may be properly classified. Use plain terms, so that it may be understood by Coroners, Registrars, and others. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

JOHNS HOPKINS HOSPITAL

2 E 72481

CERTIFICATE OF DEATH

53 E 72481

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 9-9 ST. WARD)

2 FULL NAME Charles Johnson

(a) RESIDENCE NO. Hampton, Tenn ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. (if of foreign birth)? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Tenn

PARENTS

10 NAME OF FATHER David Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tenn

12 MAIDEN NAME OF MOTHER Elizabeth Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn

14 Interment Reads
(Address)

15 SEP 27 1931 16 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26-1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 11, 1931, to Sept 26, 1931

that I last saw h.im alive on Sept 26, 1931

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Sarcoma of lymph glands

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Alan Barbour M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson City Tenn

DATE OF BURIAL 9/27/31

20 UNDERTAKER Joseph Ahrens

ADDRESS 224 Saratoga

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—60L

E 72482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-005 E 72482

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 6-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel Thompsen

(a) RESIDENCE NO 1826 Orleans ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	col	divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) Jan 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laberer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Thompsen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Hattenson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Margaret Deldaten

(Address) 1613 Hillman St

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

I.C.35 A.M.

16 DATE OF DEATH (month, day, and year) Sep 24/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to h.i death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Brenchitis- perforated
Brenchus due to tumer of oesophagus
(character of tumer undetermined)

(duration) yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) J. H. Brees, M. D. Coroner

9/26, 19 31 (Address) 1000 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL Sept 27 1931

20 UNDERTAKER Rayner Sanders

ADDRESS 1413 E Preston St

mation should be carefully supplied. Age CAUSE OF DEATH in plain terms, so that it may TION is very important See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72483

CERTIFICATE OF DEATH.

125 E 72483

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1022 Park Ave (ST.) 11-24 (WARD)

2. FULL NAME Cora Thomas

(a) RESIDENCE No. 1022 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year): March 18 1863

7 AGE: Years 68; Months 6; Days 17

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: Mr Boschen

9 BIRTHPLACE (City or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Emily Jane Harden

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Nina Robertson 1022 Park Ave.

15 Filed ... 19 ... Registrar: A. P. Fox

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-25-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 22nd, 1931, to Sept 25th, 1931, that I last saw h[illegible] alive on Sept 24th, 1931, that death occurred, on the date stated above, at 5.10 a m.

The CAUSE OF DEATH* was as follows:

Abscess of Liver

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Carey M. D.

19 (Address) 1433 Madison ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Sept 28, 31

20 UNDERTAKER: Samuel D. Heisley

ADDRESS 578 N Bdle

P 27 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Fatal termination alone is not sufficient. See instructions on back of certificates.

CAUSE OF DEATH is very important

Corr.—10-16-29—A Co.—100 Blks.

72484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 203E 72484

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3250 W. Baltimore St. 4-30 Ward)

2-FULL NAME Solomon T. Gray

(a) RESIDENCE NO. 160 Winters Ave. Catonsville Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2-1900

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	31	2	22	

8 OCCUPATION OF DECEDENT
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Catonsville, Md.

PARENTS

10 NAME OF FATHER Louis H. Gray

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Annie E. Johnson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md.

14 Informant Charles Gray
(Address) 160 Winters Ave

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Avulsion of Lead, Fell down elevator shaft.
Accidental death

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical Examination

(Signed) Eugene Kelly M. D.

(Address) 2 39 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Star Cem	Sept 27 1931

20 UNDERTAKER Samuel D. Hendley ADDRESS 578 Mc Elderry

P 21 1931 C. HARRISON JONES, M. D.

Should be stated EXACTLY. PHYSICIANS should state tion should be carefully supplied. AGE should be OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72485

CERTIFICATE OF DEATH

E 72485

Registered No. 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2345 Eastern ave St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolyn E. Geller

(a) Residence: No. 2345 Eastern ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 27th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Thomas Zeller

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Catherine Coban

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Thomas Zeller Father
(Address) 2345 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date Sept 28th 1931

19. UNDERTAKER J. Ulysses Zeiler inc
(Address) 402 S Wolfe St.

20. FILED ____ 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24 1931 to Sept 26 1931

I last saw her alive on Sept 26 1931 death is said to have occurred on the date stated above, at 2 40 p m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis

Date of onset 9/30/31 from History

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Brad J. Temply M. D.

9/30/31 (Address) 7007 E. Baltimore

Information should be carefully supplied. Exact statement may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72486

CERTIFICATE OF DEATH

131 E 72486

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 112 Wilcox St. 10-14 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Stafford

(a) Residence: No. 112 Wilcox St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Stafford

6. DATE OF BIRTH (month, day, year) Aug 15 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME Joseph Stafford
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Ann Costigan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Alice Stafford
(Address) 112 Wilcox St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bonnie Brae Date Sept 28 1931

19. UNDERTAKER Britz Wardefield
(Address) 214 Dunmore St.

20. FILED SEP 27 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1931 to Sept 26 1931

I last saw him alive on Sept 24 1931 death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Cardiac Asthenia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert L. Lowe M. D.
(Address) 800 S. Paca St.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-28—M. & T.—100 B—501.

E 72487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72487

CERTIFICATE OF DEATH

51

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Church Home and Infirmary St. 15-61 Broadway (Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Charles DCarter

(a) RESIDENCE NO 2207 ROSLYN Ave St., Ward
(Usual place of abode)
(If non-resident give city or town and State)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Jewett CARTER

6 DATE OF BIRTH (month, day, and year) Jan 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	,	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Traffic Manager
(b) General nature of industry, business, or establishment in which employed (or employer) American Ice Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS
10 NAME OF FATHER Chas W Carter
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Ellen D Albert
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mary Jault Albert
(Address) 2207 RoslynAve

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Aortic Insufficiency
(duration) yrs. mos. da.
CONTRIBUTORY (Secondary) Uremia- Neoplasm of Bladder
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) J. H. Watts Coroner, M. D.
9/20, 19 31 (Address) 100 E. Hertford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery
DATE OF BURIAL: Sept 28 193
20 UNDERTAKER: Wm Cook
ADDRESS: 1217 St Paul St

mation should be carefully supplied. Age should be stated in years, months and days. Exact statement of Occupa-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificate.

AAC. 6-31 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72488 X 133 E 72488

CERTIFICATE OF DEATH

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen'l Hosp 24-33 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 8 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edith Blankenship Hoffman

(a) Residence: No. 35 Old Annapolis Rd. South St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo H Blankenship

6. DATE OF BIRTH (month, day, year) Jan 1 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Edwin Porter
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Elizabeth Hoffman
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Geo H Blankenship
(Address) 35 Old Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Lookout Date 9-29 1931

19. UNDERTAKER Williams Cole
(Address) 611 N Eutaw St

20. FILED ___ 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/9/31 to 9-27-31 and last saw h[illegible] alive on 9/27/31 death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	14 days

Other contributory causes of importance: Pyo Nephrosis | ?

Name of operation ___ Date of ___

What test confirmed diagnosis? ✓ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___ 19___
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. G. Fenan M. D.
(Address) South Baltimore Gen'l Hosp

Information should be carefully supplied. Exact statement of it may be properly classified. See that it may be state CAUSE OF DEATH in plain terms, so that it on back of certificate. OCCUPATION is very important. See instructions on

Spec.—9-30—A. & Co.—250 Blks

E 72489 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 23 E 72489

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1341 Coolsen 24-35 Wards) — REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emma Horstman

(a) RESIDENCE NO. 1341 Coolsen ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank Horstman

6 DATE OF BIRTH (month, day, and year): March 6-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Frances Kyer

(Address): 1375 Coolsen

15 Filed SEP 27 1931 19 A. H. C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 25-31

17

I HEREBY CERTIFY, That I attended deceased from March 1 19 31 to Sept. 25 19 31

that I last saw h[illegible] alive on Sept. 24 19 31

and that death occurred, on the date stated above, at 10 40 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. 7 mos. 24 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Thos Ja Stevens M. D.

9/25/31 (Address) 2818 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery — DATE OF BURIAL: 9/28/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

Information should be carefully supplied. AGE, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. A. Co.—250 Blks

72490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 72490

1 PLACE OF DEATH West Baltimore Gen'l Hosp. 20-27

CITY OF BALTIMORE: (No ... S ... WARD)

REGISTERED NO ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. William J. Parker

(a) RESIDENCE NO 1927 W. Saratoga ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	W E	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Eleanor A. Parker

6 DATE OF BIRTH (month, day, and year) Nov. 6, 1898

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	6	19	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER Wm. A. Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mrs. Emma Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Wm. J. Parker
(Address) 1927 W. Saratoga St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25/31

17
I HEREBY CERTIFY, That I attended deceased from 9/11, 1931, to 9/25, 1931

that I last saw him alive on 9/25, 1931

and that death occurred, on the date stated above, at 3:20 P. M.

The CAUSE OF DEATH* was as follows: Cerebral Embolism Thrombosis

(duration) 9 yrs. Probably

CONTRIBUTORY (Secondary) ...
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Basilar Sputum

(Signed) Harry Aschner M. D.

(Address) 1101 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL 9/28 1931

20 UNDERTAKER Harry E. Dietz

ADDRESS 1101 Eutaw Place

AGE should be carefully supplied. Accurate information should be carefully supplied. Exact statement of OCCUPATION may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate

1-30—M. & T.—100 B—50L.

E 72491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-903 ✓ E 72491

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 S.Gilmor ST., 19-28 WARD)

2. FULL NAME Olin E. Shaw

(a) RESIDENCE No 242 S.Gilmor ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs 2 mos IO ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Mary E.Shaw

6 DATE OF BIRTH (month, day, and year) July I5,I866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	IO	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer): -------
(c) Name of employer: ------

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER John L. Shaw

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant Mrs.Mary E. Shaw

(Address) 242 S.Gilmor Street

15 Filed SEP 27 1931, 19 C. RAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept.24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) Stat yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis & Sec. Anaemia (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? --- Date of -----

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) Guy N. Thomas, M. D. Coroner

9/26, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 9/28 19

20 UNDERTAKER: H Guy H Waltz Inc 4101

ADDRESS: Edmondson Av

W. B—WRITE PLAINLY, WITH UNFADING INK. AGE should be stated EXACTLY. PHYSICIANS must fill mation should be carefully supplied. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Spec.—9-29—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

72492

CERTIFICATE OF DEATH

92-001

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1216 Warner (St.) 21-31 (Ward)

2 FULL NAME Therine Cunningham

(a) RESIDENCE NO. 1216 Warner St. (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 21-1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Service-
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Allen Adee

9 BIRTHPLACE (City or town) (State or country): Balto. Md.

PARENTS
10 NAME OF FATHER: John Cunningham
11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto. Md.
12 MAIDEN NAME OF MOTHER: Mary A. Swann
13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md.

14 Informant (Address): Marguerite Smyth 1216 Warner St.

15 Filed SEP 27 1931 Registrar C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25th 1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 22nd, 1931 to Sept 25th 1931
that I last saw h.. alive on Sept 25th, 1931
and that death occurred, on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:
Mitral regurgitation and stenosis

(duration) yrs. 10 mos. ds.
CONTRIBUTORY (Secondary): Cerebral Embolism
(duration) yrs. mos. 3 ds.

18 Where was disease contracted? At place of death
If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Typical Findings
(Signed) Harry Levitt M. D.
(Address) 1234 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery.
DATE OF BURIAL: Sept 28 1931
UNDERTAKER: Margaret E. Flynn
ADDRESS: 1411 Light St.

Information should be clearly supplied. Exact statement of occupation may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AsCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72493

CERTIFICATE OF DEATH

X 108 E 72493

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Length of residence in city or town where death occurred yrs mos 20 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charles Hasley

(a) Residence: No. Savage, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	XX	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. State Roads
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savage Md

MOTHER FATHER

13. NAME Lee Hasley
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Bessie Lesson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laurel Hasley (Uncle)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Savage Md Date Sept 1 1931

19. UNDERTAKER The Wm White Co. Laurel Md
(Address)

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-9-1931, to 9-28-1931

I last saw h alive on 9-28 1931 death is said to have occurred on the date stated above, at 5.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, right	8-9-31

Other contributory causes of importance

Pulmonary atelectasis	8-17-31
Spontaneous pneumothorax	9-28-31

Name of operation ..... Date of .....

What test confirmed diagnosis? Sym Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Stonebraker M. D.

(Address) University Hosp.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Blks. 1003 Lowndst at 11 AM

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72494

CERTIFICATE OF DEATH

149-001
149-E 72494

REGISTERED NO. E 72494
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Sinai Hospital St. 15-21 WARD)

2 FULL NAME Sonya Bales

(a) RESIDENCE NO. 1400 No Mount St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 10 yrs. 6 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: M Joseph

6 DATE OF BIRTH (month, day, and year): 1905

7 AGE — Years: 26 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS
10 NAME OF FATHER: Abraham Bornstein
11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia
12 MAIDEN NAME OF MOTHER: Sarah Gobor
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Louis Bornstein
(Address): 1003 Lowndst

15 Filed SEP 28 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 26 | 31

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1931 to Sept 26, 1931
that I last saw h. (2) alive on Sept 26, 1931
and that death occurred, on the date stated above, at 7.45 P. M.
The CAUSE OF DEATH* was as follows:
Eclamptic Toxemia of Pregnancy

(duration) yrs. mos. 7 ds.
CONTRIBUTORY (Secondary): Broncho Pneumonia
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home
Did an operation precede death? Yes Date of 9-26-31
Was there an autopsy? Postmortem
What test confirmed diagnosis? Clinical Observation
(Signed) M. P. Boyle M. D.
9/26 1931 (Address) 2040 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale — DATE OF BURIAL: Sept 28 1931

20 UNDERTAKER: S Levinson Bro — ADDRESS: 1127 E Balto St.

information should be carefully supplied. Exact statement of OCCUPATION should be properly classified. It may be important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72495

CERTIFICATE OF DEATH

34 E 72495

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Gomez

(a) Residence: No. 1702 Lemon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Gomez

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Unemployed)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0 Y

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Alfred Gomez
14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Celeste Prudee
16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem. Date 9/28 1931

19. UNDERTAKER George A. Farley
(Address) Fulton & Longwell

20. FILED ... 19...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1931 to Sept. 24, 1931
I last saw h... alive on Sept 24, 1931 death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Heart Disease	?
Aortic Regurgitation	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Simon Bruce M. D.
(Address) Mercy Hospital

Information should be entered by undertaker, but it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be understood by the layman. See instructions on back of certificate. OCCUPATION is very important.

AaCo. 5-31 250B

Simms

HEALTH DEPARTMENT—CITY OF BALTIMORE

72496

CERTIFICATE OF DEATH

107-001

E 72496

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 722 Regester St. 6-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Simms

(a) Residence: No. 722 Regester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 14 - 93

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Melvin Simms

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rebecca Moore

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Rebecca Simms
(Address) 722 Regester St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Date Sept 28 31

19. UNDERTAKER Robt H. Williams
(Address)

20. FILED SEP 28 1931, 19 ...

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931 to Sept 26, 1931.

I last saw him alive on Sept 26 1931 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm Bronchopneumonia	Sept 25 '31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo Sallen M. D.

(Address) 527 Lanvale St

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—58L

E 72497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 72497

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1140 Stiles St. (Ward) 16-32

2-FULL NAME Elsworth Cavenbell

(a) RESIDENCE No. 1140 N. Stiles St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 30 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		2	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Wm Campbell

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Frances Dorsey

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore Md

14 Informant Fannie Campbell
(Address) 1140 N. Stiles

15
Filed 192
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gastro Enteritis

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Here

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.
Coroner

19 (Address) 1140 N. Stiles

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and 2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Peters	Sept 29 1931
21 UNDERTAKER Thomas E Nelson	ADDRESS 1303 Druid Hill Ave

2. Before answering questions, please read carefully the instructions on the back of this certificate. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION should be given. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508 Time of burial extended to Oct. 4th 31 Sick 7 days Cert. Com

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72498 — 23 E 72493

1. PLACE OF DEATH Baltimore City Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 16-33 Ward

Length of residence in city or town where death occurred 2 yrs mos da. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary S Peace

(a) Residence: No. 1031 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ernest Peace

6. DATE OF BIRTH (month, day, year) Sept 2 1903

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
28		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Durham North Carolina

FATHER

13. NAME David Sanders
14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Charlotte Johnson
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Relative
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Durham N.C Date Oct 1 1931

19. UNDERTAKER Mr Tate R. Williams
(Address) 322 N Schroder St.

20. FILED 1931 Sept. C. HANCOCK JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1931

22. I HEREBY CERTIFY, That I attended deceased from April 28 1931 to Sept 26 1931

I last saw h alive on Sept 26 1931 death is said to have occurred on the date stated above, at 5.45 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 mo.
Bronchopneumonia	9-25-31

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Luther E Lucas M D
(Address) Balto City Hospitals

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that OCCUPATION is very important. See instructions on back of certificate.

Ruth V. Nicolaus

E 72499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72499

231

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1925 E. Chase St. St 7-13 Ward)

Registered No

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Ruth V. Nicolaus

(a) Residence No 1925 E. Chase St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles G. Nicolaus

6 DATE OF BIRTH (month, day, and year) June 18 1903

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John F. Treas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Emma Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Interment (Address) Charles G. Nicolaus 1925 E. Chase St.

15 Filed Sept 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1931

17

I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Sept 26 1931

that I last saw h[illegible] alive on Sept 24 1931 at 7:50 P.M.

and that death occurred, on the date stated above, at [illegible] P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs 3 mos ds

CONTRIBUTORY (Secondary) Renal Calculus

(duration) yrs mos 1 ds

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. Duer Thomas M.D.

9-28-31 Address 1500 North Calvert St

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn Cemetery

DATE OF BURIAL Sept 29 1931

20 UNDERTAKER George W Zinkan

ADDRESS 1737 E Eager St

Information should be carefully supplied. All the items should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rpro—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 72500

E 72500

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2110 Ashland Ave ST. 7-P WARD)

2-FULL NAME Joseph Shirokey.

(a) RESIDENCE No. 2110 Ashland Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Anna Shirokey.

6 DATE OF BIRTH (month, day, and year) Jan. 13, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Marble Setter.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hillgarton

9 BIRTHPLACE (city or town) Chicago

(State or country) Illinois

PARENTS

10 NAME OF FATHER Joseph Shirokey

11 BIRTHPLACE OF FATHER (city or town) Bohemia.

(State or country)

12 MAIDEN NAME OF MOTHER Not known.

13 BIRTHPLACE OF MOTHER (city or town) Bohemia.

(State or country)

14 Informant (Address) Mrs. Anna Shirokey. 2110 Ashland Ave

15 Filed .19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 26, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 4 .1931. to Sept. 26 .1931.

that I last saw h[illegible] alive on Sept. 25 .1931.

and that death occurred, on the date stated above, at 9.40 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum & sigmid.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? proctoscopic examn.

(Signed) Joseph Sokolny M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Hill Cemetery.

DATE OF BURIAL 9 a.m. Tues 29 1931

20 UNDERTAKER August Pasek. ADDRESS 2406 E. Ashland ave.

CAUSE OF DEATH in plain terms, so that it may be properly entered in the Register's book of certificates. TION is very important. See instructions on back of

[illegible] HARRY JONES, M. D.

Apco — 1-30 — M. & T. — 250 Nbs

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72501

CERTIFICATE OF DEATH.

23 ✓

E 72501

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 700 Gay St (St.) 7-24 (Ward)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna T Byrd

(a) RESIDENCE NO. 700 Gay St (St.) _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of Single.

6 DATE OF BIRTH (month, day, and year) Sept 1. 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	0	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Brooks Byrd

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER Mary Williams

13 BIRTHPLACE OF MOTHER (city or town) Va (State or country)

14 Informant Robert Foote
(Address) 700 Gay St

19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25/31

17 I HEREBY CERTIFY, That I attended deceased from July 30 19 31, to Sept 25 19 31.

That I last saw h[illegible] alive on Sept 25 19 31

and that death occurred, on the date stated above, at 11 9 m.

The CAUSE OF DEATH* was as follows:

Pulmonary TBC

(duration) yrs. 4 mos ____ ds.

CONTRIBUTORY (Secondary)

(duration) yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible], M. D.

____, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Sept 28 1931

DATE OF BURIAL

20 UNDERTAKER Joseph A Lively

ADDRESS 1099 Mount St

Spec.—3-29-29—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72502

CERTIFICATE OF DEATH

13 E 72502

REGISTERED NO. 10-14

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 657 Sterling ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Tate

(a) RESIDENCE NO. 657 Sterling ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph H. Tate

6 DATE OF BIRTH (month, day, and year): 1873

7 AGE — Years: 58 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Montgomery Co Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Joseph H. Tate 657 Sterling St.

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9—26-31

17 I HEREBY CERTIFY, That I attended deceased from 6-17- 19 31 to 9—26— 19 31

that I last saw her alive on 9—25— 19 31

and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

cardiac — Vascular Renal — disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Bates M. D.

9/27 19 31 (Address) 425 N. Carlton St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ashburn Cemetery

DATE OF BURIAL: Sept 29 19 31

20 UNDERTAKER: Elvin W. Johnson & W. Carlton Sr.

ADDRESS

AdCo. 5-H 2000

E 72503

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 72503

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospt. St., Ward 4th)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harold Snowden

(a) Residence: No. 1765 Mount Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Snowden

6. DATE OF BIRTH (month, day, year) Nov 10, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER FATHER

13. NAME Timothy M Snowden

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Alice G Tomlinson

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Sept 29 1931

19. UNDERTAKER Townsend & Son
(Address) 345 Cathedral St

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-6, 1931, to 9-26, 1931

I last saw him alive on 9-26 1931, death is said to have occurred on the date stated above, at 9 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Pancreas, Spleen and post. wall of Stomach	6 mos

Other contributory causes of importance:

General Sarcomatosis

Name of operation Laparotomy Date of 9-9-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Robert T. Chenworth M.D.

(Address) Md General Hospital

C. E. HAWLEY, JONES, M. D.

1-30—M. & T.—100 B—541.

E 72504

E 72504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 Ward ST. 21-28 WARD)

2-FULL NAME Edward Gross

(a) RESIDENCE NO 1447 Ward ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Thomas

6 DATE OF BIRTH (month, day, and year) ? ? 1891 ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore
(b) General nature of industry, business, or establishment in which employed (or employed) ------
(c) Name of employer Pennsylvania R.R.D.

9 BIRTHPLACE (city or town) (State or country) ---- Calvert Co.

PARENTS

10 NAME OF FATHER John Gross

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Calvert County

12 MAIDEN NAME OF MOTHER Susan Wallace

12 BIRTHPLACE OF MOTHER (city or town) ------ (State or country) Calvert County

14 Informant Anna Thomas

(Address) 1447 Ward Street

15 Filed SEP 28 1931 C. HAMILTON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 24 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) ---------- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of -----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy M. Cromwell, M. D. Coroner

9/26 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Lebanon Cemty	Sept 29 1931
20 UNDERTAKER Wells B. Griggs	ADDRESS 1317 W. Lombard St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72505

CERTIFICATE OF DEATH

95 26 2 72505

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1025 Edmonson Av St. 16-26 WARD

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robt A Thomas

(a) RESIDENCE No. 1025 Edmonson Av St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fannie Thomas

6 DATE OF BIRTH (month, day, and year) Aug 1 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	50	1	10	22

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Robt Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Susan Dumas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Fannie Thomas
(Address) 1025 Edmonson Av

15 Filed ___ 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 8 1931, to Sept 26 1931

That I last saw h[illegible] alive on Sept 26 1931

and that death occurred, on the date stated above, at 5.30 P m

The CAUSE OF DEATH* was as follows:

Cardio Renal Disease

(duration) yrs. 6 mos. 7 ds.

CONTRIBUTORY (Secondary) Entero Colitis

(duration) yrs. 1 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary

(Signed) J Smucker M. D.

19 1931 (Address) 1126 Lexington Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 9 27 1931

20 UNDERTAKER Edward J Hensley

ADDRESS 970 N Broadway

IMPORTANT—See instructions on back of this blank.

Spec.—9-30—A. & Co.—250 Blks.

Poloway

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72506 — 92 E 72506

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. Divine Hospital ST. 20-69 WARD

2 FULL NAME William Poloway

(a) RESIDENCE NO. 2225 Frederick Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sally Poloway

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): 068

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Abraham Poloway

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prussia

12 MAIDEN NAME OF MOTHER: Lizzie -

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Geo. Poloway 2225 Frederick Ave.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1931, to Sept 27, 1931

that I last saw h[illegible] alive on Sept. 27, 1931

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Cardio-Vaso Disease

Aortic Insufficiency

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypertrophic cystitis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? In

Did an operation precede death? Yes Date of

Was there an autopsy?

What test confirmed diagnosis? Blood culture

(Signed) Dr Lehrman M. D.

19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Levindale Hebrew Home	9-29-1931
20 UNDERTAKER: Jacob Reuse Inc. 1439	ADDRESS: Baltimore

1-30—M. & T.—100 B—50L.

E 72507 ✓ E 72507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST., 325 WARD)

2-FULL NAME Mary Ferraro

(a) RESIDENCE NO. 918 E. Pratt St. ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Ferraro

6 DATE OF BIRTH (month, day, and year) Sept. 7/1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Home work
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Michael Rainchula

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Mary Altvater

(Address) 726 S Decker ave

15 Filed _____ 192 _____ Registrar

SEP 28 1931 C. HAMPSON JONES, M.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25th 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture Base Parietal Bone Street Car accident

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Hemorrhage into Brain (duration) _____ yrs. mos. 2 hrs

18 Where was disease contracted if not at place of death? Clay & Barre ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) James M. Fenton, M. D.

9-26 1931 (Address) 700 E Chase Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Sept 29 1931

20 UNDERTAKER: M. F. E. Dippold — ADDRESS: 37 Lan St

Spec—9-30—A & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

72508 72508

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE. (No. Caton & Wilkens Aves St. 15-21 Ward)

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daniel Craig

(a) RESIDENCE NO. 1914 N. Payson St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Helen C. Craig

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Bernard Craig

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

12 MAIDEN NAME OF MOTHER Catherine

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

14 Informant (Cousin) Mrs. Mary Foley (Address) 1911 N. Fulton Ave.

15 Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27-31

17 I HEREBY CERTIFY, That I attended deceased from 9-25, 1931, to 9-27, 1931

that I last saw him alive on 9-27, 1931

and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

(1) Myocard. Deg. & Decomp.
(2) Mitral Insufficiency.

(duration) 2½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Glomerular Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1914 N. Payson St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical

(Signed) Wilmer S. Engle M. D.

9-27-31, 19 (Address) St. Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Oct. 29 1931
20 UNDERTAKER	ADDRESS
Martin Fahey & Sons	1917 N. North Ave.

Oct 29 1931 H. M. JONES, M. D.

TION IS very important. See instructions on back of

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

252-732 72509

CERTIFICATE OF DEATH

1591 72509

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 9-46 ST.) (WARD)

2 FULL NAME Baby Aulton

(a) RESIDENCE NO. 6206 28th St. ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 9 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			15 hr	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Hazel Aulton

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address) Records.

15 Filed SEP 23 1931 19 C. HAMPSON JONES, M. D. Registrar

6785

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) SEP 23 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 9, 1931, to Sept 23, 1931, that I last saw he alive on Sept 23, 1931, and that death occurred, on the date stated above, at 4 H5 P. M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Prematurity

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? —

(Signed) F. C. Goodwin M. D.

9/24, 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS SEP 2 1931

AACo. 5-31 2500

E 72510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72510

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 46 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward)

Length of residence in city or town where death occurred 20 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Jerry Taylor

(a) Residence: No. 2424 Reisterstown Rd St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not known

6. DATE OF BIRTH (month, day, year) Sept. 18 7

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Pennsylvania

MOTHER FATHER

13. NAME David Taylor

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Margaret Bush

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Sept 25 1931

19. UNDERTAKER J. C. Cook
(Address) 1923 Park Park Ave

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1931, to Sept 22, 1931

I last saw him alive on Sept 16, 1931 death is said to have occurred on the date stated above, at 7:15 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	6 mo?
Chronic Nephritis	

Other contributory causes of importance:

Uremia	10 d?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Evelyn E Neal M D

(Address) Balto City Hospitals

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72511

E 72511

CERTIFICATE OF DEATH

149-002

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1709 W Saratoga St. 14-27 (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Ransom Hull

(a) Residence: No. 1709 W Saratoga St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: W^m Hull

6. DATE OF BIRTH (month day year): ? ? 1889

7. AGE: Years 42 | Months ? | Days ? | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER

13. NAME: Luther Robb

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Isabel Robb

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): W^m Hull 1709 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL: Place Layton Mem. Pk. Date 9-29-1931

19. UNDERTAKER (Address): Dennis Carter 916 Dolphin

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1931 to Sept 26 1931

I last saw her alive on Sept 26 1931 death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	9/25/31

(b) contributory causes of importance: Prolonged Labor w/ undetermined Myocarditis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Howard M. D.

(Address) 609 Carrollton Ave.

1931 C. LEMMON JONES, M. D.

AoCo. 5-31 2M

E 72512 **HEALTH DEPARTMENT CITY OF BALTIMORE**

95 E 72512

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4022 Linwood Ave St. 27 Ward) 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da How long in U.S. if of foreign birth? yrs mos da

2. FULL NAME Mary A Robertson

(a) Residence: No. 4022 Linwood Ave St. Ward

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Robertson

6. DATE OF BIRTH (month, day, year) July 31 1857

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	74	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

MOTHER

13. NAME Burton Gibbons

FATHER

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Lizzie Brand

(Address) 4022 Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Sept 2 1931

19. UNDERTAKER Philip Rhuark

(Address) 2016 Eutaw St.

20. FILED 19 PPH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1931 to Sept 26 1931

I last saw h er alive on Sept 25 1931 death is said to have occurred on the date stated above, at 9 PM m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset Sept 31 Aug

(other contributory causes of importance)

Cardio Vascular disease — Aug 30

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph L Hoyt M. D.

(Address) 326 E Fulton St

Spec.—1-30—M.A.T.—250 lbs

E 72513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001 E 72513

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor ST. 10-14 WARD)

2-FULL NAME Mary Elizabeth Fetch

(a) RESIDENCE NO. 1200 Valley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~the wife of~~ or) WIFE of John Fetch

6 DATE OF BIRTH (month, day, and year) Mar 16 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER Ed Engelhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schindler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Little Sisters of the Poor (Address) 1200 Valley St Baltimore

15 Filed 9/28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 1931 to Sept 26 1931

that I last saw her alive on Sept 26 1931

and that death occurred, on the date stated above, at 5:20 P. M.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Asthma - Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Lewis McCarthur M. D.

9/28 1931 (Address) 117 Hanford Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 9/29/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St.

C. HAMPSON JONES, M. D.

AACo. 5-H 2M8

HEALTH DEPARTMENT CITY OF BALTIMORE

72514

CERTIFICATE OF DEATH

93-E 72514

Registered No.

1. PLACE OF DEATH — Baltimore City Hospitals — St., 9-18 (Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 38 yrs mos ds. How long in U.S. If of foreign birth: yrs mos ds.

Length of residence in city or town where death occurred

2. FULL NAME — Gabriel Cannon

(a) Residence: No. 415 E. 20th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 20, 1849?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ?

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — Dorchester Co. Md.

MOTHER FATHER

13. NAME — Robert D. Cannon

14. BIRTHPLACE (city or town) (State or country) — Dorchester Co. Md.

15. MAIDEN NAME — Elizabeth Wingate

16. BIRTHPLACE (city or town) (State or country) — Dorchester Co Md.

17. INFORMANT (Address) — Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL — Cedar Hill cemetery Date Sept. 30th 1931

19. UNDERTAKER (Address) — Wm Cook 1217 E Pratt st

20. FILED — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1928 to Sept. 28, 1931

I last saw him alive on Sept. 28, 1931 death is said to have occurred on the date stated above, at 3:50 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chr	10/27/30
Other contributory causes of importance: Osteomyelitis of jaw (chronic)	more than 1 year

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) — M. D.

(Address) Balto. City Hosp.

Spec.—1-30—M. & T.—250 Blks.

E 72515

HEALTH DEPARTMENT—CITY OF BALTIMORE

8 21 001 72515

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 27 ST., 55 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Stoddard

(a) RESIDENCE NO. 3325 Fairview Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	MARRIED

6a If married, ~~widowed~~ HUSBAND of ~~or widow of~~ Mary Virginia Foddard

6 DATE OF BIRTH (month, day, and year) Apr 20th 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
58	✓	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chief Engineer 030

(b) General nature of industry, business, or establishment in which employed (or employer) Stationary

(c) Name of employer Church Home & Infirmary

9 BIRTHPLACE (city or town) (State or country) Watertown N. Y.

PARENTS

10 NAME OF FATHER Rev Daniel W. Stoddard

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Y.

12 MAIDEN NAME OF MOTHER Rebecca Covey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Mary V. Stoddard (Address) 3325 Fairview Ave

15 Filed ... 1 ... 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1931. to Sept. 28, 1931.

that I last saw him alive on Sept. 28, 1931

and that death occurred, on the date stated above, at 10:20 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Aortic Stenosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Abram Fried, M. D.

, 19 (Address) 311 Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 9/28/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Pratt St

OCT 1 1931 C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks.

72516 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH.

121 E 72516

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (a) No. St. Joseph's Hosp. St. 8-17 WARD)

2 FULL NAME William Bast

(a) RESIDENCE NO. 1624 N. Durham ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 19th 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23 yrs.	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Pressman

(b) General nature of industry, business, or establishment in which employed (or employer): Printing

(c) Name of employer: Tin Decorating Co

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Alfred Bast

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Nellie G Phorbus

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Nellie Bast
(Address) 624 N. Durham st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1931 to Sept. 28 1931

that I last saw h (im) alive on Sept. 28 1931

and that death occurred, on the date stated above, at 12:10 A m

The CAUSE OF DEATH* was as follows:

Acute Suppurative Appendicitis
Mesenteric Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 20, 1931

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H B Kennedy M. D.

(Address) 2 E Mt Vernon Pl

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetary — DATE OF BURIAL: 9/28/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

1-30—M & T—100 B—50L

E 72517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2101 E 72517

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto Gen Hosp (Ward) 25-77

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME Hardy E Johnson

(a) RESIDENCE NO Brights Light above Curtis Creek (St.) (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 8-20

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	2	18	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer — Whse boy

9 BIRTHPLACE (city or town) (State or country) Addison Johnson Balto

PARENTS

10 NAME OF FATHER Addison Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Agnes Barhgate

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Md

14 Informant Mr. Addison Johnson

(Address) Curtis Creek

15 Filed ____, 19__ Registrar

28 1931 C. THOMPSON JONES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-26 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto (Truck) Hit & Run

(duration) Fract Skull

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Curtis Creek Bridge

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) Dr Frank Jaffe M. D. (Address) 29 39 Elk Corner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charles Cemetery

DATE OF BURIAL Sept 29 1931

20 UNDERTAKER Margaret G. Lynch

ADDRESS 1422 Light St

TION is very important. See instructions on back of certificates.

1-28—M. & T.—100 B—50L

E 72518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 F 03 72518

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2236 W North Ave ST. 15-68 WARD

2-FULL NAME Maurice Rontgon

(a) RESIDENCE NO. 2236 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Myrtle Rontgon

6 DATE OF BIRTH (month, day, and year) Dec 23 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52	11	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Funeral Director
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Carroll Rontgon

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Rontgon

11 BIRTHPLACE OF FATHER (City or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Missouri Smith

13 BIRTHPLACE OF MOTHER (City or town) Baltimore Md
(State or country)

14 Informant Mrs Maurice Rontgon
(Address) 2236 W North Ave

15 Filed Sept 28 1931 C. HAMPSON JONES, M. D. Registrar
S. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. Hampson Jones Coroner, M. D.

Sept 28 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Sept 29 1931

20 UNDERTAKER F. C. Weishaupt ADDRESS 300 Eutaw Place

SECTION is very important. See instructions on back of Certificate.

Spec.—1-30—M. & T.—250 Blks

E 72519

HEALTH DEPARTMENT—~~CITY~~ City OF BALTIMORE

E 72519 13 1

CERTIFICATE OF DEATH.

REGISTERED NO. 20

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pine Crest Sa St. 28-71 WARD

2-FULL NAME Andrew Collison

(a) RESIDENCE NO. Pine Crest Sam ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	W	S

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Hetha Collison

6 DATE OF BIRTH (month, day, and year) April 1845

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 087

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Floyd L. Collison (Address) 1512 Huntingdon Ave Baltimore

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/27/31

17 I HEREBY CERTIFY, That I attended deceased from 9/15 . 1931 . to 9/27/31 . 1931 .

that I last saw h he alive on 9/26/31 . 19 .

and that death occurred, on the date stated above, at 9 AM m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis — Chronic Bright's (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Wm Warner Ford, M. D.

4/27, 1931 (Address) 208 E. Preston —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL 9/29 1931

20 UNDERTAKER Robert J Brookerson

ADDRESS Lothrop Howard

Spec.—9-30—A. & Co.—250 Blks

E 72520

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 145-8 72520

CERTIFICATE OF DEATH

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (St.) 16-23 (WARD)

2 FULL NAME Bertha Mason

(a) RESIDENCE NO. 410 W Lafayette Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced: Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jack Mason

6 DATE OF BIRTH (month, day, and year): Nov. 11-1915

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
15	10	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: James N Johnson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Elizabeth Whittington

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

14 Interment (Address): James Johnson 57 Carrollton Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-26-31

17 I HEREBY CERTIFY, That I attended deceased from 8-29, 1931, to 9-26, 1931

that I last saw h alive on 9-26, 1931

and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Disorder
Febrile Pleuritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical - Autopsy

(Signed) W. B. Butler M. D.

(Address) Provident Hospital

9/29/31

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Md DATE OF BURIAL: Sept 29 1931

20 UNDERTAKER: Samuel A Tensley ADDRESS: 578 N Bdle

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931 Duplicate 12521

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 2 Ward 1)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Fred. Hanson

(a) Residence: No. 1012 Leadenhall St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Apr 25" - 1897

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
34	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wharf

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm Hanson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susie Hamilton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Sept 28 1931

19. UNDERTAKER Wm. B Peggs

(Address) 1911 Hanover St.

20. FILED 1931 Sept. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22nd 1931, to Sept 25th 1931

I last saw him alive on Sept 25 1931 death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Prostration	3 days
Other contributory causes of importance:	
Nil	?
Myocardial failure	3 days

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Cunningham M. D.

(Address) Mercy Hospital.

Spec.—9-30—A & Co.—250 Blks

72522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Gt-001 E 72522

REGISTERED NO.

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) Sunway Apts 12-44 WARD 1

2 FULL NAME Yates Penniman

(a) RESIDENCE NO. Sunway Apts ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? 28 yrs. 9 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Nellie T. Penniman

6 DATE OF BIRTH (month, day, and year): Sept 14 1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Chairman of Board
(b) General nature of industry, business, or establishment in which employed (or employer): National Oil
(c) Name of employer: Mount Bk

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: Augustus Penniman
11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md
12 MAIDEN NAME OF MOTHER: Mary Yates Walsh
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Wm. U. Hemsley son-in-law
(Address): 1 E Eastern Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 28th 1931

17
I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931 to Sept. 28th, 1931
that I last saw him alive on Sept 28th, 1931
and that death occurred, on the date stated above, at 1:00 A. M.

The CAUSE OF DEATH* was as follows:
Angina Pectoris.
Myocardial Insufficiency
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Arteriosclerosis Hypertension
(duration) 6 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Symptoms

(Signed) J. A. Ashland M. D.
Sept 29 1931 (Address) 300 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. | DATE OF BURIAL: Sept 30 1931

20 UNDERTAKER: Edward W. Bowen & Son | ADDRESS: Baltimore

Spec.—9-30—A & Co.—250 Blks

2529 D

JOHNS HOPKINS HOSPITAL

E 72523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 72523

REGISTERED NO.

1. PLACE OF DEATH

S 27-43 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.)

2 FULL NAME Charles Dearborn

(a) RESIDENCE No. 2526 Hemlock Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13-1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Welder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Md

PARENTS

10 NAME OF FATHER Charles Dearborn

11 BIRTHPLACE OF FATHER (city or town) (state or country) Md.

12 MAIDEN NAME OF MOTHER Minnie Gastrow

13 BIRTHPLACE OF MOTHER (city or town) (state or country)

14 Interment JOHNS HOPKINS HOSPITAL (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28-1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 26, 19 31, to Sept 28, 19 31

that I last saw h[illegible] alive on Sept 28, 19 31

and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral tumor, endothelioma

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) 0

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bell. Hsp

Did an operation precede death? Yes Date of 9 23 31

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) W B Woodhall M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Oct 1 19 31

20 UNDERTAKER Howard Morris Co ADDRESS Toledo

AACo. 5-11 2M8

72524

HEALTH DEPARTMENT—CITY OF BALTIMORE

72524

CERTIFICATE OF DEATH

Registered No. 51

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) South Baltimore Gen'l Hosp. (Street) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Nicholas Weller Jr
(a) Residence: No. 2721 Manchester Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Gertrude Weller

6. DATE OF BIRTH (month, day, year) May 9 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpentry
10. Date deceased last worked at this occupation (month and year) Sept 1931
11. Total time (years) spent in this occupation 15 yrs

MOTHER FATHER
12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME Nicholas Weller
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Barbara Lipper
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs. L. Kenner Smith (Address) 2721 Manchester Ave City
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/30/31 19
19. UNDERTAKER Kevin O'Donnell Co (Address) Balto Md.
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931 to Sept 27 1931
I last saw him alive on Sept 27 1931, and death is said to have occurred on the date stated above, at 7 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	6 months
Chronic Hemorrhages	6 months
anemia	

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Wm. J. Sullivan M.D.
(Address) So Baltimore Gen'l Hosp

AACo. 5-31 2MR

E 72525 **HEALTH DEPARTMENT CITY OF BALTIMORE** 92-601

CERTIFICATE OF DEATH

Registered No. E 72525

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Darley Ave St., 8-45 Ward)

Length of residence in city or town where death occurred 56 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Anna A. Gumbert

(a) Residence: No. 1412 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Joseph Gumbert

6. DATE OF BIRTH (month, day, year) Oct 27 1874

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	56	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done as silk mill, saw mill, bank, etc. 37
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Mrs Lentz
14. BIRTHPLACE (city or town) (State or country) [illegible]
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Mr Joseph Gumbert (Address) 1412 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem Date Sept 30 1931

19. UNDERTAKER Penny Hoen & Sons Inc (Address) 1121 E Baltimore St

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1931 to Sept 27 1931

I last saw her alive on June 15 1931 death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis — Date of onset ?

Other contributory causes of importance

Acute Jaundice

Name of operation — Date of —

What test confirmed diagnosis? Typhoid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer M. C. Carter, M. D.

(Address) 111 W Madison St

Spec.—2-29-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72526

CERTIFICATE OF DEATH

107-001 E 72526

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 E. 38th St. 9-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME J. Albert Haverkamp

(a) RESIDENCE NO. 525 E. 38th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 1 da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Ella R. Haverkamp

6 DATE OF BIRTH (month, day, and year): Nov 25th 1856

7 AGE: Years 74 Months 10 Days 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Hotel keeper.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John Haverkamp

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Miss Imogene Edson

(Address): 515 E. 38th St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/26/1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1931 to Sept. 26, 1931; that I last saw him alive on Sept. 26, 1931 and that death occurred, on the date stated above, at 7:25 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 5 da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Sept Hoot M. D.

19 (Address) 452 E. 22nd St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: 9/29/31

20 UNDERTAKER: John F. Conway & Son

ADDRESS: 901 Allen

AeCo. 1-31 2500

E 72527

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

464 72527

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 W. Lombard St. 18-29 Ward)

Length of residence in city or town where death occurred 70 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Catherine Lydon

(a) Residence: No. 1014 W. Lombard St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Patrick Lydon

6. DATE OF BIRTH (month day year) Nov 24th 1868

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	62	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Martin Loftus

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Agnes Merkel.

(Address) 1014 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place new Catholic Date 9 30, 1931

19. UNDERTAKER John F. Cowan & Son

(Address) 916 W. Lombard St

20. FILED ... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 9/27/ , 1931

22. I HEREBY CERTIFY, That I attended deceased from 5 20/ 1931, to 9/27 1931

I last saw h.. alive on 9/1/31 19.., death is said to have occurred on the date stated above, at 10:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis	
Edema of Larynx	

Other contributory causes of importance:

Name of operation clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard J. Levy, M. D.

(Address) 9 W. Lombard

Spec.—2-29-28—L. P. S.—500 Blks.

E 72528

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 √ E 72528

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Wm. C. Culloh St. 14-20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Herbert Gordon

(a) RESIDENCE NO. 1927 McCulloh ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Widower

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dead

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	24 (1907)	XX	XX	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 073

(b) General nature of industry, business, or establishment in which employed (or employer) XXXX

(c) Name of employer XXXX

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Johnny Gordon

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Alverta Gray

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Lucy Rodgers
(Address) 1927 McCulloh St

15 Filed SEP 29 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1931, to Sept. 26, 1931, that I last saw him alive on Sept. 26, 1931, and that death occurred, on the date stated above, at 7-20 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia(Lobar)

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Nephritis(Acute)

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What (est confirmed diagnosis)?

(Signed) H. White, M. D.

, 19 (Address) 1031 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	9/29 (1931)
20 UNDERTAKER	ADDRESS
Clifford C. Geddis	1927 McCulloh St.

Spec.—4-30—A. & Co.—250 Blks

E 72529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121 VE 72529

1 PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE { (a) No. Caton & Wilkens Aves ST. 27-72 WARD }

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Mary Yingling

(a) RESIDENCE NO. 4138 Wilkens Ave ST. WARD a A. Co Md
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Sterling C. Mr Yingling

6 DATE OF BIRTH (month, day, and year) 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER James Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary M Cross

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Sterling C. Yingling 4138 Wilkens Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-27 31

17 I HEREBY CERTIFY, That I attended deceased from 9-23 1931 to 9-27 1931

that I last saw her alive on 9-27 1931

and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Auricular Embolism
F.O. 5 days

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Acute Appendicitis F.O.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9 23 31

Was there an autopsy? Yes

What test confirmed diagnosis? P.E. & Autopsy

9 28 31 (Signed) Hyalmar S Angevine M.D.

19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL Oct 1 19 31

20 UNDERTAKER Josiah Offer — ADDRESS 1600 N. Mtn

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

151-004

E 72530

23-31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 W. Cross ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Mr. & Mrs. Albert H Gray

(a) RESIDENCE NO. 11 W. Cross ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept. 28, 1931

7 AGE — Years — Months — Days

If LESS than 1 day hrs or 16 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Albert H. Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maine

12 MAIDEN NAME OF MOTHER: Ribdla J. Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant (Address): Albert H. Gray 11 W. Cross St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 28. 1931. to Sept. 28. 1931.

that I last saw her alive on Sept. 28. 1931

and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. C. R. Campbell M.D.

9/28 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Sept 29 1931

20 UNDERTAKER: John T Denny

ADDRESS: 710 S. Ann St

Spec.—1-30—M. & T.—250 Blks.

E 72531 HEALTH DEPARTMENT—CITY OF BALTIMORE 95-002 E 72531

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Fifth ST. Brooklyn 25-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret May Glover

(a) RESIDENCE No. 3700 Fifth ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. about mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) April 3,1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher

(c) Name of employer A.A.County

9 BIRTHPLACE (city or town) (State or country) Sudley Maryland

PARENTS

10 NAME OF FATHER Joshua L. Glover

11 BIRTHPLACE OF FATHER (city or town) (State or country) ---- New Jersey

12 MAIDEN NAME OF MOTHER Mary E. Crandall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sudley Maryland

14 Informant Miss Anni E. Glover (Address) 3700 Fifth Street

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept.28th.1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1st.1931 to Sept.28.1931.

that I last saw her alive on September 28th.,1931.

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Cardiorenal Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs.

(Signed) Guy N. Cromwell M. D.

9/23/31 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL WEST RIVER Quaker Burial Ground DATE OF BURIAL 9/30 1931

20 UNDERTAKER u.a. co. md. ADDRESS 715 9th St

John F Denny

AdCo. 5-11 2500

E 72533 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72532

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 E Eager St. 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J. Burlage

(a) Residence: No. 1319 E Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of ~~WIFE~~ of Barbara M. Burlage

6. DATE OF BIRTH (month, day and year) Jan 31 1880

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	51	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John Burlage
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Katherine Coleman
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Barbara M. Burlage
(Address) 1319 E Eager St

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Cem. Date Oct. 1st 1931

19. UNDERTAKER Henry Hoeck Sons, Inc.
(Address) 301 E Eager St

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 25th 1931 to Sept 28 1931
I last saw h[illegible] alive on ..... 19.. death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about May 1931
Other contributory causes of importance:	
Pulmonary Hemorrhage	9/28/31

Name of operation O Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Alex A Weinstock M. D.
(Address) 713 Aisquith St

AsCo. SH 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72533 X 119 E 72533

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 19-30 Ward)

Length of residence in city or town where death occurred yrs 2 mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Beulah Mc Glothlin

(a) Residence: ~~No.~~ Folkston Md ~~Ward.~~
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. d
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

MOTHER FATHER

13. NAME Geo Mc Glothlin
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Teresa Dunbar
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Chas E Goode
(Address) Benson Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Date Sept 30, 1931

19. UNDERTAKER Partridge & Goode
(Address) Benson Md.

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1931 to Sept 25, 1931
I last saw h.. alive on Sept 25, 1931 death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	Feb 1931

Other contributory causes of importance:

Entero Colitis	Sept 15

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thomas [illegible] M. D.
(Address) Union Hosp.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72534 JOHNS HOPKINS HOSPITAL 9 B 72534

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 18-16 STREET) WARD

2 FULL NAME Costello Barbour

(a) RESIDENCE No. 226 N. Arlington ave STREET WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 3, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		3	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ditto

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Fred Barbour

11 BIRTHPLACE OF FATHER (city or town) (State or country): U S Servia

12 MAIDEN NAME OF MOTHER: Mathilda Dumm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant
(Address)

Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1931, to Sept 27, 1931

that I last saw her alive on Sept 27, 1931

and that death occurred, on the date stated above, at 1.50 P.M.

The CAUSE OF DEATH* was as follows:

Peritonitis

(duration) yrs. ____ mos. 3 hrs

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. ____ mos. 1 wk

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of yesterday

Was there an autopsy?

What test confirmed diagnosis? [redacted]

(Signed) A. K. Tra M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Sept 29, 1931

20 UNDERTAKER: Mrs. Katie P. Williams

ADDRESS 3221 Edmondson Ave.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

501

72535

CERTIFICATE OF DEATH

✓ 92 E 72535

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 4202 Wilkins Ave 25-42 WARD)

2. FULL NAME Michael Finnstein

(a) RESIDENCE NO. 4202 Wilkins ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of: William Finnstein

6. DATE OF BIRTH (month, day, and year): July 13 1877

7. AGE: Years: 53 | Months: 7 | Days: 13 | If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clothing Cutter

(b) General nature of industry, business, or establishment in which employed (or employer): 080

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10. NAME OF FATHER: Abe Finnstein

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Barbara Nash

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14. Informant (Address): Wilhelmina Finnstein 4202 Wilkins Ave

15. Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Sept 25 31

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 30 19 to Sept 25 19 31

that I last saw h— alive on Sept 25 19 31

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Aortic Incompetency
(Hypertension).

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Decompensation

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. W. Folby M. D.

19 (Address) 5703 Harford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cem. | DATE OF BURIAL: Oct 1 19 31

20. UNDERTAKER: Leonard J. Rush | ADDRESS: 1434 Eutaw

AACo. 130 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

72536

CERTIFICATE OF DEATH

H6 E 72536

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 619 Warner St. (or Ward) 27-38

Length of residence in city or town where death occurred 54 yrs 8 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Frederick Henry Bock

(a) Residence: No. 619 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 11 1877

7. AGE	Years	Months	Days	If LESS than 1 day, Hrs. or Min.
	54	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator, Asst.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake & Potomac
10. Date deceased last worked at this occupation (month and year) Sept 1931
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Jacob Bock
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Henrietta Schiltz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Mittereder
(Address) 247 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Sept 30 1931

19. UNDERTAKER Wm. H. Fuhrer Sons
(Address) North & Penna Aves

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16th 1931 to Sept. 28th 1931
I last saw him alive on Sept 27th 31 death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lower Myocarditis	

Other contributory causes of Importance:
Exhaustion

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) J R Boulton M. D.
(Address) 3909 Isamon Blvd

Spec.—9-30—A. A. Co.—250 Blks

E 72537

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72537

CERTIFICATE OF DEATH

93003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. Sinai Hospital 4-30 WARD)

2 FULL NAME Miss Caroline Herman

(a) RESIDENCE NO. Marlborough Apts. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 8, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston, Mass.

PARENTS

10 NAME OF FATHER Daniel Herman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rosa Bowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. S. Herman

(Address) Stevenson Apts.

15 Filed 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931 to Sept 27, 1931

that I last saw her alive on Sept 21, 1931

and that death occurred, on the date stated above, at 10:30 A. M.

The CAUSE OF DEATH* was as follows:

Acute Hypercarditis
Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes,

What test confirmed diagnosis?

(Signed) M. L. Levin M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR RE. Woodlawn Cemetery London Pk. Crematory DATE OF BURIAL 9-29 1931

20 UNDERTAKER David Sandheimer & Son ADDRESS 1903 Eastern Ave

Spec.—9-30—A. & A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 72538

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No. St. Joseph's Hospital WARD)

2. FULL NAME Mr William Gebhardt

(a) RESIDENCE NO. 1750 E Preston St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Marie Gebhardt

6 DATE OF BIRTH (month, day, and year): June 9 1859

7 AGE: Years 72 | Months 5 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Shoeblacking worker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany.

PARENTS
10 NAME OF FATHER: Christian Gebhardt
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.
12 MAIDEN NAME OF MOTHER: Christina Keller
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant (Address): Marie Gebhardt 1750 E. Preston St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 28/31

17
I HEREBY CERTIFY, That I attended deceased from Sept 22, 1931, to Sept 28, 1931
that I last saw h[illegible] alive on Sept 28, 1931
and that death occurred, on the date stated above, at 8:40 a m
The CAUSE OF DEATH* was as follows:

Toxemia
Thrombotic gangarine rt. leg.

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (secondary) Chronic Nephritis, Arteriosclerosis? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? Yes Date of March 1930
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) [illegible] M. D.
19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem. | DATE OF BURIAL: Sept 30 1931

20 UNDERTAKER: Frank O. Fink | ADDRESS: 915 N. Gay St.

Spec.—9-30—A. A. Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72539 | 131 E 72539 | REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 2508 Barclay St. | WARD 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Francis P. Philbin

(a) RESIDENCE NO. 2508 Barclay St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Philbin

6 DATE OF BIRTH (month, day, and year) July 11th. 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Patrick Philbin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hughes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. Mary E. Philbin 2508 Barclay St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27/31

17 I HEREBY CERTIFY, That I attended deceased from Aug 22nd 31 to Sept 27th 31

that I last saw h[e] alive on Sept 26th 31 and that death occurred, on the date stated above, at 9 05 A.M.

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) Thos Curgenven M.D. 9/28/31 (Address) 4022 Eastern Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery. DATE OF BURIAL: Sept. 30 19 31

20 UNDERTAKER: Chas. H. Brault & Son, Inc. ADDRESS 1800 Eutaw Place

1-10—M. & T.—100 B—581.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48E 72540

E 72540

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1410 Druid Hill St. 14-20 (WARD)

2-FULL NAME Hattie Gent

(a) RESIDENCE NO. 1410 Druid Hill ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmd

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Leon Gent

6 DATE OF BIRTH (month, day, and year): 1874—

7 AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Domestic (b) General nature of industry, business, or establishment in which employed (or employer): 070 (c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS:

10 NAME OF FATHER: Andrew Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Beckmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Leon Gent (Address): 1410 Druid Hill St

15 Filed (By) R.K. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 28th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said decreased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Carcinoma of Uterus

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Regular

(Signed) H. Leslie Smith, M. D. Coroner

Sept 29 1931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Sept 30, 31

20 UNDERTAKER: Jesse H. Redden

ADDRESS: 36 Arabelle St

AACo. 6-31 2M

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

72541 23E 72541

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward)

Length of residence in city or town where death occurred 17 yrs mos How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary L. Hopkins

(a) Residence: No. 1525 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	M

5a. If married, widowed, or divorced — (or) WIFE of Charles Hopkins

6. DATE OF BIRTH (month, day, year) Jan 16 - 1896

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	35	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C18

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Antenoro

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Alice Burrell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elnora Knight

(Address) 1525 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9-30 1931

19. UNDERTAKER Sam'l H. Chase & Son

(Address) 638 N. Gilmor

20. FILED 9-28 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-24-31, 19, to 9-27-31, 19

I last saw her alive on 9-27-31 19 death is said to have occurred on the date stated above, at 6:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3-months
Other contributory causes of importance Spontaneous Pneumothorax	1 month

Name of operation No Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lawrence A. Sorge, M.D.

(Address) Baltimore City Hosp.

CYRIL FAIRFAX JONES, M.D.

Cor.—10-11-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72542

182 72542 ✓

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found a Dead

City of Baltimore: (No. West Rd Park St. 4-6 Ward)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
male	Colored	unknown

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1897

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
34	34			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer ?
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed ..... 19 .....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 13 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Accidental Drowning

Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Found Dead

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Opinion

(Signed) [illegible] M. D.

Sept 13 1931 (Address) 700 E Eager

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL PUBLIC CEMETERY

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

SEP 23 1931

Important. See instructions on back of certificate.

23 1931

Spec.—1-30—M. & T.—250 Blks.

E 72543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72543

CERTIFICATE OF DEATH.

119

1-PLACE OF DEATH Sinai Hospital ST., 7-9 (WARD)

CITY OF BALTIMORE; (NO.

2-FULL NAME Baby boy Wachter

(a) RESIDENCE NO. Near Lopez Ln ST., WARD Sinai Park Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 9/24/31

7 AGE Years: lived 36 Months: hours Days: 1 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Sinai Hospital

PARENTS

10 NAME OF FATHER Leo Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt, Md

12 MAIDEN NAME OF MOTHER Ethel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt, Md

14 Informant (Address)

15 Filed ____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/25/31

17 I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____, that I last saw h alive on ____, 19____, and that death occurred, on the date stated above, at 11 00 A.M. 9/25/31

The CAUSE OF DEATH* was as follows:

Enterocolitis

Enterocolitis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9/24/31

Was there an autopsy? yes Duodenostomy

What test confirmed diagnosis?

(Signed) J. Schwartze, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

SEP 2 1931

JOHNS HOPKINS HOSPITAL

Spec.—9-30—A. & Co.—250 Blks

72544A

HEALTH DEPARTMENT—CITY OF BALTIMORE

72544

CERTIFICATE OF DEATH

35

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH West Balto. General Hospital

CITY OF BALTIMORE: (No.) 19 (St.) (Ward) 14-30

2 FULL NAME Mrs. Anna Snyder

(a) RESIDENCE NO. 1205 W. North Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Snyder

6 DATE OF BIRTH (month, day, and year) August 2, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 137

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Nathan A. Reardon

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Mary E. Bowers

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant George A. Snyder

(Address) 1205 W. North Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1931 to Sept. 28, 1931

(that I last saw h[illegible] alive on Sept. 28, 1931

and that death occurred, on the date stated above, at 10 20 A. M.

The CAUSE OF DEATH* was as follows:

Pulmonary Edema

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (Secondary) Pelvic Inflammatory Disease

(duration) yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9/23/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Philip J. Lerner M. D.

, 19 (Address) West Baltimore Gen. Hosp

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Sept 30 19 31

20 UNDERTAKER Thurwood Low

ADDRESS 365 Pulaski Ave

1-20—M. & T.—100 B—501.

E 72545

(Sharpe)

✓ 27-001 E 72545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X Penna station Balto not

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) Penna Rail Road Penn ST. 2-19 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Rev. William W. Sharpe

(a) RESIDENCE NO Ocean Grove, N. J. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie V. Sharpe

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Minister
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Annie V. Sharpe

(Address) Ocean Grove, N. J.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Dyspnea E.J. Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

9/29, 1931 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Wilmington, Delaware — DATE OF BURIAL Sept 29-31

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E. North Ave.

OCT 3 1931

1-20—M. & T.—100 B—501.

E 72546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72546

CERTIFICATE OF DEATH

93-993 ✓

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen'l Hosp ST. 16-68 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Frank Isler

(a) RESIDENCE NO. Westminster Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) Westminster

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Md DATE OF BURIAL Sept 1931

ADDRESS

20 UNDERTAKER [illegible]

ADDRESS [illegible]

29 1931

Spec.—9-30—A. A. Co.—250 Blks.

Peter Kramer ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

272377 — 107-E 72547

CERTIFICATE OF DEATH

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL — CITY OF BALTIMORE: (No 7-9 ST. WARD) — REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Peter Kramer

(a) RESIDENCE NO. 31 N 3rd St — Coplay Pa ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Jennie

6 DATE OF BIRTH (month, day, and year) Sept-6-1868

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63		23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Yard master

(b) General nature of industry, business, or establishment in which employed (or employer) R&O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Samuel Kramer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Julia Greves

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Interment (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 22, 1931 Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept-29-1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 24, 1931 to Sept 29, 1931

that I last saw he alive on Sept 29, 1931

and that death occurred, on the date stated above, at 2.05 P M.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial bilateral

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? yes Date of 9-26-3 Left Craniotomy for

Was there an autopsy? yes. Hypothyroidism Adenoma

What test confirmed diagnosis? autopsy

(Signed) Fred W Teel M. D.

, 19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Coplay Pa	9/29/31

20 UNDERTAKER Joseph Ahrens — ADDRESS 22 Bway

AaCo. 5-31 2500

Dr Mayer Esplanade after Sept 1897

72548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-00.72548

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 N. Fulton St. 12-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Davis

(a) Residence: No. 829 N. Fulton St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, ~~widowed, or divorced~~
(or) WIFE of George H. Davis

6. DATE OF BIRTH (month, day and year) Nov 23rd 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
56	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Wm T. Benton
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Robertson Darby
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George H. Davis
(Address) 829 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn cemetery Date Oct 1st 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 29th 1931

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to Sept 29, 1931

I last saw her alive on Sept 27, 1931 Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myelogenous Leukemia	?
Other contributory causes of importance: Myocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest E. Mayer, M. D.

(Address) The Esplanade

1-30—M. & T.—100 B—561.

E 72549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163E 72549

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 20-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Daniel W. Haddaway

(a) RESIDENCE NO 2009 W. Saratoga ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Angela Haddaway

6 DATE OF BIRTH (month, day, and year) Jan 10/1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Insurance Agt
(b) General nature of industry, business, or establishment in which employed (or employer) Ct
(c) Name of employer Home Friendly

9 BIRTHPLACE (city or town) (State or country) Tilghman Island, Md.

PARENTS

10 NAME OF FATHER Daniel W. Haddaway, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna Cummings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Michael Vicari

(Address) 2009 W. Saratoga St

15 Filed Oct 1, 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 27/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bichloride Mercury Poisoning (Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis Aortitis etc (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? at Hopkins

What test confirmed diagnosis?

(Signed) [signature], M. D. Coroner

9/29/31 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery DATE OF BURIAL Sept. 30- 1931

20 UNDERTAKER Charles J. Schurb ADDRESS 505 N. Monroe St.

AaCo. 5-31 250P

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72550

CERTIFICATE OF DEATH

23 E 72550

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S. Ann St. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Ida Lewandowski

(a) Residence: No. 108 S. Ann St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25 1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	17	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Stanislaus Lewandowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Sokolwska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislaus Lewandowski

(Address) 108 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Sept 30 19 31

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 19 31

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1931 to 19

I last saw h. alive on Sept 28 1931 death is said to have occurred on the date stated above, at 4 30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	June 1931

Other contributory causes of importance

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. T. Ellis M. D.

(Address) 24 Lombard

AaCo. 5 31 1929

HEALTH DEPARTMENT CITY OF BALTIMORE

L 72551

CERTIFICATE OF DEATH

241 72551

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (26-27) St. _____ Ward

CITY OF BALTIMORE: (No. _____

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Becker

(a) Residence: No. 5915 Eastern Ave. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis Becker

6. DATE OF BIRTH (month, day, year) Sept. 13, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Frenk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rec'd for Burial State Oct 1st 19 31

19. UNDERTAKER [illegible]
(Address)

20. FILED _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28-31 19

22. I HEREBY CERTIFY, That I attended deceased from 1-3-31 19 to 9-28-31 19

I last saw him alive on 9-28-31 19 death is said to have occurred on the date stated above, at 6:20 in P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	July 1930
Secondary Anemia	1yr

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased no If so, specify

(Signed) [illegible] M.D.

(Address) Balto. City Hosp.

Spon.—4-1223—MAT—500 Bks.

E 72552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72552

CERTIFICATE OF DEATH.

26

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 300 S. Bouldin ST. (or WARD) 7-X

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michel Palese

(a) RESIDENCE NO. 300 S. Bouldin ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. dys. How long in U. S., if of foreign birth? 19 yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, (a) HUSBAND of (or) WIFE of: Amelia Palese

6 DATE OF BIRTH (month, day, and year): June 18 96

7 AGE: Years 35; Months 9; Days 7; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): 045

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Foggia Italy

PARENTS

10 NAME OF FATHER: John Palese

11 BIRTHPLACE OF FATHER (city or town) (State or country): Foggia Italy

12 MAIDEN NAME OF MOTHER: Luisa Dimuzzio

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Interment (Address): Mrs. Amelia Palese [illegible]

15 Filed 29 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 19 31

17 I HEREBY CERTIFY, That I attended deceased from May 1 19 31 to Sept 27 19 31

that I last saw him alive on Sept 27 19 31

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the Spine

(duration) yrs. 11 mos. dys.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. dys.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Chas W. Fu Edmunds M. D.

19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem

DATE OF BURIAL: 9/30/31

20 UNDERTAKER: George J Ruth Inc

ADDRESS: 1735 Hoffman

C. HAMILTON JAMES, M. D.

Spec—9-30—A A Co—250 Blks

E 72553 232796 Col

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 72553

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL (St.) (Ward) 7-4

2 FULL NAME Carolyn Whiting

(a) RESIDENCE NO. Piedmont Apts. (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 27, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (state or country) W. Virginia

PARENTS
10 NAME OF FATHER Hudson Whiting
11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Virginia
12 MAIDEN NAME OF MOTHER Zoella Brown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Virginia

14 Interment (Address) Johns Hopkins Hospital

15 Filed OCT 3 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-29-31

17
I HEREBY CERTIFY, That I attended deceased from 9-20-, 1931, to 9-29-, 1931
That I last saw h[illegible] alive on 9-27-, 1931 2:30 P.M.
and that death occurred, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:
Acute anterior poliomyelitis

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Spinal puncture
(Signed) Robert O. G. Wilson M. D.
9/30, 19 31 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill Park DATE OF BURIAL: Oct 3 1931

20 UNDERTAKER: J. M. Cook ADDRESS: 1217 Eutaw St

72554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. × 46 E 72554

REGISTERED NO

E 72554

1 PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No.) St Josephs Hosp. St 9-17 (WARD)

2 FULL NAME Thos Dyer

(a) RESIDENCE NO. Curtis Wells, Md (Usual place of abode) STREET WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Mar 23 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	6	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer on State Road
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS
10 NAME OF FATHER James Dyer
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland
12 MAIDEN NAME OF MOTHER Brigid Muldoon
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Nathanael Dyer Relationship Son Address Belair Md

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/29/31

17 I HEREBY CERTIFY, That I attended deceased from 9-12-31, 19 to 9-29-31 19
that I last saw h alive on 9-29-31 19 8:45 M.
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows: Carcinoma Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What tests Colorimetrical Exam
(Signed) W B Kennedy M D
19 32 Forest Hospital
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Charles Cemetery DATE OF BURIAL Oct 1 19 31

20 UNDERTAKER H. F. Eline & Son Reisterstown Md
ADDRESS

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72555 23 E 72555

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 818 McCulloh ST. 11-24 WARD)

2—FULL NAME Percy Johnson

(a) RESIDENCE NO. 818 McCulloh ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Jas. H. Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Fannie Raine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant Fannie Raine
(Address) 818 McCulloh

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/28/31

17 I HEREBY CERTIFY, That I attended deceased from 9/29, 1931, to 9/28, 1931, that I last saw h[illegible] alive on 9/28, 1931 and that death occurred, on the date stated above, at 6.18 P. m.

The CAUSE OF DEATH* was as follows:

Pleurisy with effusion
Pulmonary Tuberculosis

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

Dec. 1930 (duration) yrs 1 mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Physical

(Signed) Chas J. Kellam, M. D.

9/29 1931 (Address) 222 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Oct 1 1931
20 UNDERTAKER John H. Toadvine	ADDRESS 1027 Druid Hill

AaCo. 5-31 2M8

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

72556 — 82-001 — E 72556

1. PLACE OF DEATH Union Memorial Hospital — Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-55 ..... Ward)

Length of residence in city or town where death occurred 71 yrs 7 mos 15 ds. How long in U.S. If of foreign birth? — yrs — mos — ds.

2. FULL NAME Robert Lee Slingluff.

(a) Residence: No. 3806 Bancroft Rd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married.

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mrs. R. L. Slingluff

6. DATE OF BIRTH (month, day, year) 1/14/77

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year) Nov. 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Laura R. Slingluff

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alverda Cromwell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. R. L. Slingluff. (Address) 3806 Bancroft Rd

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Cem. Date 10/1 19 31

19. UNDERTAKER Henry H. Meyer & Son. (Address) 2201 N. Charles St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29 19 31

22. I HEREBY CERTIFY, That I attended deceased from 9/27 19 31 to 9/29 19 31

I last saw him alive on 9/29 19 31 death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (7 hours duration)	9/29/31

Other contributory causes of importance:

Hypertension	Years

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard France, M. D.

(Address) Union Mem. Hosp.

Cor.—10-15-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 E 72557

72557

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 607 W. Conway St. 22-30 Ward)

2-FULL NAME Thelma Spence

(a) RESIDENCE NO. 607 W. Conway St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1927

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	4			

8 OCCUPATION OF DECEASER
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md
(State or country)

PARENTS

10 NAME OF FATHER E. Spence

11 BIRTHPLACE OF FATHER (city or town) N. C.
(State or country)

12 MAIDEN NAME OF MOTHER Addie Spence

13 BIRTHPLACE OF MOTHER (city or town) N. C.
(State or country)

14 Informant Mr. Wm. Spence
(Address) 1235 N. 10th St. Phila. Pa.

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pertussis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No State of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm. Tillert M. D.

9/29. 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnson Sept	30 1931
20 UNDERTAKER	ADDRESS
Joseph A Lucky	709 Hanover

Important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72558

CERTIFICATE OF DEATH

151 E 72558

REGISTERED NO.

1 PLACE OF DEATH Woman's Hospital S 15-66 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Eleanor Darby Urban

(a) RESIDENCE NO. 3817 Clifton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 16, 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (state or country) Balto. Md.

PARENTS

10 NAME OF FATHER Frank Jos. Urban

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Helen Darby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

14 Informant Frank Jos. Urban
(Address) 3817 Clifton Ave.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29. 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 16 , 1931 , to Sept 29 , 1931

that I last saw h[illegible] alive on Sept 29 , 1931

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Stricture Pelvic Oesophagus and Impenforate Anus

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Marion P. Johnson M. D.

, 19 (Address) Woman Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Sept 30 1931

20 UNDERTAKER J Vernon Kechner

ADDRESS 1532 Hollins

E 72559

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72559 ✓ 93-003

CERTIFICATE OF DEATH.

E 72559

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 4500 Roland Ave (Ward) 27-53

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward Augustus Walker

(a) RESIDENCE NO. 4500 Roland Ave (Usual place of abode) WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred 50 ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Margaret Ann Walker

6 DATE OF BIRTH (month, day, and year): June 22 1860

7 AGE — Years: 71 Months: 3 Days: 7 If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Treasurer

(b) General nature of industry, business, or establishment in which employed (or employer): Jordon Stationers

(c) Name of employer: Grocers

9 BIRTHPLACE (city or town) (State or country): Mass

PARENTS

10 NAME OF FATHER: Rev. Horace Dean Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Mass

12 MAIDEN NAME OF MOTHER: Mary Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass

14 Informant (Address): Mrs M. A. Walker 4500 Roland Ave

15 Filed [illegible] 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 to Sept 29 31

That I last saw h[illegible] alive on Sept 29 31

and that death occurred, on the date stated above, at 2:15 a m

The CAUSE OF DEATH* was (about as follows): Cerebral Hemorrhage

2 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis Cardio Vascular Disease (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) H. D. Jones M. D.

(Address) 105 Medical Art.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Abington Boston Mass

DATE OF BURIAL: 10/1/31

20 UNDERTAKER: Henry W. Jenkins & Sons

ADDRESS

AACo. 5-31 2500

E 72560

HEALTH DEPARTMENT—CITY OF BALTIMORE

72560

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) 11-24 (St. Ward) Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 7 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Pierce Jarrett

(a) Residence: No. 900 Bolton St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Fannie Griffin

6. DATE OF BIRTH (month, day, year): unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: Charles G. Jarrett
14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Gertie ?
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Monkton Md. Date Oct 2 1931

19. UNDERTAKER: Virginia A. Brooks (Address) 1430 Carey St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 9-29-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-17-31, 19 to 9-29-31, 19

I last saw him alive on 9-29-31 19 death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, etc.	Aug 1930
Other contributory causes of importance:	
Myocardial insufficiency	Aug 1930

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas E Hamrick Jr. M. D.

(Address) Balto. City Hosp.

50—M. & T.—100 B—681.

72561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001
E 72561

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto. Gen'l Hos ST. 12-50 (WARD)

2-FULL NAME S. Herbert Braly

(a) RESIDENCE NO 2514 N. Calvert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Braly

7 DATE OF BIRTH (month, day, and year) Oct. 12 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Hotel Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): 609
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown Md.

10 NAME OF FATHER Martin L. Braly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown Md.

12 MAIDEN NAME OF MOTHER Helen Herbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hagerstown Md.

14 Informant Mrs. E. R. Willis

(Address) 2514 N. Calvert St

15 Filed _____, 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH was as follows:

Coma as a result of Uremia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) R. Beeuwkes M. D. Coroner

(Address) 1 E. Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rose Hill Cem Registered	Sept 30 31
20 UNDERTAKER	ADDRESS
Wm H Pickett & Sons	Norfolk Va

Spec.—2-19-28—L. F. S.—500 Blks.

E 72562

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 72562

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1508 N Bdwy (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Leppler

(a) RESIDENCE NO. 1508 N Bdwy ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 12 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77 yrs	1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER Charles Loeffler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Vincent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Chas. Verkenhoff

(Address) 1508 N Bdwy

Filed 30 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28-31

17 I HEREBY CERTIFY, That I attended deceased from 1-27, 1931, to 9-28, 1931, that I last saw h[illegible] alive on 9-28 1931 and that death occurred, on the date stated above, at 10.15 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs 8 mos. ds.

CONTRIBUTORY (Secondary) Cardiac decompensation (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George Abner Bowden M. D.

9/29 1931 (Address) 1517 E Roth ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 10/1/31

ADDRESS

20 UNDERTAKER Geo Lenhart & Bro 1126 E Monument St

1-28—M. & T.—100 B—501.

E 72563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72563

157-002

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1205 S Bouldin ST. 16-1 WARD)

2-FULL NAME John W Klingler

(a) RESIDENCE NO 1205 S. Bouldin ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 14 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Harry L Klingler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto md

12 MAIDEN NAME OF MOTHER Lillian Krause

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md

14 Informant Harry L Klingler

(Address) 1205 S Bouldin St

15 Filed — — 192 — — Registrar

C HAMPSON JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P P Hungerford M D, M. D.

(Coroner)

19 31 (Address) 1205 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cemetery

DATE OF BURIAL Oct 1 1931

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway.

Kpac.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7:2564

93-003

27-47

REGISTERED NO. 7:2564

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 812 Belgian Ave. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Clara F. King

(a) RESIDENCE NO. 812 Belgian Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Lifelong yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. King

6 DATE OF BIRTH (month, day, and year) March 12, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Matthew J. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth E. Pontl[illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Grace A. King
(Address) 812 Belgian Ave.

15 Filed [illegible] 19 [illegible] Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28-31

17 I HEREBY CERTIFY, That I attended deceased from Feb 6, 1931, to Sept 28, 1931

that I last saw h[illegible] alive on Sept 28, 1931

and that death occurred, on the date stated above, at 11:00 P.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Pneumonia - Arterio Sclerosis

(Duration) Lifelong yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) Lifelong yrs. mos. ds.

18 Where was disease contracted if not at place of death? Lifelong

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry [illegible] M. D.

Sept 29 1931 (Address) 1[illegible] Druid Park Lake

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: Oct. 1 19 31

20 UNDERTAKER: Lee F. Hamilton [illegible] ADDRESS [illegible]

Spec—1-30—M. & T.—250 Bbs

E 72565

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72565

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705 (St.) Lamers (Ward) 16-22

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maggie Harvey

(a) RESIDENCE NO. 1705 (St.) Lamers (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emory Harvey

6 DATE OF BIRTH (month, day, and year) Oct. ? 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (City or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Thomas Simms

11 BIRTHPLACE OF FATHER (City or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Cathy Gates

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Calvert Co Md

14 Informant (Address) Emory Harvey 1705 Lamers

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-29-31

17 I HEREBY CERTIFY, That I attended deceased from 9-16-1931 to 9-29-1931, that I last saw her alive on 9-29-1931, and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows: Endocarditis & Myocarditis

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic nephritis

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Personal & laboratory examination

(Signed) Jas R McSunders, M. D.

9-29-1931 (Address) 1029 N Stricker St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL ... 19 ...

20 UNDERTAKER — ADDRESS

AaCo. 5-H 2M8

72566

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 72566

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1050 N. Broadway St., 7-13 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah a. Wheeler

(a) Residence: No. 1050 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Wheeler

6. DATE OF BIRTH (month, day, year) July 12 1851.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	2	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER FATHER
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT James a. Betts
(Address) 1209 E. Federal

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct 2 1931

19. UNDERTAKER George M. Fritsler
(Address) 1737 E. Eager St.

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1931

22. I HEREBY CERTIFY, That I attended deceased from June July 28 1931 to Sept 29 1931
I last saw h[illegible] alive on Sept 28 1931 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	April 1

Other contributory causes of importance:

Endocarditis	June 1

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John P. A. Craig M. D.
(Address) 1003 Cathedral St

AaCo. 5-31 1929

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72567 × 23 E 72567

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. [illegible] Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rocco Scocchio

(a) Residence: No. Washington D. C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) abt 1897

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
34				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Frank Della Rocca

(Address) 502 Monk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/30/31

19. UNDERTAKER Geo. J. Ruth Jr.

(Address) 1918 E. Monument St.

20. FILED [illegible] 19[illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-4-30, 19, to 9-29-, 1931

I last saw h. living alive on 9-29-31, 19, death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.
Tuberculous Meningitis	2 wks.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

AoCo. S.H. 2M9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72568

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. 27102

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Charles Cole Berry

(a) Residence: No. 764 George St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-13-1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	18	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Va.
13. NAME James Cole Berry
14. BIRTHPLACE (city or town) (State or country) Carroll U.S.
15. MAIDEN NAME Mary B. Lewis
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James Cole Berry
(Address) 764 George St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Sept 30 19 31

19. UNDERTAKER Thomas E. Kane
(Address) 363 Printz

24. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-31. 19

22. I HEREBY CERTIFY, That I attended deceased from 8-17-31. 19 to 9-27-31. 19

I last saw h my alive on 9-27 19 31 death is said to have occurred on the date stated above, at 1.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cold Abscess of right thigh (tuberculous).	1 yr.
Toxaemia	Unkn

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Paracentesis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence H. Sera M. D.

(Address) Baltimore City Hospitals

AaCo. 5-31 2M

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72569

46 E 72569

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 19-27 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Lucie Elizabeth Powell

(a) Residence: No. 1404 N. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	78	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Brentsville, Md.

FATHER

13. NAME Nehemiah Truth

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs M E Baker (Address) 1404 N Lexington St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md Date Oct 1 1931

19. UNDERTAKER Fitzpatrick (Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to Oct 29, 1931

I last saw her alive on Oct 29, 1931, death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with metastases.	(?) 1930

Other contributory causes of importance:

Old age

Name of operation Gastroenterostomy Date of 8/11/31

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel McLanahan, M. D.

(Address) Union Memorial Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

72570

CERTIFICATE OF DEATH

93-E 72570

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2731 N Charles St., 17-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Margaret A. Jenkins

(a) Residence: No. 2731 N Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widow.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Lynne Md.

FATHER

13. NAME Owen O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Elizabeth Bigane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thy. J. Jenkins (Address) 2731 N Charles St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 10/, 1931

19. UNDERTAKER John R. Bohrer & Son (Address) 1308 Light St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28/, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to Sept 28, 1931

I last saw h.. alive on Sept 26 1931, death is said to have occurred on the date stated above, at 2:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	Unknown
Senility,	
Other contributory causes of importance:	
Myocardial insufficiency,	Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. I. Goldsborough, M. D.

(Address) 2923 St Paul St

Spec—9-30—A. A Co—200 Blks.

72571

HEALTH DEPARTMENT—CITY OF BALTIMORE

72571

CERTIFICATE OF DEATH.

131

1 PLACE OF DEATH

CITY OF BALTIMORE (No) St. Joseph Hospital WARD 24 133

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Gladys A. Hulsman

(a) RESIDENCE No 715 Folsom Street ST. WARD 24
(Usual place of abode) FOLSOM ST.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of John D Hulsman

6 DATE OF BIRTH (month, day, and year) 6-4-71

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Chas. Stall.
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.
12 MAIDEN NAME OF MOTHER Virginia Stephenson
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mrs J D Hulsman
(Address) 715 S Folsom

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 19, 1931, to Sept 29, 1931
that I last saw her alive on Sept 29, 1931
and that death occurred, on the date stated above, at 9:25 P. m.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertensive Cardio vascular Renal disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) W. Baumgardner M. D.
19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem | DATE OF BURIAL 10/3/31

21 UNDERTAKER C. J. Tuckey Home | ADDRESS 311 Eager St

Spec.—1-10-21—MAT—1500 Bks.

E 72572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. E 72572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 3613 South 6th Broadway (ST.) 25-72 (WARD)

2.-FULL NAME Marie Braun

(a) RESIDENCE NO. 3613 South 6th Broadway ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs — mos — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: The late Henry Braun

6 DATE OF BIRTH (month, day, and year): Feb 7 1851

7 AGE — Years: 80 — Months: 7 — Days: 22 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Germany Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Rose Bitner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Dau- Ella Mayer 10th Augusta Ave Baltimore

15 Filed 19 Registrar

SEP 30 1931 HARRY JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Board Jan 1, 1931, to Sept. 29, 1931, that I last saw her alive on Sept. 29, 1931, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) Long yrs. — mos. ds.

CONTRIBUTORY (Secondary): Intermittent Colic

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Baltimore Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. P. [illegible], M. D.

19 (Address) 1213 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: London Park

DATE OF BURIAL: 10/2/1931

20 UNDERTAKER: Sr. H. Bell & Son 2803 Edmondson Ave

ADDRESS

Spec—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72573

CERTIFICATE OF DEATH

42 E 72573

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1720 Poplar Grove St. 15-67 WARD

2 FULL NAME James Hamilton Armstrong

(a) RESIDENCE: (No.) 1720 Poplar Grove St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Leonard Armstrong

6 DATE OF BIRTH (month, day, and year) June 3-1859

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter 063

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer International Syndacate Corp. Baltimore Md

9 BIRTHPLACE (city or town) (State or country) Albert Armstrong

PARENTS

10 NAME OF FATHER Albert Armstrong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Mary J. Holland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant Jennie L. Armstrong

(Address) 1720 Poplar Grove

15 Filed , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1931

17

I HEREBY CERTIFY, That I attended deceased from , 1923, to Sept 28, 1931

That I last saw h[illegible] alive on Sept 28, 1931

and that death occurred, on the date stated above, at 3.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Ernest W. Kahn M. D.

9/28 1931 (Address) 3005 W North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	10/1/1931

20 UNDERTAKER

(Address) Jos. Weber, Son 2503 Edmondson Ave

1-30—M & T—100 B—50L

E 72574

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72574

CERTIFICATE OF DEATH

REGISTERED NO. 164

1 PLACE OF DEATH: CITY OF BALTIMORE: (No.) Rear 1912 Mosher ST. 16-23 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Wm H. Miller Jr.

(a) RESIDENCE NO. 1916 Mosher St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): Feb 28-1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	22	6	1	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Clerk. 509

(c) Name of employer Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm H. Miller Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Rachel E Tydings

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Wm H. Miller Sr.

(Address) 1916 Mosher

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sept 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above, and The CAUSE OF DEATH* was as follows:

Suicide Carbon Monoxide Gas (duration) Sudden

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Garage 1912 Mosher

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) H. Colmus Leslie, M. D. Coroner

(Address) 931

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 9/30/1931

20 UNDERTAKER: Gr. Weber Son — ADDRESS: 2503 Edmondson

Spec—1-30—M. & T.—250 Blks

72575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 72575

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2234 Washington Blvd WARD 25-72

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Scattia

(a) RESIDENCE NO. 2234 Washington Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Dominick Scottia

6 DATE OF BIRTH (month, day, and year) ~~Feb~~ 12, 1831

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	100	8	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Joseph Culotta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Cicilia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Andrew Manganelli

(Address) 2234 Washington Blvd

15 Filed 10-1-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-29-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1931, to Sept 29, 1931,

that I last saw her alive on Sept 29, 1931,

and that death occurred, on the date stated above, at 3-45 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Acute Salpingitis ?

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertrophy cardiac degeneration

(duration) yrs. 30 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. M. Kiefer M. D.

(Address) 2457 Mount Blvd Sept 29 31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL Oct 1 1931

20 UNDERTAKER Frank V Lupitone

ADDRESS 2618 E. Baltimore St

1-30—M. & T.—100 B—50L

E 72576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001 ✓ E 72576

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1634 Cole ST. 19-28 WARD

2-FULL NAME Colonel G. Harden

(a) RESIDENCE NO 1634 Foster ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine

6 DATE OF BIRTH (month, day, and year) Sept. 19, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	0	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Repairing locomotives
(c) Name of employer: B. & O. Railroad

9 BIRTHPLACE (city or town) (State or country): Westerstown Maryland

PARENTS

10 NAME OF FATHER: Jesse Marion Harden

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co. Maryland

12 MAIDEN NAME OF MOTHER: Harriet C. Baugher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hanover Pa. Pennsylvania

14 Informant: Mrs. Fanny L. Rea

(Address) Blue Ridge Summit Pa.

15 Filed _____, 192_ C. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows: Suicide by Illuminating Gas from cook-stove.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No. Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D. Coroner

9/29 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Pleasant Cem. Carroll County Md.

DATE OF BURIAL: Sept 31 1931

20 UNDERTAKER: A. Jones

ADDRESS: 111 S Paca

Spec.—9-30—A. A. Co.—250 lbs.

72577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 E 72577

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Providence Hosp.

CITY OF BALTIMORE: (No 1514 Division St 14 Ward 20

2 FULL NAME William T. Carr Jr. M.D.

(a) RESIDENCE NO. 513 Mosher St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Julia Carr.

6 DATE OF BIRTH (month, day, and year) ? 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Wm T. Carr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Julia Carr 513 Mosher St

15 Filed [illegible] 1931 Registrar C. HAMPSON JONES, M. D. Reg.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-28-31

17 I HEREBY CERTIFY, That I attended deceased from 9-26, 1931, to 9-28, 1931

that I last saw him alive on 9-28, 1931

and that death occurred, on the date stated above, at 8 15 A.M.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) disease Hypertension and Cardio vascular (duration) Uncertain

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. B. Bettes M. D.

9-28 1931 (Address) Providence Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 10/1 1931

20 UNDERTAKER Wm. Geo. R. Holland ADDRESS 1631 Druid Hill Ave

AaCo. 5-31 250M

E 72578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

731 72578

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ben Brown

(a) Residence: No. 1107 Lombard St., Ward.

(Usual place of abode) (If not resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Malinda Edmondson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date SEP 30 1931 19

19. UNDERTAKER (Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-31 19

22. I HEREBY CERTIFY, That I attended deceased from 9-15-31, 19..., to 9-27-, 1931

I last saw him alive on 9-27-31, 19... death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5 mos.
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Lawrence [illegible], M. D.

(Address) Balto City Hosp.

AdCo 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1314 72579

72579

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward 9)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos 9 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Warren Englehardt

(a) Residence: No. Rising Sun, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of

6. DATE OF BIRTH (month, day, year): Sept 27, 1897

7. AGE: Years 34 | Months 0 | Days 3 | If LESS than 1 day: hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc: Carpenter

9. Industry or business in which work was done as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cecil Co. -

FATHER

13. NAME: Hopkins England (d)

14. BIRTHPLACE (city or town) (State or country): Md. -

MOTHER

15. MAIDEN NAME: Rachel Davis (d)

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Edward Williams

(Address): North East R.D.

18. BURIAL, CREMATION, OR REMOVAL

Place North East Date Oct 4 1931

19. UNDERTAKER: T. D. Abercrombie

(Address): Colora, Md.

20. FILED OCT 1 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1-31, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1931 to Sept. 30, 1931

I last saw h— alive on Oct. 1, 1931 death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Hemorrhagic nephritis — about	2 mo. ago

Other contributory causes of importance:

acute kidney insufficiency. uremia & conv.

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Francis, M. D.

(Address) Union Mem. Hosp.

Spec.—12-9-25—A Co.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72580

CERTIFICATE OF DEATH.

93-003 ✓

E 72580

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4206 Roland Ave. 27 Ward 52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen C. Schmoll

(a) RESIDENCE NO. 4206 Roland Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of George A. Schmoll

6 DATE OF BIRTH (month, day, and year): Dec 23rd 1867

7 AGE: Years 63 | Months 9 | Days 7 | If LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Ohio.

10 NAME OF FATHER ? McCarthy

11 BIRTHPLACE OF FATHER (city or town)

(State or country) ?

12 MAIDEN NAME OF MOTHER ? ?

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) ?

14 Informant (Address) George A. Schmoll 4206 Roland Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 3 1931, to Sept 30 1931, that I last saw h[er] alive on Sept 29 1931, and that death occurred, on the date stated above, at 1:20 A m.

The CAUSE OF DEATH was as follows*: Acute dilatation of heart

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis. Arteriosclerosis.

(duration) Many yrs. ... mos. ... ds.

18 Where was disease contracted? By age.

If not at place of death!

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Warren Buehler M. D.

Sept 30 1931 (Address) 46 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. Date of Burial Oct 2nd 1931

20 UNDERTAKER: E & B Davis ADDRESS 115 E Mt St

Spec.—1-1931—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72581

CERTIFICATE OF DEATH.

107-001

107 E 72581

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 4310 Huntsworth Rd (WARD)

2-FULL NAME Sarah R Mc. Frederick

(a) RESIDENCE No. 4310 Huntsworth Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: W[illegible]

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of James H Mc. Frederick

6 DATE OF BIRTH (month, day, and year) Dec 19 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Daniel Lefevre

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Arabella E Merrifield

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto Md

14 Informant (Address): Geo H Mc. Frederick 4310 Huntsworth Road

15 Filed OCT 1 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 23 1931 to Sept. 28 1931.

that I last saw h[illegible] alive on Sept 28 1931,

and that death occurred, on the date stated above, at 6 45 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio pneumonia

(duration) yrs. mos 5 da.

CONTRIBUTORY (Secondary) Senility — —

(duration) — yrs. — mos. — da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M Bunn Stood M. D.

, 19 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery DATE OF BURIAL: Oct 1 1931

20 UNDERTAKER: John C. Mitchell & Son ADDRESS: 1900 Eutaw Place

AACo. 5-31 2500

72582

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 N 72582

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 12-51 Ward)

Length of residence in city or town where death occurred 2-5 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Clarence Willett

(a) Residence: No. 2603 Hampden Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Mrs Clarence Willett

6. DATE OF BIRTH (month, day, year) May 30, 1904

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	27	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME William Willett (d)

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Martha - Busher

16. BIRTHPLACE (city or town) (State or country) Pa. -

17. INFORMANT Louis S Willett

(Address) 519 W 36 st

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Date Oct 2 1931

19. UNDERTAKER Baltimore Funeral Undertaking Co

(Address) 1300 Eutaw Place

20. FILED - 19 - 14 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1931, to Sept. 29, 1931

I last saw h— alive on Sept. 29 1931 death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Cerebral accident (5 hrs duration)	
(Cerebral hemorrhage)	
C. K. Coroner Inquest	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard France , M. D.

(Address) Union Mem Hosp

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72583 — 72583

CERTIFICATE OF DEATH

REGISTERED NO. 82 — 72583

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital ST. 20-71 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2. FULL NAME Oden Cromwell Pumphrey

(a) RESIDENCE NO 413 Rosecroft Terrace ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs ? mos ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jean Elizabeth

6 DATE OF BIRTH (month, day, and year) Oct. 30th. 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	10	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Plumbing Supplies
(b) General nature of industry, business, or establishment in which employed (or employer): Partner
(c) Name of employer: In United Plumbing Supply Corporation

9 BIRTHPLACE (City or town) Annapolis
(State or country) Maryland

PARENTS

10 NAME OF FATHER Oden C. Pumphrey

11 BIRTHPLACE OF FATHER (city or town) A.A. Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Deifel

13 BIRTHPLACE OF MOTHER (city or town) A.A.Co.
(State or country) Maryland

14 Informant Eugene E. Gelhaus
(Address) 425 Rosecroft Terrace

15 Filed . 192 Registrar

OCT 1 1931 HARRISON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Embolism

(duration) Stat. yrs. mos. ds.

CONTRIBUTORY (Secondary) Extraction of teeth
---- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of -----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy H. Cromwell, M. D. Coroner

9/29 19 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Bluff Cem Comp.

DATE OF BURIAL: 10-1 1931

20 UNDERTAKER: Kolb's Burke & Sons

ADDRESS: Baltimore Md.

Spec.—1-30—M. & T.—250 Bks.

12561

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 72584

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. N Broadway ST. 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Price

(a) RESIDENCE NO. Colonnade Hotel, 1333 N. Royal ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Late Mary Price

6 DATE OF BIRTH (month, day, and year) 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Henry Alexander Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Berrow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Interment (Address) Church Home & Infirmary N. Broadway

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931 to Sept. 29 1931, that I last saw him alive on Sept. 29, 1931, and that death occurred, on the date stated above, at 3:10 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Chronic Myocarditis

? (duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Terminal Broncho-Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept. 17.

Was there an autopsy? Drainage Ischiorectal Abscess

What test confirmed diagnosis?

(Signed) J. Frank Hewat, M. D.

Sept 29 1931 (Address) The Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Oct. 2nd 1931
20 UNDERTAKER Lilly & Zieler Inc.	ADDRESS 403 S. Wolfe St

Spec.—1-30—M. & T.—250 Blks

72585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 ✓ E 72585

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 207 Rock ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida C Thompson

(a) RESIDENCE NO. 207 Rock ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: M

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 17, 1931

7 AGE — Years: — Months: 8 Days: 18 — If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Thompson

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Estelle Lee Callaway

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Va

14 Informant (Address) George Thompson 207 N Rock St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 27 . 31 . to Sept 30 . 1931.

that I last saw h alive on Sept 30 . 1931.

and that death occurred, on the date stated above, at 10 9 m.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Disturbance

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) , M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Oct 1 1931

20 UNDERTAKER Geo Cator R. Williams — ADDRESS 832 N Schroeder St.

Spec.—9-30—A. & Co.—250 Blks

72586

E 72586

251477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 54 ST. 9 WARD)

2 FULL NAME Ida Robinson

(a) RESIDENCE NO. 1405 Jefferson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Black	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6 DATE OF BIRTH (month, day, and year) Jan 2 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Sam Morris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Matilda Raffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed OCT 1 — 1931 C. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29-31

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to Sept 29, 1931

that I last saw her alive on Sept 29, 1931

and that death occurred, on the date stated above, at 5.55 A m.

The CAUSE OF DEATH* was as follows:

Myocardial failure, hypotension, Chr. nephritis.

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis?

(Signed) Caroline C. Bedell M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	10-1 19 31
20 UNDERTAKER Lunds Eastern	ADDRESS 916 Park Ave

AaCo. 5-31 2MB

E 72587 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72587

CERTIFICATE OF DEATH

124-102

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Ruller St. 14-20 Ward)

Length of residence in city or town where death occurred 35 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Harvey Bamon

(a) Residence: No. 1404 Ruller St., Ward. 12
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Bamon

6. DATE OF BIRTH (month, day, year) 0

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AD 0

10. Date deceased last worked at this occupation (month and year) June 13-31

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER FATHER

13. NAME Thomas Bamon

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Eliza Bamon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lawn Date 10-1-1931

19. UNDERTAKER David T Easter
(Address) 916 E Fayette

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1931

22. I HEREBY CERTIFY, That I attended deceased from June 19-31 to Sept 29 31

I last saw him alive on " 19 death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	6-12-31

Other contributory causes of importance:

Hepatic sclerosis	4 Yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. N. Cardozo, M. D.

(Address) 524 Druid Hill ave.

Xpert—9-28—A. & Co.—250 Blks

72588 E 72588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 1 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 511 N Montford Ave St. 7-10 WARD)

2. FULL NAME Catherine Lawrence

(a) RESIDENCE NO. 511 N Montford Ave St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced, (write the word): Married

6a. If married, widowed, or divorced HUSBAND OF (or) WIFE OF Adam Lawrence

6. DATE OF BIRTH (month, day, and year) Mar. 31/1887

7. AGE: Years 44 | Months 6 | Days 30 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10. NAME OF FATHER Henry Spitz

11. BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12. MAIDEN NAME OF MOTHER Lorain Jamison

13. BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14. Informant (Address) Adam Lawrence 511 N Montford Ave

15. Filed 10 [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Sept 30-1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931 to Sept 30, 1931 that I last saw h[illegible] alive on Sept 30, 1931 and that death occurred, on the date stated above, at 11.65A m.

The CAUSE OF DEATH* was as follows:

Landry's Paralysis 4

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. —

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(signed) C B Mettle M. D.

(Address) 1274 Milliman St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Dehnert's Cemetery Lot 3 | DATE OF BURIAL: 10-3-31

20. UNDERTAKER: Thos E. Miller & Son ADDRESS: 2334 Jeffer[illegible]

OCT 1 - 1931

Spec.—1-30—M. & T.—250 Blks.

E 72589

E 72589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital ST. 6-9 WARD)

2-FULL NAME Minnie Barrett

(a) RESIDENCE NO. 12 N. Wolfe ST., S WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (HUSBAND of or) WIFE of: Thomas Barrett

6 DATE OF BIRTH (month, day, and year): Dec 13, 1884

7 AGE: Years 46; Months 9; Days 16; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: Herman Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Thomas Barrett

(Address) 12 N. Wolfe St

15 Filed OCT 1 1931 .19 . H. HAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 29, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 29 .1931. to Sept 29 .1931.

that I last saw her alive on Sept 29 .1931.

and that death occurred, on the date stated above, at 8.10 P m.

The CAUSE OF DEATH* was as follows:

Acidosis (Non-Diabetic) 1 day

Secondary Anaemia

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Ulcerative Colitis (Non-Specific)

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy

(Signed) Wm. H. Kenne, M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul — DATE OF BURIAL: Oct 2 1931

20 UNDERTAKER: Frank V. Pipestone — ADDRESS: 2818 Balto St

1-30—M A T—100 B—50L

72590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 72590

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours ST. 70-28 WARD

*(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Kenneth Brown

(a) RESIDENCE NO. 1944 W Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs 0 mos 1 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 29 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Walter L. Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Elsie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Mrs Elsie Brown

(Address) 1944 W Pratt St.

15 Filed OCT - 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/30/ 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH* was as follows: After passing between two parked autos he ran into path of moving auto

Fracture Skull (duration) yrs mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death? In front 1944 W. Pratt

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) R Braun, M. D. Coroner

(Address) Preffer Corner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cem	10/2/ 1931
20 UNDERTAKER John J Lowe & Son	ADDRESS 1600 Gorsuch Ave

Spart.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72591 (1) PLACE OF DEATH — E 72591 — 23 — 21-31 — REGISTERED NO.

CITY OF BALTIMORE (No. 605 W. West St. WARD) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gladys. L. Flood

(a) RESIDENCE NO. 605 W. West St. ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female — 4 COLOR OR RACE: white — 5 ~~Single, Married, Widowed, or Divorced~~ (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jack Flood

6 DATE OF BIRTH (month, day, and year): March 13 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick md

PARENTS
10 NAME OF FATHER: George W. Howard
11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick md
12 MAIDEN NAME OF MOTHER: Mary Mitchell
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore md

14 Informant (Address): Frances E. Howard 605 W. West St

15 Filed OCT 1 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug 16 19 31 to Sept 30 19 31
that I last saw h alive on Sept 28 19 31
and that death occurred, on the date stated above, at 2 30 m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(duration) yrs. 3 mos. ds.
CONTRIBUTORY (Secondary) Pulmonary Abscess
(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical & Laboratory findings
Signed: Jos F Rosenbach M.D.
19 (Address) 721 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Oct 3 19 31

21 UNDERTAKER: Jos Jacobs & Son — ADDRESS: 2175 Pine

OCT 1 19 [illegible] HARRISON JONES [illegible] Registrar

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72592

CERTIFICATE OF DEATH

46 E 72592

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4507 Liberty Heights Ave (STREET) 15-61 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Wm Gilbert

(a) RESIDENCE NO. 4507 Liberty Hgts Ave WARD 15

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 ~~single, married, widowed, or divorced~~ (write the word): Single

6a If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6 DATE OF BIRTH (month, day, and year): May 5-1847

7 AGE: Years 84 | Months 4 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Lumber

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Aquilla Gilbert

11 BIRTHPLACE OF FATHER (city or town) (State or country): Stafford Co Va

12 MAIDEN NAME OF MOTHER: Eliza Forsyth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs. Regie Gilbert 4507 Liberty Heights Ave

15 Filed ... 19... H. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30th 1931

17 I HEREBY CERTIFY, That I attended deceased from about a year ago, 19... to Sept. 30 ... 1931 that I last saw h... alive on Sept. 30 and that death occurred, on the date stated above, at 8-30 P.M.

The CAUSE OF DEATH* was as follows:

Malignant growth stomach (probably Carcinoma)

Duration: About 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs & symptoms

(Signed) J. F. Shemwell M. D.

Oct 1, 1931 (Address) 3310 Tioga Parkway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemt

DATE OF BURIAL: Oct 3rd 1931

20 UNDERTAKER: Postman & Lyle 2224 Eutaw St

Spec.—1-30-M.A.T.—250 Blks.

E 72593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72593

CERTIFICATE OF DEATH.

REGISTERED NO. 1331

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1419 Clarkson St. (WARD) 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Fred K. Leutner

(a) RESIDENCE NO. 1419 Clarkson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of ~~the wife of~~ Lena A Leutner

6 DATE OF BIRTH (month, day, and year) July. 31-1855

7 AGE: Years 76 | Months 1 | Days 29 | If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Francis Leutner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louise Yeager

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Lena A Leutner (Address) 1419 Clarkson St.

15 Filed 1931 Sept 30 1931 C. HAMPSON JONES, M. D. Registrar R.O.K.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 27th, 1931, to Sept 29th, 1931, that I last saw h~~im~~ alive on Sept 29th, 1931, and that death occurred, on the date stated above, at 10-45 P.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical clinical

(Signed) Otto J. Pelz M.D.

9/30, 1931 (Address) 324-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Oct 1 1931

20 UNDERTAKER David Kaufer

ADDRESS Reisterstown Md

Spec.—8-30—A & Co.—250 Blks.

72594 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72594

CERTIFICATE OF DEATH

56

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph. Hospital STREET OR WARD 25-32

2 FULL NAME Lawrence Scott

(a) RESIDENCE NO. 2637 Ridgley ave. Balto. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17. 1917

7 AGE: Years 14 Months 9 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Ernest Scott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Alice V Carroll

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Lillie Scott (Address) 2637 Ridgley ave

15 Filed — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28. 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 23, 1931 to Sept 28, 1931

that I last saw him alive on Sept 28, 1931

and that death occurred, on the date stated above, at 1 1/2 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

30 mins (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Rheumatic Heart Endocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) J. M. Braumgardner M. D.

19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: Sept 2 1931

20 UNDERTAKER: Joseph A. Lively ADDRESS 709 Mound St

C. HAMPSON JONES, M. D.

Registrar

1-30—M. & T.—100 B—50L.

E. 72595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E. 72595

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Fmd Gen Hosp ST 11-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mrs Gertruden Busch

(a) RESIDENCE NO Gaunter Md ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Mrgd

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 27 1922

7 AGE — Years: 9 Months: 4 Days: 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Gaunter Md

PARENTS

10 NAME OF FATHER: Wm Busch Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Alfa Isaacs

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Hospital records

(Address)

15 Filed 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: While walking along road was struck & knocked down by a moving auto

(duration) hrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Gaunter Md

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Phy

(Signed) L. D. Frame M. D. Coroner

1931 (Address) Baltimore Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster Md — DATE OF BURIAL: Oct 3 1931

20 UNDERTAKER: J Francis Reese — ADDRESS: Westminster Md

AaCo. 5-31 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

72596

CERTIFICATE OF DEATH

24 E 72596

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp'l St. 20-64 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Roberts

(a) Residence: No. 1 Town (Usual place of abode) Rod Shaphad Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18-1915

7. AGE — Years: 16 | Months: 3 | Days: 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Girls
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Henry Roberts
14. BIRTHPLACE (city or town) (State or country) ?
15. MAIDEN NAME Janette Coffman
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Peters Cemetery Date Oct 3rd 1931

19. UNDERTAKER George L. Schwatka
(Address) 2101 Pennsylvania Ave.

20. FILED Oct 1931 19 ... Registrar RRN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1931

22. I HEREBY CERTIFY, That I attended deceased from June 14th 1931 to Oct 1st 1931

I last saw h in alive on Oct 1st 1931 death is said to have occurred on the date stated above, at 1140 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TBC.	1

Spec.—9 30—A. & Co.—250 Blks

E 72597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72597

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2125 N Fayette ST. (Ward) 20-14 50

2. FULL NAME Annie E Styles

(a) RESIDENCE NO. 2125 N Fayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F	W	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. R Styles

6 DATE OF BIRTH (month, day, and year) May 12 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Unknown

14 Informant: Charles R Styles

(Address) 2125 N Fayette

15 Filed 1931 . 19 C. HARRISON JONES, D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 18 . 1931 . to Sept 29 . 1931

that I last saw h[illegible] alive on Sept 29 . 1931

and that death occurred, on the date stated above, at 8:30 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of Feb 15-1931

Was there an autopsy? No

What test confirmed diagnosis? Path

(Signed) Thomas L. Dodd M. D.

10/1. 1931 (Address) 725 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem	10/2 1931

20 UNDERTAKER: Engel & Farley Fulton

ADDRESS: Fayette

A&Co. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2598 — 107 E 72598 — Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. [illegible] Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hogan

(a) Residence: No. 528 Rockhill Terrace Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: [illegible]

6. DATE OF BIRTH (month, day, year): Feb. 10, 1859

7. AGE — Years: 72 — Months: — — Days: 14 — If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employed at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Race Track

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): New York

MOTHER'S FATHER

13. NAME: John Hogan

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Catholic Cem. Date: Oct 3 1931

19. UNDERTAKER: [illegible]

(Address) [illegible]

20. FILED Oct. 3 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1931 to Sept 29 1931

I last saw him alive on Sept 29 1931 death is said to have occurred on the date stated above, at 12 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Strictures	?
Urinary Retention	2 Days

Other contributory causes of importance:

Bronchio-Pneumonia	Sept 27

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Hogan, M. D.

(Address) Mercy Hospital

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

72599 B 72599

CERTIFICATE OF DEATH.

95-002

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No St. Joseph Hospital ST. WARD)

2 FULL NAME Mary Jennie McCarthy

(a) RESIDENCE NO. 4703 Hamptons Blvd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs 10 mos 13 ds. How long in U. S., if of foreign birth 62 yrs 10 mos 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year) Nov. 18 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Florence T. McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country): Phila Pa

12 MAIDEN NAME OF MOTHER: Emma White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Toronto Can Md

14 Informant (Address): Miss Helen McCarthy 4703 Hamptons Blvd

15 Filed 1931, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 1. 1931

17 I HEREBY CERTIFY. That I attended deceased from Aug 16, 1931, to Oct 1, 1931

that I last saw h[er] alive on Oct 1, 1931

and that death occurred, on the date stated above, at 8:52 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Arteria Sclerotic Cardio Vascular disease (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. McCampbell M. D.

19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Woodlawn Cemetery	10/3/31
20 UNDERTAKER: Kenneth Somers Co	ADDRESS: Balto.

Spec.—9-30—A. & Co.—250 Blks.

72600 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72600

CERTIFICATE OF DEATH

93-001
REGISTERED NO.

1 PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, No. 4322 Roland Court ST. 27-53 WARD

2 FULL NAME John Smith Ditch

(a) RESIDENCE NO. 4322 Roland Court ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth 83 yrs. 7 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed or divorced — HUSBAND of (or) WIFE of: Virginia Lee Ditch

6 DATE OF BIRTH (month, day, and year): Feb 18 1848

7 AGE — Years: 83 | Months: 7 | Days: 13 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): " "
(c) Name of employer: " "

9 BIRTHPLACE (city or town) (State or country): Waynesboro Penna

PARENTS
10 NAME OF FATHER: John Ditch
11 BIRTHPLACE OF FATHER (city or town) (State or country):
12 MAIDEN NAME OF MOTHER: Mary Smith
13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Interment (Address): Mrs Virginia Lee Ditch-wife 4322 Roland Court

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10.1.31.

17
I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Oct. 1, 1931
that I last saw him alive on Oct 1, 1931
and that death occurred, on the date stated above, at 1245 P.M.
The CAUSE OF DEATH* was as follows:

Arteriosclerosis
(duration) 4 yrs. 2 mos. ds.
CONTRIBUTORY (Secondary) Acute Hyp Cardiac
(duration) yrs. mos. 22 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) James A. Clark M. D.
10/1/1931 (Address) Latrobe apts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: 10/3/31

20 UNDERTAKER: Howard Woods — ADDRESS: Balto

1-30—M. & T.—100 B—50L

E 72601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72601

CERTIFICATE OF DEATH

207

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (NO. Union Memorial Hospital ST. 27-46 WARD)

2-FULL NAME Harry A. Perry

(a) RESIDENCE NO. 710 Northern Parkway ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hilda Perry

6 DATE OF BIRTH (month, day, and year) December 15, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41 40	9	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work brakeman 73
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Western Maryland R.R.

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Harry L Perry

11 BIRTHPLACE OF FATHER (city or town) (State or country) Illinois

12 MAIDEN NAME OF MOTHER Mary E. Ogle

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Mary H. Perry

(Address) 710 Northern Parkway

15 Filed —, 19— Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 30, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

18 CAUSE OF DEATH was as follows:* Internal Injuries Contusions Body Cavities Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

9/30, 1931 (Address) 3632 Roland Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodsboro, Maryland

DATE OF BURIAL Oct. 2, 1931

20 UNDERTAKER E. Leroy Stoffler, Inc.

ADDRESS 125 E. North Ave.

AaCo. 5-31 250B

Dr Hancock 1301 N. Patterson Park Ave Hdl 0724

E 72602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72602

CERTIFICATE OF DEATH

47

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2250 E. Hoffman St. 8-16 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Eunice V. Schneider

(a) Residence: No. 2250 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
(or) WIFE of Wm F. Schneider

7. DATE OF BIRTH (month, day, year) Mar 17th 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparrows Point Md

13. NAME Aaron Hancock

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Mary E. Harrison

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Householder
(Address) 2250 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Mt Carmel Cemetery Date Oct 3rd 1931

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 to Sept 30 1931
I last saw h[illegible] alive on Sept 30 19 death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance: Cancer of Lungs

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. E. Harris M. D.
(Address) 1301 N. Ralph

Spec.—9 39—A. & Co.—250 Blks

(Moore)

72603 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 72603

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 12-19 (WARD)) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charles Moore

(a) RESIDENCE NO. 210 E. 20th St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Cecilia

6 DATE OF BIRTH (month, day, and year) April 18th 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) England

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown (State or country) England

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) England

14 Informant (Address) Johns Hopkins Hospital

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 25 . 1931 to Oct. 1 . 1931

That I last saw him alive on Oct 1 . 1931

and that death occurred, on the date stated above, at 11 a.m. p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis c uremia.

(duration) 6 mos. permicious anemia

CONTRIBUTORY (Secondary) Pneumonia (Bronchial)

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Exam. of Kidneys & Lungs

(Signed) Elmer Wilson Zeidler M. D.

10/1 . 1931 (Address) Johns Hopkins Hospital Baltimore Md

*State the Disease Causing Death, or if deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery — DATE OF BURIAL: 10/3/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 E Pratt St

AaCo. 5-31 2500

72604 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72604

CERTIFICATE OF DEATH

95-005

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 442 E. 22nd St. (Ward) 17-50

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Fitzgerald

(a) Residence: No. 442 E. 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
(or) WIFE of George Fitzgerald

6. DATE OF BIRTH (month, day, and year) Jan 4th 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	8	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER
13. NAME John Ricketts
14. BIRTHPLACE (city or town) (State or country) Balto md
15. MAIDEN NAME Margaret Poole
16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs Caroline Scharer
(Address) 442 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery 10/2/1931
Place
Mrs Cook
19. UNDERTAKER (Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 30th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 19. 1931 to Sept 30 1931
I last saw her alive on Sept 29 1931 death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of the Heart	
Senility	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W H Pearl M. D.
(Address) 2105 Charles St

Spmt.—7-17-26—A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72605

13 | E 72605

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1401 Clarkson St. Ward 23-31)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ellen Rupprecht

(a) RESIDENCE NO. 1401 Clarkson St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Harry F. Rupprecht

6 DATE OF BIRTH (month, day, and year) Feb 4 1856

7 AGE: Years 75 Months 7 Days 25

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant Louis C. Rupprecht

(Address) 2624 Hartford Rd

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 29 19 31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1931, to Sept 29, 1931.

that I last saw her alive on Sept. 29, 1931.

and that death occurred, on the date stated above, at 3:15 m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 15 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. Greenawalt, M. D.

9/30, 19 31 (Address) 612 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — Date of Burial 10/2/1931

20 UNDERTAKER: Wm Cook — ADDRESS 1217 St Paul St

AACo. 5-31 2500

Dr. Schaffer 408 W. Mulberry st

HEALTH DEPARTMENT—CITY OF BALTIMORE

72606 | CERTIFICATE OF DEATH | E 72606

92-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1528 William St. Ward 24-30)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Hines

(a) Residence: No. 1528 William St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, ~~(husband)~~ or ~~(wife)~~ of: Robert L. Hines

6. DATE OF BIRTH (month, day, year): Aug 17th 1905

7. AGE: Years 26; Months 1; Days 12; If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: Frank Burton

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Jennie Walter

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Robert L Hines 1528 William St

18. BURIAL, CREMATION, OR REMOVAL: London Park Cemetery Oct 2nd 1931

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 29th 1931

22. I HEREBY CERTIFY, That I attended deceased from June 3 1931 to Sept 29 1931

I last saw h[illegible] alive on Sept 29 1931 death is said to have occurred on the date stated above, at 1230 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Jan 3. 31

Other contributory causes of importance: None

Name of operation: — Date of:

What test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent? If so, specify

(Signed) Chas L Schaffer M. D.

(Address) 408 W Mulberry St

Cor.—10-10-28—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72609

E 72607

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. West Baltimore General Hospital Ward)

2-FULL NAME William N Mather

(a) RESIDENCE NO. Old Court Rd Randallston Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Mather

6 DATE OF BIRTH (month, day, and year) Jan 1, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	56	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Md Country Club

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Nathan Mather

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Emma Briscoe

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Maryland.

14 Informant Charles Mather (Address) Old Court Road

15 Filed . 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck and knocked down by a motor auto hit and run.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Old Court Rd & Reisterstown Rd

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F J Frame, M. D.

10/1, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL 10/3/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

AaCo. C 31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72608

E 72608

CERTIFICATE OF DEATH

Registered No. 10-001 1-21-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Phillips —

(a) Residence: No. 303 Oakdale Rd. St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married —

6a. If married, widowed, or divorced (or) WIFE of Vivian Phillips —

6. DATE OF BIRTH (month, day, year) Dec 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
51	51	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER FATHER

13. NAME Julia Crowther (d.)

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

15. MAIDEN NAME Altha Redden (d.)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date Oct 2nd 1931

19. UNDERTAKER J. M. Cook (Address) 1217 E. Fund St.

20. FILED OCT 1 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1931, to Sept 30 1931 death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

anemia 2 Splenomegaly

Severe Hemorrhages 2

from nose. mouth, ear

(Hemorrhagic purpura?)

(Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Richard Franca, M. D.

(Address) Union Mem. Hosp.

Spec.—9 30—A. A. Co.—250 Bks.

72609

HEALTH DEPARTMENT—CITY OF BALTIMORE

72609

CERTIFICATE OF DEATH

REGISTERED NO. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 829 Mc Kim St. 10-14 WARD 1

2 FULL NAME Simon Cummings

(a) RESIDENCE NO. 829 Mc Kim St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie Cummings

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Simon Cummings

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Bessie Cummings 829 Mc Kim St.

15 Filed 10/5/31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 1-1931

17 I HEREBY CERTIFY, That I attended deceased from 9/29, 1931, to 9/30, 1931

that I last saw h[illegible] alive on 9/30

and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) C. H. Hartman M. D.

10/1, 1931 (Address) 33 Maynard St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Oct. 3 1931

20 UNDERTAKER: Chas. H. Johnson ADDRESS: 416 N. Carolina St.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72610

CERTIFICATE OF DEATH

131 E 72610

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE, (a) No. 1806 Etting St. Ward 14-20

2. FULL NAME Henrietta Fruderick

(a) RESIDENCE No. 1806 Etting St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed or divorced HUSBAND of (or) WIFE of: Geo. Fruderick

6 DATE OF BIRTH (month, day, and year): Aug 13-1863

7 AGE: Years 68 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N.H. Co Md.

PARENTS

10 NAME OF FATHER: Benj. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Madeline Shaw

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Mary E. Burton 1806 Etting St.

15 Filed 12-1931 C. HAMPTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 5 1931 to Sept. 29 1931

that I last saw h[illegible] alive on Sept. 26 1931

and that death occurred, on the date stated above, at 10 8 m.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. 2 mos. 5 da.

CONTRIBUTORY (secondary) Chronic Interstitial Nephritis (duration) yrs. 1 mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Thos H. Hampsons M. D.

(Address) 912 N. Fayette ave

*Give the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: M.E. Cemetery | DATE OF BURIAL: Oct 2 1931

20 UNDERTAKER: Arnold & Hobbs | ADDRESS: 1848 Mc Cullough St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72611 — CERTIFICATE OF DEATH — 127 — E 72611

1—PLACE OF DEATH 607 N. Low

CITY OF BALTIMORE: (No. 607 N Low ST. 27-30 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Julius Ellis

(a) RESIDENCE NO. 607 N Low ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): Aug 17 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	1	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: ———

(b) General nature of industry, business, or establishment in which employed (or employer): ———

(c) Name of employer: ———

BIRTHPLACE (City or town) (State or country): Baltimore

10 NAME OF FATHER: Julius Ellis

11 BIRTHPLACE OF FATHER (City or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Ozella Roberts

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md

Informant: Mrs Ozella Ellis

(Address)

Filed ——— 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 31/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1931, to Sept 30, 1931

that I last saw h in alive on Sept 30 1931

and that death occurred, on the date stated above, at 5.25 P m.

The CAUSE OF DEATH* was as follows:

Acute Cholecystitis

(duration) yrs mos 21 ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs mos. 7 ds.

18 Where was disease contracted if not at place of death? ———

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) H Hampton Finch, M. D.

, 19 (Address) 501 N Hamburg St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Calvary Cemetery	Oct 2 1931
20 UNDERTAKER	ADDRESS
Walter B Pugh	Hamburg St

Spec.—8-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2612

97 E 72612

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 421 E. North Avenue (Ward) 12-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eudora Emma Von Hoxar

(a) RESIDENCE NO. 421 E. North Avenue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): School Teacher

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Henry G. VonHoxar

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth C. Dinsmore

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant (Address) Walter Wells 117 E. 25th St.

15 Filed 1931 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1931

17 I HEREBY CERTIFY, That I attended deceased from January 21 19 31 to Sept 30 19 31

that I last saw h[illegible] alive on Sept 29th 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis.
Coronary Thrombosis.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coma

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Geo Hoxar M. D.

(Address) Hydro Relief Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery

DATE OF BURIAL: 10/2 19 31

20 UNDERTAKER: Wesley W. Myers & Son

ADDRESS: [illegible]

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 72613

CERTIFICATE OF DEATH

E 72613

REGISTERED NO. E 72613

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 Denmore Ave ST. 27-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME George H. Clarke

(a) RESIDENCE NO. 5004 Denmore Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 9 mos. 8 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie B Clark

7 DATE OF BIRTH (month, day, and year) Nov. 12-1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9 10	8 18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Commission Merchant

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Robt A. Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country): Scotland

12 MAIDEN NAME OF MOTHER: Unknown

12 BIRTHPLACE OF MOTHER (city or town) (State or country): U

Informant: Mrs B. Matthews

(Address) 5004 Denmore Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30-31.

17 I HEREBY CERTIFY, That I attended deceased from Mar-18- 1930. to Sept 30- 1931.

that I last saw him alive on Sept 29 1931

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows: Chronic Valvular Disease with myocardial insufficiency and Decompensation

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Decompensated

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Clinical Observation

(Signed) Wesley Cole, M. D.

Oct. 1 1931 (Address) 2727 Harrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Oct. 3 1931

20 UNDERTAKER: Chas. E. Franck 802

ADDRESS: Madison Ave

Spec—6-30—A. & Co.—250 Blks

Gangi

C 72614

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 72614

CERTIFICATE OF DEATH

59 V

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. St Joseph Hospital 4 W. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Lucretia Gheri

(a) RESIDENCE NO. 3117 E Baltimore St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Gangi

6 DATE OF BIRTH (month, day, and year) Nov 20, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Anthony Perrica

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Lucrezia Perrica

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Frank Gangi (Address) 3117 E Balto st

15 Filed Oct 3 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1/31

17

I HEREBY CERTIFY, That I attended deceased from Sept 29, 1931, to Oct 1, 1931

that I last saw her alive on Oct 1, 1931

and that death occurred, on the date stated above, at 5 45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus
Chronic Nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Lab.

(Signed) Geo Baumgartner M. D.

1931 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 3 1931

20 UNDERTAKER Frank V. Pepitone

ADDRESS 2518 E Balto st

Spec.—9-30—A. & Co.—250 Blks

252847

72615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 72615

REGISTERED NO.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL 17-24 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ST.

2 FULL NAME Bertie Mack

(a) RESIDENCE No. 541 W Biddle ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Richard

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE — Years: 44 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: N. W. 07

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): New York City N.Y.

PARENTS

10 NAME OF FATHER: Henry Pierre

11 BIRTHPLACE OF FATHER (city or town) (State or country): N Car

12 MAIDEN NAME OF MOTHER: Rebecca Beck

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ?? Pa

14 Interment: Records (Address): JOHNS HOPKINS HOSPITAL

15 Filed 10-3-1931 19 [illegible] Registrar

Ward

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1931, to Oct 1, 1931

that I last saw her alive on Oct 1, 1931

and that death occurred, on the date stated above, at 4.07 A m.

The CAUSE OF DEATH* was as follows:

Sarcoma

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Feb. 1931

Was there an autopsy? No

What test confirmed diagnosis? Biopsy, X-ray.

(Signed) Carl Rice C. R. Lill M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem. DATE OF BURIAL: Oct 3 1931

20 UNDERTAKER: Samuel D. Hensley ADDRESS: 1928 N Bid

72616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106

E 72616

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—NO. 1928 Madison Ave ST. WARD

2-FULL NAME Dorthey Clemintine Evans

(a) RESIDENCE NO. 1928 Madison Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6b DATE OF BIRTH (month, day, and year): March 20-1911

7 AGE: Years 20 Months 5 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Teacher 668

(b) General nature of industry, business, or establishment in which employed (or employer): School Teaching

(c) Name of employer: City

9 BIRTHPLACE (City or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Arthur Evans

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Susie Smith

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Va

14 Informant (Address): Arthur Evans Sr 1928 Madison Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 28 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 26th, 1931, to Sept 28th, 1931, that I last saw h alive on Sept 28th, 1931, and that death occurred, on the date stated above, at 1130 P m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs mos ds

18 Where was disease contracted (if not at place of death)? Residence

Did an operation precede death? None of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Casper, M. D.

19 (Address) 1433 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cem

DATE OF BURIAL: Oct 3, 1931

UNDERTAKER: Samuel Hensley

ADDRESS 578 N Bdle

1-30—M. & T.—100 B—501.

E 72617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72617

CERTIFICATE OF DEATH

REGISTERED NO. 210-02

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hosp St. 4-25 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2. FULL NAME Alex Lynch

(a) RESIDENCE NO. 658 N Fayette ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Lynch

6 DATE OF BIRTH (month, day, and year) Dec-16-1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Thos Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant Mamie Miller

(Address) 1532 W Baltimore St.

15 Filed 12-1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-30-1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy, inquiry) thereon and from the evidence obtained by said (inquest, autopsy, inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH was as follows: Struck & knocked down by a moving auto

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemm (Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? N Fayette & Mich

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) H. Hampson Jones, M. D. Coroner

12-1 1931 (Address) 21 E Lexington Balto

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem. DATE OF BURIAL: 12-3 1931

20 UNDERTAKER: Robert Brockerson ADDRESS: Baltimore

1-30—M. A. T.—100 B—681.

Blanche H Atkinson

72618

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72618

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 School ST. 15-21 WARD

2-FULL NAME Blanche Margaret Atkinson

(a) RESIDENCE NO. 612 School ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas. Atkinson

6 DATE OF BIRTH (month, day, and year): Oct 29-1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Thos Hargrave

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary McAlpin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Jas. Atkinson

(Address): 612 School

15 Filed — — 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 29th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Clinic

(Signed) [illegible] Coroner, M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetary	Oct 2 1931
20 UNDERTAKER: Thomas E Kelson	ADDRESS: 1303 Presstman St

12-1931 Have Certificate

ADCo. 5-31-1938

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72619

CERTIFICATE OF DEATH

137 E 72619

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sanit. Balto. Gen. Hosp. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam V. Ruppert

(a) Residence: No. 736 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 1st 1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Adam Ruppert

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Margaret Hoffel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank & Minna Ruppert
(Address) 736 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Date Oct. 5th 1931

19. UNDERTAKER Thos. Kane & Sons, Inc
(Address) 1301 E. Eager St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931 to Oct 1, 1931

I last saw h[illegible] alive on Oct 1, 1931 death is said to have occurred on the date stated above, at 6 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia from carcinoma of bladder & kidneys	Sept 31
Carcinoma	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 5-6-34

1-30—M. & T.—100 B—60L

Henry H. Paul Bauersfeld, Jr.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72620

E 72620

CERTIFICATE OF DEATH

13-002

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 27-444 WARD)

2-FULL NAME Henry W. Paul Bauersfeld Jr.

(a) RESIDENCE NO 3811 Frankford Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 15/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Henry H. P. Bauersfeld, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Alverta M Bannasel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant Henry H. P. Bauersfeld

(Address) 3811 Frankford Ave

15 Filed OCT 2 - 1931 C. Hayson Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intussusception (Intestinal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dysentery

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sep 30/31

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) _____, M. D.
Coroner

19 (Address) 10[illegible] Mon E. Mertn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Schmaltz Cemetery

DATE OF BURIAL Oct 3 1931

20 UNDERTAKER George W Zirkin

ADDRESS 1737 E Eager St

1-30—M. & T.—100 B—50L

E 72621

HEALTH DEPARTMENT—CITY OF BALTIMORE

E72621 1792

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hubbard Hosp. ST. 11-27 (WARD) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Louis Lang

(a) RESIDENCE NO. 133 Jordan Al ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of R. L. Lang

6 DATE OF BIRTH (month, day, and year) 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) O&D
(c) Name of employer Yellow

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Lula Lang

(Address) 2504 Mt. Hope

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Inquest thereon and from the evidence obtained by said Inquest and Autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Stab Wound of Abdomen

Immediate cause Stab Wound of Abdomen due to

Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying cause last. Internal Hemorrhage

CONTRIBUTORY (Secondary) (duration) yrs. 25 mos. ds.

18 Where was disease contracted if not at place of death? 3rd floor 3128 Wilkens Ave

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 10-2 1931

20 UNDERTAKER Frank Easton

ADDRESS Pa ave.

1-30—M. & T.—100 B—58L

72622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 72622
REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) Fells Rear 600 Block Caroline St. 16-23 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Moses Bross.

(a) RESIDENCE NO 702 N. Wilmington St., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bross

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer do
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary E Ross
(Address) 702 Arlington Ave

15 Filed Sept 28 1931 C. HERBERT JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 27th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

Signed (Coroner) M. D.
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

DATE OF BURIAL Oct 3, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 S. Edwards St.

Spec.—9 30—A & Co.—250 Blks

72623

HEALTH DEPARTMENT—CITY OF BALTIMORE 72623

E 72623

CERTIFICATE OF DEATH

20-70 122

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 105 Caton Ave. (St.) (Ward)

2 FULL NAME Samuel B. Cooper

(a) RESIDENCE NO. 105 Caton Ave. (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1874 ?

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Samuel B. Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Sarah C. Gale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Mary E. Cooper 224 ST. Paul St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/30/31

17 I HEREBY CERTIFY, That I attended deceased from 9/29 . 1931 . to 9/30 . 1931

that I last saw him alive on 9/30 . 1931

and that death occurred, on the date stated above, at 2:15a. m.

The CAUSE OF DEATH* was as follows:

Accute Peritonitis

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Strangulated Scrotal Hernia with fecal fistula

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? At place of deat

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Walter J. Jackson M. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cemetery

DATE OF BURIAL: Oct 3, 1931

20 UNDERTAKER: Mr Wm R Williams

ADDRESS 3222 Edmondson St.

Spec.—9-30—A. & Co.—250 Blks

E 72624 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72624

CERTIFICATE OF DEATH

93-003

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 818 N. Howard (St.) 11-24 (Ward)

2 FULL NAME John Marsiglia Sr.

(a) RESIDENCE NO. 818 N. Howard St. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 12 yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 If Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 16 1844

7 AGE: Years 86, Months 8, Days 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): Italy

PARENTS

10 NAME OF FATHER: Joseph Marsiglia.

11 BIRTHPLACE OF FATHER (city or town) (state or country): Italy

12 MAIDEN NAME OF MOTHER: Chefalu

13 BIRTHPLACE OF MOTHER (city or town) (state or country): Italy

14 Informant (Address): Joseph Marsiglia 818 N Howard St.

15 Filed Oct 2 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 1. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to October 1, 1931, that I last saw h im alive on September 30 31, and that death occurred, on the date stated above, at 12.50 a m.

The CAUSE OF DEATH* was as follows:

Arterio-Sclerosis
Chronic Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac decompensation
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) C Marlin Stewart M. D.

10/1 19 31 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Oct 3 1931

20 UNDERTAKER: Henry H. Jenkins Sons Co

ADDRESS: McCulloh & Orchard

AACo. 5-31 2500

E 72625

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

10 E 72625

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Lane Hospital St. 25-3 Ward)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. Cousins

(a) Residence: No. 2300 Eutaw Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1928

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	2	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James H. Cousins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna Poole

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. James H. Cousins
(Address) 2300 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Oct 3 1931

19. UNDERTAKER John Ellicott
(Address) 2108 Eutaw St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/29 1931, to 10/2 1931

I last saw her alive on 10/2 1931 death is said to have occurred on the date stated above, at 6.45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria (Terminal)	1 wk. ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson, M. D.

(Address) Lyden Lane Hospital

1-30—M. & T.—100 B—501.

72626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-E 72626

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 343 S Chester ST. 1-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph L Kane

(a) RESIDENCE NO 343 S. Chester ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen M Kane

6 DATE OF BIRTH (month, day, and year) Aug 31 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45	1	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Michael J Kane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary A. Flaherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Michael J. Kane

(Address) 343 S. Chester St

15 Filed — 1931 — 192 — Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. P. Herzog M.D. M. D. Coroner

(Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem.

DATE OF BURIAL 10/3 1931

20 UNDERTAKER J J Moran

ADDRESS 2 Balto

AACo. 5-31 2500

72627 HEALTH DEPARTMENT CITY OF BALTIMORE 72627

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 13 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Williams

(a) Residence: No. 1316 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Richard Williams

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lucy Scholtes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Richard Williams

(Address) 1316 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct. 2 nd 1931

19. UNDERTAKER Butler Wright

(Address) 1318 E. Lanvale St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/25, 1931, to 9/30, 1931

I last saw him alive on 9/30, 1931 death is said to have occurred on the date stated above, at 10:25 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2 wks. ago

Other contributory causes of importance:

Gastro Enteritis	wk.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson M. D.

(Address) Sydenham Hospital

AaCo. 5-31-1928

72628

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72628

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (The)

CITY OF BALTIMORE: (No.) St., 7-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Joseph Scott

(a) Residence: No. 625 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of Eva Scott
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/28/09

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
	22	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME George Scott

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Blanche Scott

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mrs. Eva Scott
(Address) 625 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10-4 1931

19. UNDERTAKER Blue Knight
(Address) 1-16 E. Lexington St.

20. FILED 10-3 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/16/31, 19 , to Oct. 1, 1931

I last saw h in alive on Oct. 1, 1931 death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caseous Pneumonia	4 wks ?
Other contributory causes of importance:	
Cardiac Dilatation	2 days

Name of operation None Physical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Lawrence S. Sensenich M. D.
(Address) BALTIMORE CITY HOSPITALS

Cor.—10-18-29—A Co.—100 Bks.

E 72629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002 ✓

E 72629

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1118 W. Cross St. 21-29 Ward)

2-FULL NAME Theodore J. Wilson

(a) RESIDENCE NO. 1118 W. Cross St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary E.

6 DATE OF BIRTH (month, day, and year): Nov. 21, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	47	10	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Car-builder
(b) General nature of industry, business, or establishment in which employed (or employer): --------
(c) Name of employer: B. & O. Railroad

9 BIRTHPLACE (city or town): ------
(State or country): Maryland

PARENTS

10 NAME OF FATHER: William P. Wilson

11 BIRTHPLACE OF FATHER (city or town): A.A.Co.
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Agnes C. Mattison

13 BIRTHPLACE OF MOTHER (city or town): Buffalo
(State or country): New York, N.Y.

14 Informant (Address): Mrs. Mary E. Wilson 1118 West Cross Street

15 Filed 10/2/1931 — C. HAMPSON JONES, M. D. Registrar

16 Reg'd

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept. 30, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) yrs. ? mos. ds.

CONTRIBUTORY (Secondary): ----------
-------- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of --------

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell M. D.

(Address) 803 Patapsco Ave. Balto. Brooklyn.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Oct 3 1931
20 UNDERTAKER: F. Vernon Keehner	ADDRESS: 1532 Hollins

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72630 ✓

E 72630

REGISTERED NO. 161-08

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 222 N. Pine St. 4-16 Ward)

2-FULL NAME Augustine Bosby

(a) RESIDENCE NO. 222 N. Pine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	Negro	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 7 - 1931

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	✓	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Mary Bosby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address)

15 Filed 19 Registrar

6195

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What lesions revealed diagnosis?

(Signed) Eugene Feller, M. D.

10/1. 1931 (Address) 734 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

OCT 2 - 1931

Department of Health

THE NORMA

Cat.—10-31-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72631

REGISTERED NO. 75 E 72631

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital 5-8 St., 5-8 Ward)

2-FULL NAME John Mathew

(a) RESIDENCE NO. 12 18 McElderry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Negro	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1898

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address)

15 Filed ..... 19.. Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 7-4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, inquiry or inquiry.) thereon and from the evidence obtained by said inquest, inquiry and that said deceased came to death (inquest or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Poisoned by Methyl Alcohol

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Eugene Feller M. D.

Sept 30 1931. (Address) 13 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

JOHNS HOPKINS HOSPITAL 19

20 UNDERTAKER ADDRESS

AaCo. 5-31 1500

HEALTH DEPARTMENT CITY OF BALTIMORE

72632

CERTIFICATE OF DEATH

9 E 72632

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St. 6-32 Ward

Length of residence in city or town where death occurred yrs 7 mos 27 ds. How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Bernett Haynie

(a) Residence: No. 1111 Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 1, 1930

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
✓		4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Philip Harding

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Beulah Haynie

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Beulah Haynie
(Address) 1111 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL. Date OCT 2 1931
Place JOHNS HOPKINS HOSPITAL

19. UNDERTAKER
(Address)

20. FILED OCT 2 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1931, to 9/28, 1931

I last saw him alive on 9/28, 1931 death is said to have occurred on the date stated above, at 5:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3wks. ago.
Pneumonia	2wks. ago
Rickets	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. K. Jackson, M. D.
(Address) Sydenham Hospital

AdCo 5-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

72633

CERTIFICATE OF DEATH

107 E 72633

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 10-68 Ward.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 5 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Evelyn Collins

(a) Residence: No. 1324 Hargrave Alley St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 14 1927

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4 (Four)	9	18	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father Frank Collins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME of Mother Lee Hampton

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Father
(Address) 1324 Hargrave Alley

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 10/13 1931

19. UNDERTAKER Wm. Cook
(Address) 1215 St Paul St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1931 to Oct 2 1931

I last saw h[illegible] alive on Oct 2 1931 death is said to have occurred on the date stated above, at 12:54 pm

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Catarrhal Jaundice	9-19-31
Bronchopneumonia	9-30-31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—9 30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72634 E 72634

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) St Joseph Hospital (Or) 11-24 (WARD) 46

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Miss Amanda Atteson

(a) RESIDENCE NO. 231 N Fremont St (Or) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER ? Porter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant Mrs Wm Sutton

(Address) 726 Gladstone Ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 31

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931, to Oct 2, 1931

that I last saw her alive on Oct 1, 1931

and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis. Cardiac Failure (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Baumgartner M. D.

19 (Address) St Joseph Hosp Balt

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 10/3 1931

21 UNDERTAKER William Cook — ADDRESS 1938 Park

Spec.—9-30—A. & Co.—250 Blks

72635 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72635

CERTIFICATE OF DEATH

93-003
REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) West Balto Gen Hosp (ST.) 13-52 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Griffin Forrester

(a) RESIDENCE NO. 3511 Roland Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 If single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed or divorced
HUSBAND of (or) WIFE of Sarah W. 156

6 DATE OF BIRTH (month, day, and year) Sept 26 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B C & H

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS
10 NAME OF FATHER Griffin Forrester
11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia
12 MAIDEN NAME OF MOTHER Mary Edwards
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Sarah Forrester
(Address) 3515 Roland Ave

15 Filed 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/2/31

17
I HEREBY CERTIFY, That I attended deceased from 9/24/31, 19 , to 10/2 19 31
that I last saw h[illegible] alive on 10/2 19 31
and that death occurred, on the date stated above, at 5.45A m.

The CAUSE OF DEATH* was as follows:

Chronic Degenerative Myocarditis
c Decompensation
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) H. Ashman M. D.
19 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Providence Cem Va.	10/3 19 31
20 UNDERTAKER Uhlhorn Cook	ADDRESS 1218 St Paul

1-30—M. & T.—100 B—50L

E 72636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72636

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3235 Cliftmont Ave. ST. 26-40 WARD)

2. FULL NAME Juanita V. Craig.

(a) RESIDENCE NO 3235 Cliftmont Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced (or) WIFE of Harry R. Craig.

6 DATE OF BIRTH (month, day, and year) May 4, 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	4	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

PARENTS

10 NAME OF FATHER William C. West.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio.

12 MAIDEN NAME OF MOTHER Lillian Schaeffer.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania.

14 Informant Harry R. Craig. (husband)

(Address) 3235 Cliftmont Ave.

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinbach, M. D. Coroner

10/2 19 31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pittsburg Penna

DATE OF BURIAL 10/3 19 31

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul

C. HAMPSON JONES, M. D.

Spec.—9-30—A. & Co.—250 Blks

95-240 S

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72637

CERTIFICATE OF DEATH X 51 E 72637

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No JOHNS HOPKINS HOSPITAL ST 7-9 WARD)

2 FULL NAME Andrew Rawson

(a) RESIDENCE NO Springsouth Ala ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 7, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	59	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Furniture Dlr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Ala —

PARENTS

10 NAME OF FATHER Edgar Rawson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ala

12 MAIDEN NAME OF MOTHER Electra Skiverman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ala —

14 Informant (Address) Records — JOHNS HOPKINS HOSPITAL

15 Filed ..., 19 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 9 , 1931 , to Oct 2 , 1931

that I last saw him alive on Oct 2 , 1931

and that death occurred, on the date stated above, at 11:10 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Prostate

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia + Uremia

(duration) yrs. mos 16 ds.

18 Where was disease contracted if not at place of death? Alabama

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Kelber Young M. D.

, 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Birmingham Ala. DATE OF BURIAL Oct. 7 1931

20 UNDERTAKER Wm. J. Schaeffer ADDRESS 1816 E. Monument St.

1-30—M. & T.—100 B—601.

E 72638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-904

E 72638

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 N. Streeper ST. 7-11 WARD)

2-FULL NAME Josephine C. Kircher

1a) RESIDENCE NO 816 N. Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of late Charles F. Kircher

6 DATE OF BIRTH (month, day, and year) Jany 12/1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Anton Bauer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Marxarite ----

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant J. C. Kircher (son)

(Address) 816 N. Streeper St

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sep 30/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

9/30/31, 19 (Address) 502 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL 10-3 1931

20 UNDERTAKER George F. Ruth Sons ADDRESS [illegible]

C. Hayson Jones M.D.

AACo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72639

CERTIFICATE OF DEATH

59 E 72639

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 E. Randall Street 24-34 (Ward)

Length of residence in city or town where death occurred 78 yrs 1 mos 22 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Edwin F. Blessing

(a) Residence: No. 502 E. Randall Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna C'Donnell

7. DATE OF BIRTH (month, day, year) ~~6-8-1853~~

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	78	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sol's Dept Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Daniel Blessing

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME ~~Unknown~~

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Marie Raysinger
(Address) 502 Randall Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross-H. P. Date 10-3-31 19

19. UNDERTAKER George J. Wells Jr.
(Address) 1735 Harford Av.

20. FILED Oct 3 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 19 31.

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 19 31 to Sept 30 19 31

I last saw him alive on Sept 22 19 31 death is said to have occurred on the date stated above, at 3:41 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Sclerosis	

Other contributory causes of importance:

Diabetes Mellitus

Name of operation Date of

What test confirmed diagnosis Urine & Sugar Was there an autopsy?

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A. Ahrens M. D.

(Address) 1337 S. Charles St

AAGo. 1-31 2000

72640 **HEALTH DEPARTMENT CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 72640

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. Madison & Harwood St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eric T. Baker

(a) Residence: No. 25 Hamilton St. Cumberland Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of ~~WIFE of~~ Mary Baker

7. DATE OF BIRTH (month, day, year) July 20 - 1889

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
42		2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keyser West Virginia

13. NAME OF Father Edward D. Baker

14. BIRTHPLACE (city or town) (State or country) Terra Alta West Virginia

15. MAIDEN NAME OF Mother Matilda Gibbs

16. BIRTHPLACE (city or town) (State or country) Terra Alta West Virginia

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lakeview Cem. Date Oct. 3 1931

19. UNDERTAKER C. Hampson Jones & Son

(Address) 201 E. Lexington St.

20. FILED Oct. 3 1931 C. HAMPSON JONES M.D. Registrar

RPS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct - 2, 1931, to Oct - 2, 1931

I last saw him alive on Oct - 2 1931 death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	Oct 2 31
Other contributory causes of importance:	
Pneumonia in hospital began 9	
Died in Terrapin 9	1913.

Name of operation — Date of

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in Home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes or No. If so, specify

(Signed) Robert F. Chamberlain M.D.

(Address) Md General Hospital

Eric Left Wrist Broken

1-20—M & T—100 B—581.

E 72641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 72641

8-45

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Catherine L. Klarman

(a) RESIDENCE NO. 4135 Harford Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs 2 mos 29 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year) July 3, 1928

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	3	2	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Frank H. Klarman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Catherine C. Miles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Frank H. Klarman

(Address) 4135 Hanford Road

15 Filed 1931 , 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/ 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: struck & knocked down by a moving auto

(duration) yrs mos ds

CONTRIBUTORY (Secondary) fract skull

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Harford Rd & Clar

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clin

(Signed) H. Irvine Pue, M. D. Coroner

(Address) 6 E. 19 31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery

DATE OF BURIAL: 10-3 1931

20 UNDERTAKER: Geo. C. Rutter & Co.

ADDRESS: 1715 Harf

A&Co. 5-31 2500

72642 **HEALTH DEPARTMENT CITY OF BALTIMORE** L 72642

(Tattoo right forearm + Breast)

CERTIFICATE OF DEATH

13-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Gough St. 26-37 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles James Gibson

(a) Residence: No. 3711 Gough St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	22	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles E. Gibson

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Bertha McAllister

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Charles E. Gibson
(Address) 3711 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 4 1931

19. UNDERTAKER William Cook
(Address) 1217 E Monument

20. Filed Oct 4 1931 C. HUNTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931 to Oct 2, 1931

I last saw him alive on Oct 1, 1931 death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery Bacillary	9/1/31
Acute Myocarditis	Sept

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles E Gibson, M. D.

(Address) 311 S Highland

E 72643

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72643

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Aged men, Home ST. 1623 WARD

2-FULL NAME Carrie Vogue

(a) RESIDENCE NO. 822 N. Carrollton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1861

7 AGE: Years 70 | Months — | Days — | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Inmate of Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Essex Co Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment (Address): Helen mem 822 Carrollton ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 1 — 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 8 1931 to Oct 2 1931.
(that I last saw living) on Oct 2 1931
and that death occurred, on the date stated above, at 11 P.M.
The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia

(duration) yrs mos 23 ds

CONTRIBUTORY (Secondary): Old age
(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. Fortheller M. D.

Oct 2 1931 (Address) 230 S. Howard

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: Oct 3 1931

20 UNDERTAKER: Jas H. Bradburn — ADDRESS: 1027 Hanover

1931

E 72614 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72614

CERTIFICATE OF DEATH. 1732

(PLACE OF DEATH

CITY OF BALTIMORE (No.) 1923 (Street) Linden av (Ward) 24-26

2-FULL NAME Della A. Martin

(Residence in Baltimore: No. 1923 Linden av St.; yrs., mos., ds.)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(REGISTERED No. C

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. Apr 24, 1874 (Month) (Day) (Year)

7-AGE. 57 yrs. 5 mon. 9 da. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION. (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country) Baltimore Md

PARENTS

10-NAME OF FATHER. Richard Burns

11-BIRTHPLACE OF FATHER (State or Country) Ireland

12-MAIDEN NAME OF MOTHER Catherine Clark

13-BIRTHPLACE OF MOTHER (State or Country) Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Anna C Hutchison

(Address) 1715 Linden Ave

15- Filed OCT 3 1924 C. HAMPSON JONES Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 1, 191... (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Coroner or Deputy) find that said deceased came to death on the day stated above. (Autopsy or inquiry.)

The CAUSE OF DEATH* was as follows: Stomach Hemorrhage due to gastric ulcer

Duration 1/2 hrs. da.

CONTRIBUTORY (Secondary) Duration yrs. mos. da.

(Signed) C. Hilbish M. D.

Oct 1 191... (Address) Boston

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS). At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Park

DATE OF BURIAL. Oct 3 1924

20-UNDERTAKER John C Rutledge

ADDRESS 1317 Eutaw Place

E 72645 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72645

CERTIFICATE OF DEATH. 167

REGISTERED NO C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No. 1923 Linden Ave 9-14-20 (Ward)

2-FULL NAME Walter Martin

(Residence in Baltimore: No. 1923 Linden Ave St. 40 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. July 30, 1870 (Month) (Day) (Year)

7-AGE. 61 yrs. 2 mos. 1 ds. If LESS than 1 day, ... hrs. or ..... min.?

8-OCCUPATION (a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 466

9-BIRTHPLACE (State or Country). Toronto. Canada.

PARENTS.

10-NAME OF FATHER. James Martin

11-BIRTHPLACE OF FATHER (State or Country). England

12-MAIDEN NAME OF MOTHER. Hannah Dickinson

13-BIRTHPLACE OF MOTHER (State or Country). England

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur A. Martin
(Address) 560 N. 180th St. N.Y.C.

15-Filed OCT 3 - 1931 C. HAMPSON JONES, Registrar. By

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. Oct 1st, 1931 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or no inquest) thereon and from the evidence obtained by said (Inquest or autopsy) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Carcinoma Duodenum
Apparent Primary Liver
Ascites (Duration) Ludlow
CONTRIBUTORY (Secondary) (Duration) mos. ds.
(Signed) [illegible] M. D.
Oct 2nd 1931 (Address) Forest Park

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Forest Park — DATE OF BURIAL. Oct 3 1931

20-UNDERTAKER John O. Metzler — ADDRESS 1900 Eutaw Pl.

AaCo. 1-31 2000

E 72646 HEALTH DEPARTMENT CITY OF BALTIMORE E 72646

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mary Pond Bennett Hospital 131

CITY OF BALTIMORE: (No. 16-37 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Howard H Beard

(a) Residence: No. 602 N. Fountain Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zida Beard

7. DATE OF BIRTH (month, day, year) June 1 1860

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71 — 71	4	2	1	

9. Trade, profession, or particular kind of work done, as spinner, surveyor, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George W Beard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN Louisa V Buchanan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Leadenhall Park Date Oct 5 1931

19. UNDERTAKER Funeral Directors Wms

(Address) 1900 Eutaw Place

20. FILED Oct 5 1931 By Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-18-31 to 10-2-1931

I last saw h im alive on 10-2-1931 death is said to have occurred on the date stated above, at 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	? —
Chronic Nephritis	? —

(Other contributory causes of importance:

Acute Myocardial Dilatation 1 hr

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenoweth M. D.

(Address) Md. General Hospital

Spec.—9-30—A. & Co.—250 Blks

E 72647

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 72647

CERTIFICATE OF DEATH

93-003

8-13

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1238 N. Gay (St.) (Ward)

2 FULL NAME Elias Rhinehart

(a) RESIDENCE NO. 1238 N. Gay St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rhinehart

6 DATE OF BIRTH (month, day, and year) Jan 1 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll County Md

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant (Address) Mary Rhinehart 1238 N. Gay St

15 Filed OCT 3 - 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1931

17

I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to Oct 2, 1931

that I last saw him alive on Oct 2, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Right Hemiplegia

Cerebral Hemorrhagic

(duration) yrs. 6½ mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin H. Fenby M. D.

10/2/1931 (Address) 1225 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar Cemetery — DATE OF BURIAL Oct 4 1931

20 UNDERTAKER Henry Lutz — ADDRESS 203 N. Broadway

1-30—M. & T.—100 B—501.

E 72648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72648

REGISTERED NO. 003

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. "Patterson"Estate Cecil Ave & Friendship St. ST. 9-416 WARD 182

2-FULL NAME William Hansen Lorenz

(a) RESIDENCE NO 2603 Kirk Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 24/1921

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER August L. Lorenz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto., Md.

12 MAIDEN NAME OF MOTHER Jeanette Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto., Md.

14 Informant August L. Lorenz (Address) 2603 Kirk ave

15 Filed . 192 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Suffocation while digging "cave" in bank. (Bank fell in-Accidental.)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Waters, M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct 3 19 31

20 UNDERTAKER: Hughes & Jones Inc — ADDRESS: 1st N Broadway

AdCo. 5-31 250B

72649

HEALTH DEPARTMENT—CITY OF BALTIMORE

72649

CERTIFICATE OF DEATH

Registered No. 23E 72649

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS (Tbc.)

CITY OF BALTIMORE: (No. 4-25 St. ..... Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Gerokos

3. (a) Residence: No. 519 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hat Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME Wm. Gerokos

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Ellis ?

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn. Date 10-5, 1931

19. UNDERTAKER Bernard C Haller
(Address) 1000 E Fayette St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/19/31, 19..., to Oct. 1, 1931

I last saw h im alive on Oct. 1, 1931 death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tbc.	3 months
Tuberculosis,	
Other contributory causes of importance:	

Name of operation None Thyroid Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Laurence H Sams M. D.

(Address) BALTIMORE CITY HOSPITALS

Cor.—11-9-31—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72650

CERTIFICATE OF DEATH.

√ 210 001 E 72650

1-PLACE OF DEATH West Balto Gen'l Hospital

City of BALTIMORE: (No. ~~South~~) (Ward 6)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Henry C Billmire

(a) RESIDENCE NO. 2704 Lyndhurst Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married.

3a If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Billmire

6 DATE OF BIRTH (month, day, and year): Nov 21 - 1888

7 AGE: Years 42 Months 10 Days 19 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Auto Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Wm Billmire

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Elizabeth Billmire 704 N Carey St

15 Filed 11 1931, 19

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24-31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) and that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Auto he was riding in overturned when it left road

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Crushed Chest

(Duration) yrs. mos. ds.

(Signed) L D Frame M. D.
(Coroner)

10 1 3, 1931 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death? North & Broadway

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Crem. Date of Burial 10-5 14, 1931

20 UNDERTAKER: Bernard C Hartz ADDRESS 1000 E Baltimore St

33 1931 #4

AACo. 5-31 2400

HEALTH DEPARTMENT—CITY OF BALTIMORE

72651

CERTIFICATE OF DEATH

X 19 E 72651

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St. 12-46 Ward)

Length of residence in city or town where death occurred yrs mos 10 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Jane Nevin Hosey

(a) Residence: No. 1 Mallemack St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 22 1858

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME James Charles Bosley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ada Duval

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Family

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Cross Cem. Date 10/5 1931

19. UNDERTAKER Bernard C. Harlow

(Address) 1000 S. Paca St.

20. FILED 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/22 1931 to 10/2 1931

I last saw h alive on Oct 2 1931 death is said to have occurred on the date stated above, at 9.15 a m

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dean D. Craven M. D.

Address Belmont Ave.

Spec.—9-30—A. & Co.—250 Blks.

72652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72652

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Madison Ave St.) (WARD) 11-24

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Michael O'Neill

(a) RESIDENCE NO. 811 Madison Ave St. WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or WIFE of) Mary O'Neill

6 DATE OF BIRTH (month, day, and year) — — 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	70	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Undertakers Asst.
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer: H. W. Jenkins & Son

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: Michael O'Neill
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Ellen ?
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Mary O'Neill
(Address): 811 Madison Ave

15 Filed _____ 19 _____ C. HAMPSON JONES, M. D. Registrar
Oct 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 2. 1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 29. 1931. to Oct 2. 1931
that I last saw him alive on Oct 1. 1931
and that death occurred, on the date stated above, at 9:35 A.M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage, Hemoplegia,
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (Secondary) _____
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓
Did an operation precede death? No Date of _____
Was there an autopsy? No.
What test confirmed diagnosis? Clinical
(Signed) H. Lee Ellis M. D.
10/2. 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	Oct 5 1931
20 UNDERTAKER	**ADDRESS**
Henry Jenkins & Co.	Greenmount Ave Baltimore

Form—1-30—M. & T.—250 Blks

E 72653 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72653

CERTIFICATE OF DEATH.

87-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3603 Falls Road ST. 13-52 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mahlon Poe

(a) RESIDENCE NO. 3603 Falls Road ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): marrid

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Lydia Poe

7 DATE OF BIRTH (month, day, and year): Sept 9, 1882

8 AGE: Years: 49; Months: ; Days: 27; If LESS than 1 day, hrs. or min.:

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): md.

10 NAME OF FATHER: Mahlon Poe

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Ida Ambrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

14 Informant: Lydia Poe

(Address): 3603 Falls Road

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1930, to Oct 3, 1931,

that I last saw him alive on Oct 3, 1931,

and that death occurred, on the date stated above, at 4:10 a. m.

The CAUSE OF DEATH* was as follows:

Multiple Sclerosis

(duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary): Myocardiac Insufficiency

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Findings

What test confirmed diagnosis?

(Signed) J. H. Wilson M. D.

19 (Address) 848 W 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Oct 5, 1931

20 UNDERTAKER: Chenowetha Son

ADDRESS: 3615 Chestnut

AdCo. 5-31 2500

72654 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 72654

CERTIFICATE OF DEATH

B-52152

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Mem Hospital St. or ..... Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Russell Poole

(a) Residence: No. 3416 Hickory Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 28, 1930

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Nelson J Poole

14. BIRTHPLACE (city or town) Jerusalem
(State or country) Md

15. MAIDEN NAME Pauline Thoma

16. BIRTHPLACE (city or town) Columbia
(State or country) Md

17. INFORMANT Mrs
(Address) 3416 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL
Date Oct 3 1931

19. UNDERTAKER C Hunsworth Son
(Address) 3415 Chestnut Ave

20. FILED Oct 3 1931 C. Ferguson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Oct 1, 1931

I last saw h/ he alive on 10-1 1931 death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:
Septicemia with
pneumococcic abscess

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John W. Crawford, M. D.
(Address) Maryland General Hospital

Spec.—8-14-29—L. F. S.—100 Blks.

E 72655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 72655

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Light St. ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth L Woodward

(a) RESIDENCE NO. 1825 Light St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 12 1930

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Joseph F. Woodward

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Moon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mr. Woodward

(Address) 1825 Light St

Filed . 19 Per Registrar

C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 23 . 19 31, to Oct. 2 . 19 31

that I last saw her alive on Oct. 1 . 19 31

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pleu. Colitis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Compton M.D.

10/3 1931 Address 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL 10/3 1931

20 UNDERTAKER J. Fenw McCully ADDRESS 130 E Fort

Spec.—1-10-21—MAT—1500 Blks

72656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 72656

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: No. 11 W. Heath ST. 23-32 WARD

2.-FULL NAME Leonard Wallace Miles

(a) RESIDENCE NO. 11 W Heath ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos 2 days

How long in U. S., if of foreign birth? yrs mos ds

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced (write the word): Single ✓

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 2 / 31

7 AGE: Years — Months — Days: 2 days — If LESS than 1 day, hrs 2 or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Albert Francis Miles Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt Md.

12 MAIDEN NAME OF MOTHER: Anna Maria Wallace

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mr Her,

15 Filed 10-31 By C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2 1931, to Oct. 2 1931.

that I last saw he alive on Oct. 2 1931

and that death occurred, on the date stated above, at 2.22 a m.

The CAUSE OF DEATH* was as follows:

Premature birth

Lack of care

Incompetent domestic

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Obrn M. D.

, 19 (Address) 215 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudas Hill Cem

DATE OF BURIAL: Oct 3 1931

20 UNDERTAKER: J. F. McCully

ADDRESS: 130 E Fort

Spec.—12 S.—A Co.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72657

CERTIFICATE OF DEATH.

161-00!

E 72657

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3111 Cheatnut Ave. St. 13-51 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Grayson Wilmer

(a) RESIDENCE NO. 3111 Cheatnut Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 2, 1931

7 AGE — Years | Months | Days: 1 | IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md.

PARENTS

10 NAME OF FATHER: Walter Wilmer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Irene Sampson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Walter Wilmer 3111 Cheatnut Ave.

15 Filed (10) 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 3, 1931 19

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1931, to Oct. 3, 1931, that I last saw him alive on Oct. 3, 1931, and that death occurred, on the date stated above, at 7:45 A.M.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. H. Watson, M. D.

, 19 (Address) 848 N. 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL — Date of Burial 19

20 UNDERTAKER: Bureau of Vital Statistics — ADDRESS

By Wm. H. WOODALL

OCT 3 - 1931

Form 1-30 — M. A T. — 250 Hbs

E 72658 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72658

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. H-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Holliday

(a) RESIDENCE NO. Phoenix Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Preceborn

7 DATE OF BIRTH (month, day, and year) Sept 25 1931

AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.
	0	0	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Preceborn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Robert Charles Holliday

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Catherine Louise Echols

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Robt C Holliday (Address) Phoenix Md

15 Filed Sept 26 1931 Registrar ADH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26/1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1931, to Sept 26, 1931, that I last saw h alive on Sept 26, 1931 and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Immaturity 9 (32 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Emmett F Ramsey M. D.

Sept 26 1931 (Address) Phoenix Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND DATE OF BURIAL 1931

UNDERTAKER Wm H Miller Health. ADDRESS

Reg No 2 [illegible]

Spec.—1-30—M. & T.—250 Blks.

E 72659 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72659

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 W Conway St 22-30 WARD) REGISTERED NO. 6369

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Carl Cray #1

(a) RESIDENCE NO. 623 W. Conway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced: HUSBAND of or) WIFE of

7 DATE OF BIRTH (month, day, and year): Sept 27 1931

8 AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None born

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Balt Md.

10 NAME OF FATHER: Thomas Cray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Spartanburg S C

12 MAIDEN NAME OF MOTHER: Sibella McClintock

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Spartanburg S C

14 Informant (Address)

15 Filed 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 27 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931 to Sept 27, 1931, that I last saw he alive on Sept 27, 1931 and that death occurred, on the date stated above, at 3:00 P. m.

The CAUSE OF DEATH* was as follows:

Premature (36 wks)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Born Premature

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) Balt. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: Oct 3 1931

ADDRESS

Undertaker: [redacted] Lewis

[illegible] WOODALL

Spec—1-30—M A T—250 Bks

E 72660

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72660

154

CERTIFICATE OF DEATH.

REGISTERED NO. ~~4-6369~~

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 W. Conway ST. 22-30 WARD

2. FULL NAME Mary Eliz Gray (?)

(a) RESIDENCE NO. 623 W. Conway ST., ____ WARD ____

(Usual place of abode)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Bl.	Single

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

7 DATE OF BIRTH (month, day, and year) 9/27/31

AGE	Years	Months	Days	If LESS than 1 day, ~~hrs. min.~~ 7 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Newborn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER Thomas Gray

11 BIRTHPLACE OF FATHER (city or town) Spartanburg (State or country) S. C.

12 MAIDEN NAME OF MOTHER Allister McClintock

13 BIRTHPLACE OF MOTHER (city or town) S. C. (State or country)

14 Informant
(Address)

15 Filed ____, 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 27-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1931, to Sept. 27, 1931, that I last saw h[illegible] alive on Sept. 27, 1931, and that death occurred, on the date stated above, at 8:00 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity (36 wks)

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Twin Pregnancy

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL OCT 3 - [illegible] 19__

20 UNDERTAKER [illegible]

ADDRESS

Spec.—1-30—M. A T.—250 Blks.

E 72661

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72661

CERTIFICATE OF DEATH.

45

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 516 Rockglen Rd (St.) 10-11 (Ward)

2-FULL NAME Elmer P Fosbenner

(a) RESIDENCE NO. 516 Rockglen Rd (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of or WIFE of Bertha Fosbenner

DATE OF BIRTH (month, day, and year) Aug 16, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Supt.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Baltimore Life

BIRTHPLACE (city or town) (State or country) Oxford Md

10 NAME OF FATHER William G Fosbenner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Shultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Bertha Fosbenner (Address) 516 Rockglen Rd

15 Filed Oct 4, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from June, 1929, to October 1, 1931, that I last saw him alive on October 1, 1931, and that death occurred, on the date stated above, at 4:45 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma, lower lip involving the tongue

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 1929

Was there an autopsy? no

What test confirmed diagnosis? microscopic

(Signed) J Hayleeneck, M. D.

19 Oct 2, 1931 (Address) 704 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 4 1931
20 UNDERTAKER F Vernon Keehner	ADDRESS 1532 Hollins

Spec.—9 30—A. & Co.—250 Blks

72662 HEALTH DEPARTMENT—CITY OF BALTIMORE 72662

CERTIFICATE OF DEATH

120

1 PLACE OF DEATH

CITY OF BALTIMORE (No 2601 Talbot Rd 12-5-65

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Hamilton Prout.

(a) RESIDENCE NO 2601 Talbot Road ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
(or) HUSBAND OF
(or) WIFE OF Mary Prout

6 DATE OF BIRTH (month, day, and year) Nov 27 1874

7 AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	56	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Commission Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Calvert Co Md

PARENTS

10 NAME OF FATHER Joseph R Prout

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Susan Chase

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mary H Prout (Address) 2601 Talbot Rd

15 Filed 1931. C. Hampson Jones M.D. Registrar

RHH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1-1931.

17

I HEREBY CERTIFY, That I attended deceased from Aug. 15 " 1931. to Oct. 1 " 1931.

That I last saw h alive on Sept. 30 " 1931

and that death occurred, on the date stated above, at 4.00 a.m.

The CAUSE OF DEATH* was as follows:

Acute indigestion with colliquative diarrhoea,

(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (Secondary) X

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Final Symptoms only.

(Signed) O. St. Hoffman, M. D.

(Address) 2500 Garrison Blvd. Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Oct 3 1931

20 UNDERTAKER F Vernon Keehner — ADDRESS 753 E Hoffman

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72663

CERTIFICATE OF DEATH.

210-001

E 72663

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

15-68

1-PLACE OF DEATH

City of BALTIMORE: (No. 2707 W. North Ave. St. Ward

2-FULL NAME Wilhelmina R. Savage

(a) RESIDENCE NO. 2707 W. North Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Savage

6 DATE OF BIRTH (month, day, and year) January 2, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	74	8	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER John Redinger

11 BIRTHPLACE OF FATHER (city or town) Baden

(State or country) Germany

12 MAIDEN NAME OF MOTHER Miss Awinger

13 BIRTHPLACE OF MOTHER (city or town) Baden

(State or country) Germany

14 Interment (Address) Miss A. Virginia Savage 2707 W. North Ave.

15 Filed C. H. Jones M. D. Registrar

Oct 3 1931 No. 1911

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1, 1931 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) and that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: While standing in a safety zone was struck & knocked down by a rushing auto (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fract Skull (duration) yrs. mos. ds.

(Signed) H. Haase M. D.

10 1931 (Address) 2939 McElderry St. (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial Oct. 3 1931

20 UNDERTAKER E. D. Cook

ADDRESS 1003 W. Baltimore St.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72664

CERTIFICATE OF DEATH

46 E 72664

Registered No.

1. PLACE OF DEATH (If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore St., Gen'l Hosp Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Malone

(a) Residence: No. 529 East 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Olivia Malone

6. DATE OF BIRTH (month, day, year) Aug. 28. 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

13. NAME T. J. Malone

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME M. M. Griffith.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Olivia Malone
(Address) 529 E. 21st.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 1931

19. UNDERTAKER Vernon Lemmon
(Address) 761 Pk. Ave.

20. FILED Oct 3 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1931 to Oct. 3 1931

I last saw him alive on Oct 3 1931 death is said to have occurred on the date stated above, at 12.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	Oct 2/31

Other contributory causes of importance Carcinoma of Stomach 2 years

Name of operation Posterior Gastro-Enterostomy Date of 10-2-31

What test confirmed diagnosis? Typical signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No or specify

(Signed) H. J. Fullerton M. D.

(Address) So Balt Gen Hosp

Spec.—9-30—A. & Co.—250 Blks.

253107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72665

REGISTERED NO. E 72665

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-9 ST. WARD)

2 FULL NAME Myrtle Fouts

(a) RESIDENCE NO. Midland St. Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis

6 DATE OF BIRTH (month, day, and year) Jan 16-1907

7 AGE — Years 24 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Minn

PARENTS

10 NAME OF FATHER Tom Spratt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Anna Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tennessee

14 Interment Records (Address) JOHNS HOPKINS HOSP.

15 Filed Oct 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Oct 3, 1931

that I last saw her alive on Oct 3, 1931

and that death occurred, on the date stated above, at 3.55 A m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus, due to tuberculous meningitis

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) 0 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Midland, Md.

Did an operation precede death? Yes Date of 10-2-31

Was there an autopsy? Yes

What test confirmed diagnosis? Observation

(Signed) W R Wallace M. D.

. 19 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cumberland Md

DATE OF BURIAL 9/4/31

20 UNDERTAKER Joseph Ahrens

ADDRESS 221 Broadway

A4Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

72666 X 151 B 72666

72666

Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

Length of residence in city or town where death occurred yrs mos 7 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mr. George W. Sweeting

(a) Residence: No. Sharon Md Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. George W. Sweeting

6. DATE OF BIRTH (month, day, year) May 24 1854

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	77	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Benjamin Sweeting

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL Date Dec. 5 1931

19. UNDERTAKER (Address) Hutchinson & Goos. Lincoln Md.

20. FILED Dec 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1931 to Oct 3 1931

I last saw h-- alive on Oct. 3 1931 death is said to have occurred on the date stated above, at 6 00 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle (Rt. buttock) - gangrene -, extensive.	Sept 16

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McClanahan, M. D.

(Address) Union Memorial Hosp

AACo. 5-31 2508

E 72667

HEALTH DEPARTMENT CITY OF BALTIMORE

131 E 72667

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 5-9 (Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cordelia Daniels

(a) Residence: No. 1417 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) Jan. 20, ?

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	40	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Charles E. Griffin

14. BIRTHPLACE (city or town) ? (State or country) Md.

15. MAIDEN NAME Virginia ?

16. BIRTHPLACE (city or town) ? (State or country) Md.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 4 1931

19. UNDERTAKER Robt. E. Williams

(Address) 1518 W. Baltimore St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1-31 19

22. I HEREBY CERTIFY, That I attended deceased from 9-14-31 19 to 10-1-31 19

I last saw her alive on 10-1-31 19 death is said to have occurred on the date stated above, at 3:45 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Carcinoma ? Lap	9/20/31
Other contributory causes of importance: Chronic Nephritis	Unknown

Name of operation Abdom. Section Date of 9/30/31

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Howell Jr M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Blks.

2668

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 72668

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Bon Secours Hospital 10-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Lucida Moreland

(a) RESIDENCE NO. 3245 E. Baltimore St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Chas E Moreland

6 DATE OF BIRTH (month, day, and year) June 13, 1909

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ohio

PARENTS

10 NAME OF FATHER Harry Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mabel Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio

14 Interment (Address) Chas E Moreland 3245 E. Baltimore st

15 Filed 19 H. HAMBLY JONES, M. D. Registrar

OCT 4 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-2-31

17 I HEREBY CERTIFY, That I attended deceased from 10-1-31, 19 to 10-2, 19 31

that I last saw her alive on 10-2, 19 31

and that death occurred, on the date stated above, at 3:00 P. M.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Pregnancy (7 months.)

(duration) yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Diabetic Coma

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Lab.

(Signed) Andres E. Calas M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Oct 3 1931

20 UNDERTAKER Frank V. Pipitone

ADDRESS 2818 E. Baltimore

ec.—2-25-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72669 — 159 — E 72669

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 429 E. Getting ST. 24-33 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Neill

(a) RESIDENCE NO. 429 E. Getting ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	White	Infant

11 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 3 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6 hrs			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER James J. Neill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Margaret Bachman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Jas J. Neill

(Address) 429 E. Getting St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Oct 3, 1931,

that I last saw h[illegible] alive on Oct 3, 1931,

and that death occurred, on the date stated above, at 6.30 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. 6 hrs mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. Mitchell M. D.

10/4 1931 (Address) 1279 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A.A. Co.	10-5th 1931
20 UNDERTAKER	ADDRESS
E. & B. Hartz	115 E. West St

AACo. 1-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

72670

CERTIFICATE OF DEATH

Registered No. 12 E 72670

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 14-20 St.) (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Anderson

(a) Residence: No. 551 Lauraus St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

7. DATE OF BIRTH (month, day, year) May 1 1895

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	36	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private H.D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Darlington Co. S.C.

13. NAME Annie Anderson

14. BIRTHPLACE (city or town) (State or country) Darlington Co. S.C.

15. MAIDEN NAME Mayer

16. BIRTHPLACE (city or town) (State or country) Darlington Co. S.C.

17. INFORMANT Mary J. Anderson
(Address) 913 Catalina St.

18. BURIAL, CREMATION, OR REMOVAL
Place Burkeville Va. Date 9-5- 1931

19. UNDERTAKER Thomas C. Kelson
(Address) 1303 Freastman St.

20. FILED 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-12-31, 19 to Oct. 2, 19 31

I last saw h alive on Oct. 2, 19 31 death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumo-peritonemm (Undetermined Cause)	4 days

Other contributory causes of importance:

Cyanosis, Dyspnea, Convulsions	10 da

Name of operation Exploratory Laparotomy 9-12-31

What test confirmed diagnosis? Clinical Autopsy? (No)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) Eustace E. Smith M. D.

(Address) Baltimore City Hospitals

E. E. SMITH, M. D.

AaCo. 5-31 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72671 Baltimore City Hospitals 107 E. 72671

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ... St., 3-4 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Frank P. Delany

(a) Residence: No. 411 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Not known

7. DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	63	4.	4.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Ann Delany

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Ed

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sister in law (Address) 411 S. Caroline

18. BURIAL, CREMATION, OR REMOVAL. Place Sacred Heart Date 10/5 1931

19. UNDERTAKER John J. Fahey Son (Address) 1215 Light St.

20. FILED. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1929 to Sept 30, 1931

I last saw him alive on Sept 30, 1931 death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Hemiplegia	

Other contributory causes of importance: Bronchopneumonia

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Esther E. Fuller, M. D.

(Address) Baltimore City Hospitals

Rec.—3-29-23—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 ✓

E 72672

E 72672 REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1918 N. Bond ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rachel McBaker

(a) RESIDENCE NO. 1918 N. Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced (or) WIFE of: John J. McBaker

6 DATE OF BIRTH (month, day, and year) Nov 27-1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): C

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Adam E. Mueller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Barbara Hugel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: John J. McBaker

(Address) 1918 N. Bond st

Filed 4-1931 19 HAROLD JONES M Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 23 1931 to Oct 3- 1931

that I last saw her alive on Oct 3- 1931

and that death occurred, on the date stated above, at 4.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis
General arteriosclerosis
Hypertension (duration) 2 yrs. 6 mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage - (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George A Dawden M. D.

10/3/ 1931 (Address) 517 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Oct 6th 1931

20 UNDERTAKER: George Schilling & Sons

ADDRESS: 1126 E Monument

...—2-29-29—L. F. B.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72673

CERTIFICATE OF DEATH

97-001 ✓ E 72673

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Rutland ave ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Andrew E Warner

(a) RESIDENCE NO. 1211 Rutland ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 3 mos. 29 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of [redacted] Elizabeth Warner

7 DATE OF BIRTH (month, day, and year) June 3rd 1888

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	29	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER William C Warner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Josephine M Bimestefer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Elizabeth Warner

(Address) 1211 Rutland ave

Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2nd 1931

17 I HEREBY CERTIFY, That I attended deceased from July 3 1931, to Oct 2 1931.

That I last saw h[illegible] alive on October 2 1931

and that death occurred, on the date stated above, at 2.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) 2 yrs — mos — ds.

CONTRIBUTORY (Secondary) Arthritis Spine

(Duration) 2 yrs — mos — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Fitch M. D.

Oct 3 1931 (Address) 936 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Loudon Park Cemetery

DATE OF BURIAL

Oct 5th 1931

20 UNDERTAKER

George Schilling & Sons

ADDRESS

1126 Edmondson

...-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72674

72674

CERTIFICATE OF DEATH

59

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 N Caroline ST. 817 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Isabella Brodie

(a) RESIDENCE NO. 1701 N. Caroline ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 6 mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of Thomas Brodie

DATE OF BIRTH (month, day, and year) June 22 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Edinburgh Scotland

10 NAME OF FATHER Peter Reid

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Isabella McCall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

Informant Roberta B. Carman

(Address) 1701 N. Caroline st

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 - 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1931 to Oct 1 1931 that I last saw her alive on Oct 1 1931 and that death occurred, on the date stated above, at 415 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes. Left Hemyplegia 1st & then Right Hemyplegia

Hemyplegia (duration) Diabetes annual yrs 3 mos. ds.

CONTRIBUTORY (Secondary) Infirmities of age (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & chemical

(Signed) R. B. Carman M. D.

10 7 1931 (Address) 1701 N. Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct 5th 1931

20 UNDERTAKER: George Schilling & Son — ADDRESS: 1126 E Monument St

AACo. 5-31 2500

E 72675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 72675

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N Broadway St. 713 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Carolina Sibarsky

(a) Residence: No. 822 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Sibarsky

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria
13. NAME Andrew Weiss
14. BIRTHPLACE (city or town) (State or country) Austria
15. MAIDEN NAME Anna Mueller
16. BIRTHPLACE (city or town) (State or country) Austria
17. INFORMANT John Sibarsky
(Address) 822 N Broadway
18. BURIAL, CREMATION, OR REMOVAL
Place Loudenner Date Oct 5 1931
19. UNDERTAKER Enoch Creighton
(Address) 1916 Eutaw Pl.
20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1931, to Oct 2, 1931

I last saw h[illegible] alive on Oct 2 1931, death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	[illegible]

Other contributory causes of importance:

Acute Cardiac Dilatation	

Name of operation Chemical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis H. C. Carter, M. D.

(Address) 1216 Hollins St.

Spec.—1-10-21—M&T—1500 Bks.

E 72676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-903 E 72676

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 Abbott ST. 713 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Joseph Slechta

(a) RESIDENCE NO. 1621 Abbott ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6 DATE OF BIRTH (month, day, and year): March 17 - 1883

7 AGE: Years 48 | Months 6 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Tailor

(b) General nature of industry, business, or establishment in which employed (or employer): 80

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Antonio Slechta

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bohemia

12 MAIDEN NAME OF MOTHER: Mary Zitnik

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bohemia

14 Informant (Address): Slechta 1621 North St

15 Filed OCT 4 - 1931 19 H.A. HAMILTON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): OCT 1 - 1931

17 I HEREBY CERTIFY, That I attended deceased from AUG 1 - 1931 . 19 . to OCT 1 - 1931 . 19 .

that I last saw h alive on OCT 1 - 1931 . 19 .

and that death occurred, on the date stated above, at 2.45 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(duration) X yrs. X mos. 2 ds.

CONTRIBUTORY (Secondary): Chronic Emphysema Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of X X

Was there an autopsy? No

What test confirmed diagnosis? Opinion sup. Clinical Symptoms

(Signed) Elliott Burke M. D.

OCT 2 - 1931 19 (Address) 925 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer DATE OF BURIAL Oct 5 1931

20 UNDERTAKER: Frank Brockbank ADDRESS 1900 Eastern Ave

AaCo. 5-11 2500

E. 72677. HEALTH DEPARTMENT—CITY OF BALTIMORE E. 72677.

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 N. Potomac St. 8-11 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Stavely

(a) Residence: No. 1233 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James H. Stavely

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME Jones Rada
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Lizzie Voshell
16. BIRTHPLACE (city or town) (State or country) Virginia
17. INFORMANT James H. Stavely
(Address) 1233 N. Potomac St
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 6 1931
19. UNDERTAKER Frank Tracy Son
(Address) Fallsway & [illegible]
20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1927 to Oct 3 1931
I last saw her alive on Oct 3 1931 death is said to have occurred on the date stated above, at 4.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance: Terminal Bronchopneumonia 10/2/31

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Tavella, M. D.
(Address) 817 Park Ave.

1-30—M. & T.—100 B—50L.

72678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

493-004 E 72678

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 713 Stirling ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Josephine Mcadison

(a) RESIDENCE No. 713 Stirling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of E. J. Madison

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE — Years: 62 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Thos. Ringold

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Samuel Madison

(Address) 713 Stirling St.

15 Filed ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) I find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Caton, M. D. Coroner

1046 [illegible] E. North Ave (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Oct 4 1931

20 UNDERTAKER: Chas. N. Bohman — ADDRESS: 716 N. Carolina St.

OCT 4 - 1931 [illegible]

Spec.—9 30—A. & Co.—250 Bks.

252955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72679

CERTIFICATE OF DEATH

E 72679

1 PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] St.) WARD 14-20

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nannie Smith

(a) RESIDENCE NO. 1617 E Madison ST. WARD Wellhaven Wharf Va.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE Black | 5 Single, Married, Widowed, or Divorced. (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William

6 DATE OF BIRTH (month, day, and year) apr 13/91

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Washing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Aimee Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment Records
(Address)

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 25- , 1931 , to Oct 3 , 1931

that I last saw her alive on Oct 3 , 1931

and that death occurred, on the date stated above, at 2 30 A m.

The CAUSE OF DEATH* was as follows:

(1) Myocarditis, Acute

Uncertain (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Shock

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 9-28-31

Did an operation precede death? No Date of 10-2-31

Was there an autopsy? Yes

What test confirmed diagnosis? Gross Examination

(Signed) Charles McClane M. D.

. 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Williams Wharf Va. DATE OF BURIAL Oct 4 1931

20 UNDERTAKER Chas. H. Johnson ADDRESS 716 N. Carolina

Spec.—9-30—A. & Co.—250 Blks.

E 72630 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 72680

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) Sinai Hospital (St.) Brundich 8-40 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Otto Brundich

(a) RESIDENCE NO. 3114 E. Monument St. (Ward) Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~. (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Brundich

6 DATE OF BIRTH (month, day, and year) Jan 11 1870

7 AGE: Years 61 | Months 8 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Stryker

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Rudolph Brundich

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Bauer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frau Brundich

(Address) 3146 Elmora ave

15 Filed ___, 19 31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 31

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 19 31, to Sept 30, 19 31

that I last saw h[illegible] alive on Sept 30, 19 31

and that death occurred, on the date stated above, at 8.[illegible] p.m.

The CAUSE OF DEATH* was as follows:

Uremia

Cardiac failure (duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Prostatic Hypertrophy (duration) 2-3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) J. E. Boardman M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem DATE OF BURIAL Oct 4th 1931

20 UNDERTAKER Leo D. Cook ADDRESS 1723 Patterson Park ave

Spec.—9-30—A. & Co.—250 Blks.

72681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 72681

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Maud Stanard Ross

(a) RESIDENCE NO. 219 N. Lafayette ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sayle

6 DATE OF BIRTH (month, day, and year): June 2nd 1863

7 AGE: Years: About 68 | Months: 3 | Days: 9 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Art Teacher

(b) General nature of industry, business, or establishment in which employed (or employer): Public Schools

(c) Name of employer: City of Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Rufus Lorman Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country): United States

12 MAIDEN NAME OF MOTHER: ? Monroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ? Virginia

14 Informant (Address): Mrs. A. M. Ross (brother) 3200 Liberty Heights.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 3, 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 25 1931 to Oct 3 1931

that I last saw h[illegible] alive on Oct 3 19 1

and that death occurred, on the date stated above, at 7.21 P. M.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, bilateral

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical evidence

(Signed) Rudolph L. Schork M. D.

19 (Address) Woman's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park | DATE OF BURIAL 19 Oct 5 31

21 UNDERTAKER: Stewart & Co. | ADDRESS: Charles & Lexington

AdCo. 5-31 2500

MANN

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72632

CERTIFICATE OF DEATH

107-E 72632

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St 13-57 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Anna Alice G. Mann

(a) Residence: No. 3802 Hickory Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Mann

7. DATE OF BIRTH (month, day, year) Aug 19, 1869

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	62	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Chas Burkins (d.)

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Parsons (d)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Louis Mann

(Address) 3802 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL

Place N. Marys Cemetery Oct. 5 1931

19. UNDERTAKER Horace F. Bugge

(Address) 3631 Falls Road

20. FILED 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 2, 1931

I last saw h. alive on Oct. 2 1931 death is said to have occurred on the date stated above, at 8 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Bilateral Bronchopneumonia	Sept 4,

Other contributory causes of importance:

HT Failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Inman, M. D.

(Address) Union Memorial Hosp

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72683

CERTIFICATE OF DEATH.

82-01 E 72683

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Frederick Ave ST. 19-28 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Restivo

(a) RESIDENCE NO. 1813 Frederick Ave ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs mos ds. How long in U. S., if of foreign birth? 18 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): Widower.

6a If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Maria

6 DATE OF BIRTH (month, day, and year) Jan 23 1859

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2 8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer: none

9 BIRTHPLACE (City or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: John

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Vanchire

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant (Address): John Restivo (Son) 1813 Frederick Ave.

15 Oct 4 1931 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 28 1931 to Oct 2 1931.
that I last saw him alive on Oct 1 1931.
and that death occurred, on the date stated above, at 8.40A m.
The CAUSE OF DEATH* was as follows:
Cerebral Hemmohrage
(duration) yrs. mos 4 ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) Gilbert Scagnetti, M. D.
19 (Address) 1724 W Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Redeemer Cem

DATE OF BURIAL: Oct 5 1931

UNDERTAKER: H. A. Jones

ADDRESS: 111 S Eden

ABCo 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72684 ✓ E 72684

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 S Eaton St) (Ward) 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos da How long in U.S. If of foreign birth? yrs mos da

2. FULL NAME Charles H Randall

(a) Residence: No. 418 S Eaton St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 6 1931

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
		9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME John E. Randall

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Margut Lushing

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mother

(Address) 418 S Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Oct 5 1931

19. UNDERTAKER Morton W.E. Lippel Inc

(Address) 37 S Amity St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/30 1931 to 10/3 1931

I last saw h— alive on 10/2/31 19 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meo Colitis	9/31

Other contributory causes of importance:

Bronco pneumonia

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C H McConnell, M. D.

(Address) 633 S. Conkling

Spec.—7-17-26—A Co.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 72685

72685

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 628 Hollins St. 19-28 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Dodson,

(a) RESIDENCE NO. 628 Hollins St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 4 mos. 4 da. | (If non-resident give city or town and State) How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Divorced.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Dodson,

6 DATE OF BIRTH (month, day, and year) Oct. 22, 1878

7 AGE	Years	Months	Days	If LESS than 1 day ~~hrs.~~ or ~~min.~~
	52	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping

(c) Name of employer none

9 BIRTHPLACE (city or town) St Mary's Co.

(State or country) Maryland.

PARENTS

10 NAME OF FATHER Jos F. Hayden,

11 BIRTHPLACE OF FATHER (City or town) St Mary's Co. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Sallie Grace.

13 BIRTHPLACE OF MOTHER (city or town) Maryland.

(State or country)

14 Informant Ira H. Williams

(Address) 628 Monument Ave.

15 Filed ..... 19 ..... Registrar

OCT 4 - 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2, 1931. 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931 to Oct. 2nd. 1931.

that I last saw her alive on Oct. 2nd. 1931.

and that death occurred, on the date stated above, at 1:20 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. mos 2 da.

CONTRIBUTORY (Secondary) High Blood Pressure.

(duration) yrs. 6 mos da.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Physical Exam.

(Signed) John A. Norton, M. D.

10/2/31 19 (Address) 888 N. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cem

Date of Burial 10/5 31

20 UNDERTAKER Joyce & Finley Sutton

ADDRESS Fayette

E 72686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72686
REGISTERED NO.

1 PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL) ST. 7-4 WARD

2 FULL NAME Peter A Mercer

(a) RESIDENCE NO. Walkersville Md ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth

6 DATE OF BIRTH (month, day, and year) Aug 29 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): O H O
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Pa

PARENTS
10 NAME OF FATHER Amos mercer
11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa
12 MAIDEN NAME OF MOTHER Jennie (Unknown)
12 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): JOHNS HOPKINS HOSPITAL

15 Filed OCT 4 1931 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1931

17
I HEREBY CERTIFY, That I attended deceased from Aug 29, 1931, to Oct 3, 1931
that I last saw h[illegible] alive on Oct 3, 1931
and that death occurred, on the date stated above, at 11 P m.
The CAUSE OF DEATH* was as follows:
Multiple Abscesses of Kidneys
Generalized Peritonitis

(duration) yrs. mos. 34 ds.

CONTRIBUTORY (Secondary) Furnculosis
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Aug 30 & Sept 30
Was there an autopsy? yes
What test confirmed diagnosis? Exam of Abd. Viscera
(Signed) Glenn Wilson Jeffries M. D.
, 19 (Address) Johns Hopkins Hospital Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodstock
DATE OF BURIAL: Oct 6 1931
20 UNDERTAKER: M L Creager Son
ADDRESS: Thurmont Md

AoCo. 5-31-2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

72687 72687 DEATH

CITY OF BALTIMORE: (No. 1430 N. Patterson Park Ave Ward)

Length of residence in city or town where death occurred 80 yrs 7 mos 13 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Frances Walker

(a) Residence: No. 1430 N. Patterson Park Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No. E 72687.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 20, 1851

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME Wm Henry Walker
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Elizabeth McClarkey
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Mrs John Curley
(Address) 214 Rosedale St. Balto. Md.
18. BURIAL, CREMATION, OR REMOVAL Homeland.
Place Balto. Md. Date 19
19. UNDERTAKER Wm. Pickney Sons
(Address) 1628 Eutaw Ave.
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931 to Oct 3, 1931

I last saw her alive on Oct 3 1931 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	
Bronical Pneumonia (Contributory)	Oct 1/31

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Tyler, M. D.
(Address) 1100 E. Eutaw

AaCo. 5-31 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72688

CERTIFICATE OF DEATH

E 72688

Registered No. E 72688

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5517 Wesley Ave (Ward) 28-64

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julina E. Essenden

(a) Residence: No. 5517 Wesley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of / WIFE of Erwin A Essenden

7. DATE OF BIRTH (month, day, year) July 10, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont.

13. NAME George E Rice

14. BIRTHPLACE (city or town) (State or country) Vermont.

15. MAIDEN NAME Eliza Millett

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT (Address) Mrs. Cora McLaughlin 5517 Wesley Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Oct 5 1931

19. UNDERTAKER (Address) Wm. Richter & Sons Walker & Penna Aves

Filed Oct 5 1931 J. K. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/7/31 to 10/1/31

That I last saw her alive on 10/1/31 and that death is said to have occurred on the date stated above, at 9.50 m

The principal cause of death and related causes of importance were as follows:

1. Hypostatic Pneumonia — Date of onset 9/27/31

2. Fractured Left Femur

(Other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 19

Where did injury occur? Beds Mill (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify? No

(Signed) H. O. Harper M. D.

(Address) 5208 Liberty Ave

AACo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

72689

CERTIFICATE OF DEATH

46 E. 72689

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 Mondawmin St. 13-59 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Cheskes

(a) Residence: No. 2242 Mondawmin St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Essie Cheskes

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Cheskes

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Cheskes
(Address) 2242 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lebanon Date 10-5- 1931

19. UNDERTAKER Isaac Levin Sons
(Address) 1929 E. Baltimore St.

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3/1931

22. I HEREBY CERTIFY, That I attended deceased from 1/1/1926 to 10/3/1931

I last saw h alive on 10/3 1931 death is said to have occurred on the date stated above, at 3:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Chronic Nephritis	
Arterio Sclerosis	
Chronic Myocarditis	

Other contributory causes of importance:
Carcinoma Stomach

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Francheschi, M. D.
(Address) 120 N Eutaw

A&Co. 5-11-1928

E 72690

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72690

CERTIFICATE OF DEATH

Registered No. 118

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2248 Madison ave St. 11-5 Ward)

Length of residence in city or town where death occurred 19 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Joseph Samorodin

(a) Residence: No. 2248 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mr.	W.	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Samorodin

7. DATE OF BIRTH (month, day, year) Jan 8-1878

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
53	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Samuel
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Rachel Bragilsky
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT (Address) John Samorodin 3719 Farrandale ave
18. BURIAL, CREMATION, OR REMOVAL. Date 10/4 1931
Where Chestnut Ridale
19. UNDERTAKER (Address) Jack Levi Inc 1439 E. Baltimore st.
20. FILED Oct 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2. 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29. 1931 to Oct. 2. 1931
I last saw h alive on Oct. 2 1931 Death is said to have occurred on the date stated above, at 3 30 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Pneumonia	9/29/31

Other contributory causes of importance:

Acute Cerebral Dilatation 9/30/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Hoffman M. D.
(Address) 1575 Bentalou st

Typer.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

Balto Md 159

CERTIFICATE OF DEATH

72691 — REGISTERED NO. E 72691

1—PLACE OF DEATH 4904 Belmont Ave 27-56

CITY OF BALTIMORE: (No. ____ ST. ____ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Robert W. Webster

(a) RESIDENCE NO. 4904 Belmont Ave ST. ____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5 ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	S

6 If married, widowed, or divorced HUSBAND of (or) WIFE of 9-28-31

DATE OF BIRTH (month, day, and year) Sept 28 93

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Md

(State or country)

10 NAME OF FATHER Harry C. Webster

11 BIRTHPLACE OF FATHER (city or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER Marie Thompson

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant J. C. Webster

(Address) 4904 Belmont Ave

15 Filed Oct 5, 1931 HAROLD M. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/3/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1931, to Oct 3, 1931, that I last saw h'm alive on Oct 3, 1931 and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Premature Birth (5 ms.)

____ (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) L. Florence, M. D.

10/4/1931 (Address) 1370 Woodbine Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL 10/5/1931

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

AdCo. 5-31 2500

E. 72692 HEALTH DEPARTMENT—CITY OF BALTIMORE 72692

CERTIFICATE OF DEATH

Registered No. 70-123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME John Kramer

(a) Residence: No. 910 S Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W. C.	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. John Kramer

6. DATE OF BIRTH (month, day, year) June 25th 1883

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME John Kramer

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Annie Kraemer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Balto City Hospitals Annie Kraemer
(Address) 910 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cemetery Date Oct 6th 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Oct 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1931, to 10-4, 1931

I last saw h[illegible] alive on 10-4 1931 death is said to have occurred on the date stated above, at 1pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Lawrence [illegible] M. D.

10/5/31 (Address) [illegible]

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

Christie

E 72693

CERTIFICATE OF DEATH

72693

Registered No. 119

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital Ward 4-44)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Evelyn Christes

(a) Residence: No. 1301 Gorsuch Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 23. 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Steven Christes

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME OF MOTHER Helen Byzantes

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 10/6 193?

19. UNDERTAKER Uelcam Cook
(Address) 1217 St Paul St

20. FILED 10 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 3, 1931 to October 4, 1931

I last saw her alive on October 4 1931 death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Acute Enteritis	24 hrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jean Zeger M. D.

(Address) Mercy Hospital

AaCo. 5-31 2500

E 72694

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72694

CERTIFICATE OF DEATH

Registered No. 82-0

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-15 St. Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John P. D. Pope

(a) Residence: No. 1126 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL London Park Cemetery Date 10/6/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 31 to Oct. 3, 1931

I last saw him alive on Oct. 3, 1931 death is said to have occurred on the date stated above, at 8 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis. Cerebral	[illegible]

Other contributory causes of importance:

Embolism, cerebral	1931

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No: If so, specify

(Signed) [illegible] M. D.
(Address) Balto. City Hosp.

Spec.—1-30—M. & T.—250 Bks.

72695

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

E 72695

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary ST. 6-9 WARD)

2-FULL NAME Mary Duvall

(a) RESIDENCE NO. Church Home and Infirmary ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEMALE	WHITE	SINGLE

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86 years			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore, Md
(State or country)

10 NAME OF FATHER Samuel E Duvall

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Jane Mills

13 BIRTHPLACE OF MOTHER (city or town) Balto Md
(State or country)

14 Informant Mrs. Jane W Hutton
(Address) 6 East 24th St. Bald. Md.

15 Filed _____, 19____ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931, to October 3, 1931, that I last saw her alive on October 3, 1931, and that death occurred, on the date stated above, at 12:15 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial pneumonia (terminal)

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchiectasis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical & autopsy

(Signed) Allyn B. Chorite, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemetery	Oct 5 1931
20 UNDERTAKER	ADDRESS
John D. Mitchell & Sons	900 Eutaw Place

AACo. 541 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

72696

CERTIFICATE OF DEATH

46E 72696

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Memorial Hosp. 12-51

CITY OF BALTIMORE: (No. 38 Calvert St. St. Ward)

Length of residence in city or town where death occurred How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mrs. Henry R. Price (Elizabeth)

(a) Residence: No. 2826 Maryland Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Price

DATE OF BIRTH (month, day, year) Jan 2, 1863

AGE 67 Years	Months 9	Days 26	If LESS than 1 day hrs or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis Mo

13. NAME of Mrs Walker

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Cemetery Date Oct 6, 1931

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1200 Eutaw Place

20. FILED OCT 5 1931 19 W.H.L. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1931 to Oct 3, 1931

I last saw he/she alive on Oct 3, 1931 death is said to have occurred on the date stated above, at 6:25 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon with metastasis to peritoneum.	Feb 1931 (?)
Other contributory causes of importance: Peritonitis, generalized	

Name of operation Resection Growth Date of Sept 14

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel McC. Lawhon M.D.

(Address) Union Memorial Hosp

E 72697

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72697

CERTIFICATE OF DEATH

12-4-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 Silver Hill ave ST. 8-6 WARD)

2—FULL NAME George H. Turner

(a) RESIDENCE NO. 2805 Silver Hill ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Isabel Turner

DATE OF BIRTH (month, day, and year) Aug 30. 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Asst Manager

(b) General nature of industry, business, or establishment in which employed (or employer): Littlepage Co.

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER Geo H. Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Eleanor Merryman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Isabel Turner

(Address) 2805 Silver Hill ave

Filed —— 19 —— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1931. to Oct 2. 1931.

that I last saw him alive on Oct 1. 1931

and that death occurred, on the date stated above, at 8. P. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. C. Conner M. D.

19 (Address) 450 S Kiel, Hughes ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Oct 5 1931

20 UNDERTAKER: J. Emil Mitchell & Sons

ADDRESS: 1900 Eutaw

AACo. 5-31 1000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72698

CERTIFICATE OF DEATH

Registered No. E 72698

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 3902 Kate St. 15-63 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Florence Lees

(a) Residence: No. 3902 Kate Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernest E. Lees

7. DATE OF BIRTH (month, day, year) Nov. 887

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	43	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner Twine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

13. NAME Wm. Baird

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rachel Klein

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ernest E. Lees

(Address) 3902 Kate Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 10/5 1931

19. UNDERTAKER Harry S. Switzer

(Address) 4 & E Lemmon and Ave

20. FILED OCT 6 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931 to Oct 3 1931

I last saw h.. alive on Oct 3 1931 death is said to have occurred on the date stated above, at 10 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melanotic Sarcoma	1929
Metastasis to Brain	

Other contributory causes of importance:

Name of operation Removal of Mole Date of ... 1929
Macroscopic

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify No

(Signed) Thomas S. Bonyer M. D.

(Address) 3632 Frederick Ave

93-004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72699

CERTIFICATE OF DEATH.

E 72699
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 331 S. Monroe ST. 14-28 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Wm. Thompson

(a) RESIDENCE NO. 331 S. Monroe ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Sept 12-1863

AGE: Years 68 | Months | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City Works

9 BIRTHPLACE (City or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry Thompson

11 BIRTHPLACE OF FATHER (city or town) Unknown

(State or country)

12 MAIDEN NAME OF MOTHER Bridget Conline

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Ireland

14 Informant (Address) Mrs. M. Timmons 331 S. Monroe St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/2 1931

17 I HEREBY CERTIFY, That I attended deceased from 4/2 , 193 , to 10/2 , 1931 ,

that I last saw him alive on 10/2 , 1931 ,

and that death occurred, on the date stated above, at 4.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Miller, M. D.

, 19 (Address) 2030 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL 10-6-31 19

20 UNDERTAKER: Wm. Ellis & S. Sons — ADDRESS 2512 Wilkens

AaCo. 5-31 2500

72700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 72700

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Teresa Elizabeth Vonnegut

(a) Residence: No. 1541 McHenry Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 5, 1931

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Albert Vonnegut

14. BIRTHPLACE (city or town) (State or country) United States

15. MAIDEN NAME Helen Haug

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mother
(Address) 1541 McHenry Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 5 1931

19. UNDERTAKER Marley, Haley & Sons
(Address) 1227 W. Baltimore St.

20. FILED Oct 5 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1931 to 10-3 1931

I last saw h alive on 10-3 1931 death is said to have occurred on the date stated above, at 8:30 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	
Diarrhoea	

Other contributory causes of importance: Pneumonia, lobular

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jesse A. Carter M. D.

(Address) Union Memorial Hosp.

Spec.—9-30—3. A. Co.—250 M14

HEALTH DEPARTMENT—CITY OF BALTIMORE

72701

CERTIFICATE OF DEATH

✓ 159 E 72701

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 625 N. Kenwood Ave St.) 7-11 WARD)

2 FULL NAME Henry Eckert Jr.

(a) RESIDENCE NO. 625 N. Kenwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 3, 1931

7 AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Henry Eckert

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Theresa M. Mellies

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Henry Eckert

(Address) 625 N. Kenwood Ave

Filed OCT 5 - 1931 CHAS. H. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4. 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 3 1931 to Oct 4 1931

that I last saw h IM alive on Oct 4. 1931

and that death occurred, on the date stated above, at 5. A. M.

The CAUSE OF DEATH* was as follows:

Premature Baby 12 hrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No Date of

Did an operation precede death? No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A. Ellis Edwards M. D.

, 19 (Address) 2746 Clanedabld

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL Oct. 5 1931

20 UNDERTAKER Henry Sonder & Sons, Inc.

ADDRESS Baltimore St 1 Broadway

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72702 ✓ 93 803 E 72702

E 72702

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2714 Hugo Ave.— ST. 9-46 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tom Steineman—

(a) RESIDENCE NO. 2714 Hugo Ave— ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Teresa.

6 DATE OF BIRTH (month, day, and year) May 10 1840

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	4	23.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md—

PARENTS

10 NAME OF FATHER Karl Steinman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Brassldorf Germany

12 MAIDEN NAME OF MOTHER Wilhelina Rottmund.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany—

14 Informant Mr. Aurelia Steinman.

(Address) 2714 Hugo Ave.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/3 1931

17 I HEREBY CERTIFY, That I attended deceased from 9/29/31. 19 . to 10/2/31 . 19 .

that I last saw him alive on 10/3/31 . 19 .

and that death occurred, on the date stated above, at 9.00 P. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis.
Chronic Myocarditis
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchitis
(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Charles Stewart, M. D.

10/3/1931 (Address) 1738 E. 28th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Oct. 1931

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: Fairmont St. & Broadway

Spec.—12-9-25—A Co.—200 Blks

E 72703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001 E 72703

REGISTERED NO. W2640

1-PLACE OF DEATH

City of BALTIMORE: (No. 1408 McCulloh St. 14-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Earline Benson

(a) RESIDENCE NO. 1408 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word):

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 20, 1930

7 AGE — Years: 1 — Months: 15 — Days: 14 — IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Leroy Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tillman S.C.

12 MAIDEN NAME OF MOTHER Josephine Watson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant (Address) Leroy Benson 1408 McCulloh St.

15 Filed ..., 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 4, 1931, that I last saw her alive on Oct 4, 1931, and that death occurred, o the date stated above, at 12:30 P.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Microscopic examination

(Signed) Wm H. Watts, M. D.

, 19 (Address) 928 Lemmon Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — Date of Burial: Oct 5 1931

20 UNDERTAKER: Archibald A. Gaddis — ADDRESS: 1843 McCulloh St

1-20—M. & T.—100 B—50L

72704

HEALTH DEPARTMENT—CITY OF BALTIMORE

49 E 72704

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beatrice Ervin

(a) RESIDENCE NO. 1139 N. Franklin St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Orr.

6 DATE OF BIRTH (month, day, and year) May 29 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	4	4 3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Fannie A Neary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Fannie Dashiell

(Address) 838 Fulton

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2nd 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ovarian Cyst.

(duration) yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical

(Signed) H. Leland Mahool, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Oct 5 1931

20 UNDERTAKER Archibald A. Gribble

ADDRESS 1841 W. Baltimore St.

E. HAMILTON JONES, M. D.
10-5-1931

pec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72705 ~~72705~~

CERTIFICATE OF DEATH.

161 ~~72705~~

72705

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Harlem Ave St. 16-23 WARD)

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Jackson

(a) RESIDENCE NO. 1526 Harlem ave ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Negro	Single

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) Oct. 1, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Florence Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Florence Jackson
(Address) 1526 Harlem Ave.

15 Filed OCT 5 1931 C. HAMPTON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1931, to Oct. 3rd, 1931, that I last saw him alive on Oct. 3rd, 1931, and that death occurred, on the date stated above, at 11:00 Pm.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of Newborn

(duration) ___ yrs. ___ mos ___ ds.

CONTRIBUTORY (Secondary)
(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? ____

(Signed) Wyke M Faw, M. D.

10/3 1931 (Address) University Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cem.

DATE OF BURIAL 10-5 1931

20 UNDERTAKER Thomas C. Kelson

ADDRESS 1303 Pennsylvania Ave

Spmc.-7-17-26—A Co.—200 Blks.

E 72706

HEALTH DEPARTMENT—CITY OF BALTIMORE

Lawrence

V93-003

E 72706

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 Smithson St. 14-20 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Henry Lawrence

(a) RESIDENCE NO. 608 Smithson St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 Color or Race colored

5 Single, Married, Widowed, or Divorced. (write the word) married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Lawrence

6 DATE OF BIRTH (month, day, and year) Jan 25-1874

7 AGE Years 57 Months 9 Days 8

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St Marys Co Md

(State or country)

PARENTS

10 NAME OF FATHER Joseph Lawrence

11 BIRTHPLACE OF FATHER (City or town) St Marys Co Md

(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) St Marys Co Md

14 Informant Thomas Lawrence

(Address) 608 Smithson St

15 Filed . 19 H. C. HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-3 1931

17 I HEREBY CERTIFY, That I attended deceased from 9-25 1931 to 10-3 1931

that I last saw him alive on 10-3 1931

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. 2 mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Method Error

(Signed) W. Atwell Jones, M. D.

. 19 (Address) 11 L & Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

Date of Burial 10/6 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1393 Presstman St

AaCo. 5-31 2500

72707 HEALTH DEPARTMENT—CITY OF BALTIMORE 72707

CERTIFICATE OF DEATH

Registered No. 95

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Fowler

(a) Residence: No. 729 W. Henry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Fowler

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

13. NAME Jacob or Boyd

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret King

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Robt L. Arnold (Address) 226 W. Wenmore Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 6, 1931

19. UNDERTAKER Jas Joerdens & Son (Address) 217 S. Eutaw

20. FILED ..., 19... CHAMPE JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1931, to 10-3, 1931

I last saw h-e alive on 10-3, 1931 death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Arteriosclerotic Cardiovascular Disease Complete Prolapse of Uterus	Long time

Other contributory causes of importance:

Bronchio-pneumonia	10 da

Name of operation None Date of

What test confirmed diagnosis? Clinical Was case investigated by autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. Who, specify

(Signed) Hilda E. Kuhl, M. D.

(Address) Baltimore Hospitals

per—1-30—M. & T.—250 Blks

E 72708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72708

CERTIFICATE OF DEATH.

120

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (NO. 224 N. Carey ST. 19-76 WARD)

2-FULL NAME Ida Wright

(a) RESIDENCE NO. 224 N. Carey St ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	col.	Widow

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Charles Wright

DATE OF BIRTH (month, day, and year) 1 Dec 77

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs or ___ min.
	54		1	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Nil 087
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Idem Nil

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

Informant Ruth Turpin
(Address) 224 N. Carey St.

Filed _____, 19__ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2 Oct. 31.

17 I HEREBY CERTIFY, That I attended deceased from 2 Oct. 19 31. to _____ 19__
that I last saw he/she alive on 1 Oct. 19 31.
and that death occurred, on the date stated above, at 1.10 a. m.

The CAUSE OF DEATH* was as follows:
Acute Intestinal indigestion
Several (?) hours (duration) ___ yrs. ___ mos. ___ ds.
CONTRIBUTORY (Secondary) Heart Failure about an hour (?) (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Baltimore Md.
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?
(Signed) S. Mayfield Boyle M. D.
Oct 31 (Address) 1019 W Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem
DATE OF BURIAL Oct 5 19 31
20 UNDERTAKER Robert W. Williams 15-15 W Mt Royal Ave
ADDRESS

15 - 1931 HAMPSON JONES, M.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72709 — 93-0 E 72709 — Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 E. 41st. Street St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs 9 mos 17 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Florence G. Clark

(a) Residence: No. 724 E.41st.Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Exum B.Clark

7. DATE OF BIRTH (month, day, year) 12-18-1849

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	82	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 831

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore,Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Exum B.Clark,Jr.

(Address) 724 E.41st Street

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. 10-6 1931.

19. UNDERTAKER Albert J. Hulk

(Address) 1424 E. Baltimore Street

FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Oct 4 1931.

I last saw h w alive on Oct 2 1931 death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1926.
Other contributory causes of importance:	
Senile dementia Edema	Oct 1.31

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent? No If yes, specify

(Signed) Paul A. Mitchell M. D.

(Address) 1117 Linden Ave

Spec.—9-26—A. A Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

C 72710 — 131 E 72710

REGISTERED NO.

1 PLACE OF DEATH — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 104 W. Lee — 22-30

2 FULL NAME Emma Fagen

(a) RESIDENCE NO. 104 W. Lee — ST. — WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 5 mos. 4 ds. — How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hugh E. Fagen

6 DATE OF BIRTH (month, day, and year) Apr. 28, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	88	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: John H. Hanson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Mary MacKenzie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Interment — (Address): Miss Minnie Fagen, 104 W. Lee St.

15 Filed ___ 19___ — C. HAMPTON JONES, M. D. — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2, 1931.

17 I HEREBY CERTIFY, That I attended deceased from Sept 24 th, 1931, to Oct 2 nd, 1931

that I last saw h[illegible] alive on Oct 2 nd, 1931

and that death occurred, on the date stated above, at 6.28 p. m.

The CAUSE OF DEATH* was as follows:

Chronic intestinal nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Uraemia

(duration) — yrs. — mos. 4 ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Harry Weinel M. D.

10/4, 1931 (Address) 1324-26 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Oct 5 1931

20 UNDERTAKER: John Gp. Denny — ADDRESS: 715 Light

3-36—M. & T.—100 B—581.

7271E

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7271E

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 21-29 WARD)

2. FULL NAME James F. Hardy

(a) RESIDENCE NO 903 Burgundy ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

(Length of residence in city or town where death occurred 52 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Hardy

6 DATE OF BIRTH (month, day, and year) May 25, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Benjamin Hardy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary J. Ambrose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va.

14 Informant Philip S. Ambrose
(Address) 1653 E. 25th St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 2, 1931.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracturd Spine
Fractured Ribs.
Accidental Death.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? B & O. R. R. Camden St

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feller M. D. (Coroner)

10/5. 1931. (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state 1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL Oct 6 1931

20 UNDERTAKER John T Denny

ADDRESS 915 Lisbon St

A&Co. 5-31 2500

72712 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 72712

CERTIFICATE OF DEATH

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2601 Hamilton Ave) (Ward) 17-51

Length of residence in city or town where death occurred 0 yrs 6 mos 7 ds How long in U.S. If of foreign birth? 0 yrs 6 mos 7 ds

2. FULL NAME Lillian Le Ruby

(a) Residence: No. 2601 Hamilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	0	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant D.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Mildred L. Ruby
14. BIRTHPLACE (city or town) (State or country) Hampstead Md.
15. MAIDEN NAME Virginia M. Baker
16. BIRTHPLACE (city or town) (State or country) Washington D.C.
17. INFORMANT Virginia M. Baker (mother)
(Address) 2601 Hamilton Ave
18. BURIAL, CREMATION, OR REMOVAL. Place Hampstead Md. Date Oct 6th 1931
19. UNDERTAKER Walter Davis
(Address) 1300 Eastern Ave
20. FILED Oct 5 1931 C. Edward Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29 1931 to Oct. 4 1931

I last saw h alive on Oct. 4 1931 death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro - Intestinal upset.	Sept. 29.
Lecthing	
(Other contributory causes of importance) Convulsions.	Oct. 4.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. L. Marr M.D.

(Address) 516 Cathedral

Spec.—0 30—A. & Co.—250 Blks

2713

HEALTH DEPARTMENT—CITY OF BALTIMORE

92 - L 72713

CERTIFICATE OF DEATH

1 PLACE OF DEATH Hebrew Home for Aged & Infirm REGISTERED NO. 27454

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bernard Coller

(a) RESIDENCE NO. Belvedere & Greenspring Aves. (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None Retired Painter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Jacob Moses

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Sigmund Packlan
(Address): Belvedere & Greenspring

15 Filed Oct 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4, 1931

17
I HEREBY CERTIFY, That I attended deceased from 8-24, 19 31, to Oct 4, 19 31

that I last saw h[im] alive on 10-4, 19 31

and that death occurred, on the date stated above, at 6.45 P. M.

The CAUSE OF DEATH* was as follows:

Ch. cerebral calculus, disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Edmund Level M. D.

Oct 4, 19 31 (Address) Rosedale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Rosedale

DATE OF BURIAL: Oct 5 1931

20 UNDERTAKER: Sol Levinson & Bro

ADDRESS 1127 E Balto St

Coe.—10-18-29—A Co.—100 Blks.

72714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 72714

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 682 W. Mulberry St. 17-25 Ward)

2-FULL NAME Catherine Smith White

(a) RESIDENCE NO. 682 W. Mulberry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Alphonso White

6 DATE OF BIRTH (month, day, and year) Feb 4 - 1904

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	27	7	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Randolph Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Estella Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Lulu Smith 955 Burrows Place

15 Filed [illegible] 19[illegible] [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What lest confirmed diagnosis?

(Signed) Augusta Fillers M. D.

10/3. 1931. (Address) 1739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Oct 5, 1931

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3227 Edmondson Ave

30—M. & T.—100 B—50L.

E 72715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72715

93-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 22-30 WARD)

2-FULL NAME Joseph Verdir

(a) RESIDENCE NO. Friendly Inn ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant City Hosp

(Address)

15 Filed ____, 192__ ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) P. O'Hergy md Coroner, M. D.

Oct 2, 1931 (Address) 1305 n Patterson Park.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL OCT 5 1931

20 UNDERTAKER [redacted] Health.

ADDRESS

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 ✓

E 72716

E 72716

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Pier 4 Pratt St. 4-6 Ward)

2-FULL NAME John Pennington

(a) RESIDENCE NO. Unknown Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Mal	Colored	-

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
55?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Unknown

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or
(State or country)

14 Informant
(Address)

15 Filed Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Accidental drowning

(duration) Instantaneous

CONTRIBUTORY (Secondary) fell over Bucket of water (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pier 4 Pratt

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.

9/29/30 (Address) 700 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL OCT 5 - 1931

20 UNDERTAKER [redacted]

ADDRESS

Cor.—10-16-29—A Co.—100 Blks.

E 72717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 72717.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 18 Ward)

2-FULL NAME Charles Davis

(a) RESIDENCE NO. 765 W. Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	?

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant JOHNS HOPKINS HOSPITAL
(Address)

15 Filed ..... 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry)
thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Apoplexy.

(duration) yrs. mos. da.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Eugene Feller, M. D.
10/1, 1931. (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL OCT 5 - 1931 19

20 UNDERTAKER Health.

ADDRESS

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

Angelis

E 72718

CERTIFICATE OF DEATH

E 72718

Registered .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital St. 5-1-26 Ward)

Length of residence in city or town where death occurred 0 yrs 8 mos 20 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Rena De Angelis

(a) Residence: No. 2629 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 17, 1931

8. AGE: Years 0 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph De Angelis

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Daisy De Angelo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Joseph De Angelis 2629 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 10/3/31

19. UNDERTAKER (Address) Keith Funeral Home 1413 Harford Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1931, to Oct 3, 1931

I last saw h[illegible] alive on Oct 3, 1931 death is said to have occurred on the date stated above, at 7 5 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	9/1/31
Other contributory causes of importance: Bronchopulmonia	9/19/31

Name of operation none Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Peter Mercuglio M. D.

(Address) Lydenham Hospital

Spec.—1-12-29—M&T—500 Blks.

72719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5 B 72719

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2554 W Lanvale ST. (WARD) 10-69

2-FULL NAME Margaretta Riehl

(a) RESIDENCE NO. 2054 W Lanvale ST.

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs 9 mos 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 20-1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	9	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Joseph Riehl

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Catherine Cooke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant (Address): Mrs. Elizabeth Jenisk. 2554 W Lanvale St

15 Filed 1931 RAYFORD J. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4- 1931.

17 I HEREBY CERTIFY, That I attended deceased from February 1. 1931. to Oct 4 1931;
that I last saw h alive on Oct 3 1931
and that death occurred, on the date stated above, at 7a m

The CAUSE OF DEATH* was as follows:

Carcinoma of
left eye & adnexa

(duration) yrs 9 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Robert C Nitch M. D.

10/4/31 (Address) 2157 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery. DATE OF BURIAL: Oct. 6- 1931.

20 UNDERTAKER: Charles J. Schwab. ADDRESS: 505 N Mano St.

2-30—W. & T.—100 M—10L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72720

8 2 E 001 72720

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 E. Lombard ST. 2-4 WARD)

2-FULL NAME GEORGE W. Sermons

(a) RESIDENCE NO 1837 E. Lombard ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Sermons

6 DATE OF BIRTH (month, day, and year) May 8, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	81	4	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 19 years
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant Mrs. Louise Sermons (Wife)
(Address) 1837 E. Lombard St.

15 Filed . 192 Registrar

1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 3, 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) B Poterzog M.D. Coroner, M. D.

Oct 5, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Oct. 6. 1931

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway.

Spicer—9-30—A. A. Co.—250 Blks

Clarence White ✓

72721 HEALTH DEPARTMENT—CITY OF BALTIMORE 34 E 72721

CERTIFICATE OF DEATH

REGISTERED No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Saint Joseph Hospital ST. 22-31 WARD)

2 FULL NAME Clarence White

(a) RESIDENCE No. 706 - South Charles ST. WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in this or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Sup Known

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Known

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Not Known
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Not Known

PARENTS
10 NAME OF FATHER Not Known
11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known
12 MAIDEN NAME OF MOTHER Not Known
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Hospital Records

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 3, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1931, to October 3, 1931
that I last saw him alive on October 3, 1931
and that death occurred, on the date stated above, at 7.55 P. M.
The CAUSE OF DEATH* was as follows:

Lung Carcinomatosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known
Did an operation precede death? Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Pathology
(Signed) M B Hendrix, M. D.
19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL OCT 5 - 1931

20 UNDERTAKER Not Known

ADDRESS

JAMES C. FLAMPSON JANUARY 15 1931

AdCo. 1-31 1000

HEALTH DEPARTMENT CITY OF BALTIMORE

72782 — CERTIFICATE OF DEATH — 131E 72782

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 14-20 Ward)

Length of residence in city or town where death occurred 25 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edward Campbell

(a) Residence: No. 1300 Bruce St., ____ Ward. (If non resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	61	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Virginia (V.)
13. NAME Edward Campbell
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Vila Smith
16. BIRTHPLACE (city or town) (State or country) Virginia
17. INFORMANT Patient
(Address) [redacted]
18. BURIAL [redacted]
Place ____ 19____
19. UNDERTAKER JOHNS HOPKINS HOSPITAL
(Address) ____
20. FILED 1931 C. BAMPSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 1. 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1931 to Oct. 1. 1931

I last saw h[illegible] alive on Oct. 1. 1931 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac Vascular Renal disease Various organs of Leg.	Unknown

Other contributory causes of importance:

Bronchopneumonia	9-29-31

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Luther E. Little M. D.
(Address) Baltimore City Hospitals

E 72723

72723

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1702 Poplar Grove WARD 67

2-FULL NAME Paul L Ward

(a) RESIDENCE NO. 1702 Poplar Grove ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl P. Ward

6 DATE OF BIRTH (month, day, and year) June 19-1882

7 AGE Years 49 Months 6 Days 15 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work 045 Ret'd R'Road Pro

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Goldsboro N.C.

PARENTS

10 NAME OF FATHER Jno W. Ward

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Matthews

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Pearl P. Ward

(Address) 1702 Poplar Grove

15 Filed Oct 1 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or neither) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency 6 yrs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Steuart Coroner, M. D.

, 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cem.

DATE OF BURIAL Oct 6 1931

20 UNDERTAKER Geo. W. Little & Co.

ADDRESS 1701 Edmondson

Spec.—9-30—A. & Co.—250 Blks.

2724 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72724

CERTIFICATE OF DEATH

50

1 PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 15-East (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Minnie Wolf

(a) RESIDENCE NO. 1805 N. Bentalow (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

6a If married, widowed, or divorced (or) WIFE of Wm. Wolf.

6 DATE OF BIRTH (month, day, and year) July 4 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Georgia

PARENTS

10 NAME OF FATHER Henry Adler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline Bronheimer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment (Address) Wm Wolf 1805 Bentalow St

15 Filed 1931 — 19 — Dat — FRAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-4-31

17 I HEREBY CERTIFY, That I attended deceased from 6-16-31, 19, to 10-4-31, 19, that I last saw h er alive on 10-4-31, 19, and that death occurred, on the date stated above, at 8.10P. m.

The CAUSE OF DEATH* was as follows: Respiratory failure following convalescence from operation for scirrhus infiltrating carcinoma

(duration) yrs. 4 mos. 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Radical Breast

Did an operation precede death? Yes Date of 6-23-31

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam.

(Signed) Robt Oliver M. D.

19 (Address) St. Agnes Hospital.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cemetery — DATE OF BURIAL: Oct 6/ 1931

20 UNDERTAKER: J A Rimmer — ADDRESS: 2403 Rc... E. ... Co... Md

Spar.—9-30—A. & Co.—250 Blks

72725

253027 Surg.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 72725

REGISTERED NO.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 14-20 ST. WARD)

2 FULL NAME Jane Watkins

(a) RESIDENCE NO. 1639 Division St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 If single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE: Years 50; Months; Days; If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER George Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Annie Nettington

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Interment (Address): Records. JOHNS HOPKINS HOSPITAL

15 Filed 1931 By C. HAMPSON JONES, M. D. Registrar No. 1771

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 28, 1931, to Oct. 3, 1931

that I last saw her alive on Oct. 3, 1931

and that death occurred, on the date stated above, at 1:20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Cecum

(duration) ? yrs. 3 mos. ? ds.

CONTRIBUTORY (Secondary) Intestinal obstruction, Bronchopneumonia (duration) yrs. 2 mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 28, 1931

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hall Creek Cem — DATE OF BURIAL: 10-5 1931

20 UNDERTAKER: Thomas C. Kelson — ADDRESS: 1303 Pennsylvania Ave

...ec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72726

72726

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4029 Greenmount Ave (Street) 9-47 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles J Fitzpatrick

(a) RESIDENCE No. 4029 Greenmount Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mal	White	Married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Martha Fitzpatrick

7 DATE OF BIRTH (month, day, and year) Aug 4, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Thomas Fitzpatrick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Elizabeth Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Martha Fitzpatrick (Address) 4029 Greenmount Ave

15 Filed 1931 Registrar

C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1931, to Oct 4, 1931, that I last saw him alive on Oct 4, 1931, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Ch Myocarditis, Chr Ad Nephritis, Arteriosclerosis, High Blood Pressure

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acut cardiac dilatation (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) D. S. Brack M. D.

(Address) 501 Shenandoah Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet — DATE OF BURIAL Oct 6 1931

20 UNDERTAKER J Vernon Keehner — ADDRESS 532 Hollins

Spec.—9-30—A. & Co.—250 Blks

72727 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 72727

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General St. Hospital

2. FULL NAME Leroy Campbell

(a) RESIDENCE NO. 1427 Poplar Grove St. WARD (If non-resident give city or town and state)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced, (write the word): widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estelle B. Mildred Campbell

6. DATE OF BIRTH (month, day, and year) June 26, 1896

7. AGE: Years 35 Months 3 Days 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10. NAME OF FATHER Edward Campbell

11. BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12. MAIDEN NAME OF MOTHER Mary A. Jones

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14. Informant (Address) Mrs. E. Fowler Ridgeley Ave. Catonsville

15. Filed 1931, 19 Sept 24 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Oct. 4-31

17. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 19 31, to Oct. 4, 19 31

that deceased was last seen alive on Oct. 4, 19 31

and that death occurred, on the date stated above, at 7:25 P.M.

The CAUSE OF DEATH* was as follows:

Bilateral Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory & T

(Signed) Philip F. Larsen M. D.

19 (Address) West Balto Gen. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk. DATE OF BURIAL: 10/7 19 31

20. UNDERTAKER: Harry T. Nitzke 1101 Edmondson Ave.

6. ADDRESS

30—M & T.—100 B—50L

E 72728

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72728

CERTIFICATE OF DEATH

95

REGISTERED NO. 902

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2176 Hollins ST. 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME William H. Schaefer, Sr.

(a) RESIDENCE NO 2176 Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora K. Schaefer

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	I	I7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sheet Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer): ----------
(c) Name of employer: ----------

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William H. Schaefer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Christina Pfeiffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Dora K. Schaefer

(Address) 2176 Hollins St.

15 Filed ... 193 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 3rd. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-renal Disease (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic eczema (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical signs

(Signed) Guy N. Cromwell Coroner, M. D.

10/5, 1931 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loretto Cemetery — DATE OF BURIAL: Oct. 6 1931

20 UNDERTAKER: Harry H. Lentz & Co — ADDRESS: 4101 Edmondson Ave

1931 C. HAMPSON JONES, M. D.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72729

210-001 ✓

E 72729

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp (St.) 16-67 (WARD)

2-FULL NAME Karl Knoke

(a) RESIDENCE NO 777 Grantley ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hermine Knoke

6 DATE OF BIRTH (month, day, and year) Dec-9-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer — Painter

9 BIRTHPLACE (City or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Karl Knoke

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER not known

12 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Mrs. Hermine Knoke

(Address) 777 Grantley Ste

15 Filed 1931 Registrar

1021 C. HAMPSON JONES M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

While Crossing street was struck & knocked down by moving auto

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Shock (duration) yrs. mos. ds.

Fract Fibra & Tibula L

18 Where was disease contracted if not at place of death? Edmondson Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

10/5, 1931 (Signed) D. J. Frame Coroner, M. D.

(Address) 2939 W. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Loudon Park — DATE OF BURIAL Oct. 6 1931

20 UNDERTAKER Harry H. Lilly Co. — ADDRESS 4101 Edmondson Ave

AACo. 5-31 2500

72730

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72730

CERTIFICATE OF DEATH

128

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward McKillip

(a) Residence: No. 126 N. Schroder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...le	White	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace

7. DATE OF BIRTH (month, day, year) June 25, 1879

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	52	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Stanford N.Y.

13. NAME John McKillip

14. BIRTHPLACE (city or town) (State or country) Halifax ?

15. MAIDEN NAME Agnes Burr

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Stanford N.Y. Date Oct 5 1931

19. UNDERTAKER John C. Fuller

(Address) 2435 E. Lanvale St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1931 to Oct. 2, 1931

I last saw h... im alive on Oct. 2, 1931 death is said to have occurred on the date stated above, at 7:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatitis with Biliary Obstruction	6 wks

Other contributory causes of importance:

Bronchopneumonia	5 da

Name of operation Cholecystoduodenostomy Date of 9-23-31

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lucien E. Lucia M. D.

(Address) Balto City Hospitals

pec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72731

CERTIFICATE OF DEATH.

131 E 72731

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2718 Edmondson Ave. ST. 16-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward A.Hammen,

(a) RESIDENCE NO. 2718 Edmondson Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of Blanche A.Hammen,

DATE OF BIRTH (month, day, and year) April 30,1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Motorman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.R.R.Co.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John A.Hammen,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret G.Ostendorf,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Blanche A Hammen (Address) 2718 Edmondson Ave

15 Filed — — 1931 19 HAMPTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 5 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Oct 5 1931, that I last saw h alive on Oct 5, 1931, and that death occurred, on the date stated above, at 1130 A m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency

(Chronic) Interstitial Nephritis (duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypertension Cardio (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sign + Symptoms

(Signed) H. Hilberg M. D.

(Address) 817 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL OCT 8, 1931

20 UNDERTAKER Geo R Little

ADDRESS 2700 EDMONDSON Ave

Spec.—0 30—A. A. Co.—250 Blks.

25299b

72732

HEALTH DEPARTMENT—CITY OF BALTIMORE

72732

13-802

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Johns Hopkins Hospital ST. 12-51 WARD

CITY OF BALTIMORE: (No.)

2 FULL NAME Ida Fletcher

(a) RESIDENCE NO. 2500 Mace ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Black | 5 Single, Married, Widowed, or Divorced. (Write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 13 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Arthur Fletcher

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER Ethel Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records Johns Hopkins Hospital

15 Filed 10-6 1931 Registrar HC

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 26 1931 to Oct 3 1931

that I last saw her alive on Oct 3 1931

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Bacillary Dysentery (duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Hosp

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(signed) H. C. Gordinier M. D.

10/3 1931 (Address) Johns Hopkins Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem

DATE OF BURIAL: Oct 6 1931

20 UNDERTAKER: Samuel Hemsley

ADDRESS: Middle

1-30—M. & T.—100 B—50L

E 72733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

E 72733
REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 S Conkling ST. 26-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Fortschbeck

(a) RESIDENCE NO 909 S. Conkling ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Fortschbeck

6 DATE OF BIRTH (month, day, and year) Oct 11 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	68	11	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Fortschbeck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant John H Fortschbeck
(Address) 909 S Conkling St

15 Filed ____, 192__ ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. P. Sturgis M.D. M. D. Coroner

Oct 6, 1931 (Address) 1268 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL David Thew & Sons

DATE OF BURIAL Oct 7 1931

20 UNDERTAKER Tully & Talbot

ADDRESS 463 W Fay

Spec.—1-30—M.A.T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72734

CERTIFICATE OF DEATH.

92 E 72734

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor ST. 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barbara Lang

(a) RESIDENCE NO. 1200 Valley ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of or) WIFE of

DATE OF BIRTH (month, day, and year) July 15-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Jacob Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaret.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Little Sisters of the Poor (Address) 1200 Valley St Baltimore Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 21 1931 to Oct 4th 1931

that I last saw her alive on Oct 3rd 1931

and that death occurred, on the date stated above, at 6.45 a m.

The CAUSE OF DEATH* was as follows:

Chr. Endocarditis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arthritis

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam

(Signed) L. McCarthy, M. D.

10/6/1931 (Address) 1114 Hollins St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 7 1931

20 UNDERTAKER Ruhl Wiedefeld

ADDRESS 1114 Fremont Ave

30—M & T—100 B—50L

E 72735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

E 72735

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. WARD) 23-32

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Arthur C. Elder Jr.

(a) RESIDENCE NO. 1734 S. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs 6 mos 19 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) March 14, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	8	6	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Arthur C. Elder Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Minnie M. Smith.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Minnie M. Elder. (mother)

(Address) 1734 S. Charles St.

15 Filed OCT 6 1931 H. LAWSON JONES, M. D. Registrar

16 DATE OF DEATH (month, day, and year) October 3, 1931

CORONER'S CERTIFICATE OF DEATH

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? 1734 S. Charles St. October 8, 1931

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D. Coroner

10/6, 1931 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mathews Cem. DATE OF BURIAL: Oct 6 1931

20 UNDERTAKER: Wagner & Sons ADDRESS: 1422 Light St.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72736

E 72736

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of Baltimore: (No. University Hospital St. 4-30 Ward)

2 FULL NAME Cecil C. Hullinger

(a) RESIDENCE NO. Gray Gables - Eastport, Ward M. 4.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Hullinger

6 DATE OF BIRTH (month, day, and year) May 29 - 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	4	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Delaware Friendship

9 BIRTHPLACE (city or town) Okla.
(State or country)

PARENTS

10 NAME OF FATHER Frank W Hullinger

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Caldwell

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Edith Hullinger
(Address) Gray Gables Eastport Md

15 Filed 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Uraemia Secondary

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Argyle Talbot M. D.

10/5. 1931 (Address) 239 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Heights

DATE OF BURIAL Oct 6 1931

ADDRESS 1136

20 UNDERTAKER H C Brannigan Sons Baltimore

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE E 72737

72737

CERTIFICATE OF DEATH

Registered No. 227-002

1. PLACE OF DEATH Good Shepherd General Hospital
CITY OF BALTIMORE: (No. 1512 Gilmor St.) 14-20 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Harris
(a) Residence: No. 1415 Druid Hill St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Daisy Harris

7. DATE OF BIRTH (month, day and year) Oct 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Ellis Co. Miss
13. NAME OF FATHER Unknown
14. BIRTHPLACE (City or town) (State or country) Unknown
15. MAIDEN NAME OF MOTHER Unknown
16. BIRTHPLACE (City or town) (State or country) Unknown
17. INFORMANT Daisy Harris
(Address) 1530 Druid Hill
18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Oct 6 1931
Place
19. UNDERTAKER Raymond H. Hennessey
(Address) 525 N. Eutaw St.
20. FILED Oct 6 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3/31 19
22. I HEREBY CERTIFY, That I attended deceased from May 24 1931 to Oct 3 1931
I last saw him alive on Oct 3 1931 death is said to have occurred on the date stated above, at 10 am
The principal cause of death and related causes of importance were as follows:
Tuberculous Abscess of Hip Joint
Date of onset 5/27/31

Other contributory causes of importance:
Rheumatism

Name of operation: Incision + Drain Date of 6/8/31
What test confirmed diagnosis? C Cancel Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Boyd Jr M. D.
(Address) 1512 Gilmor

Spec.—9-30—A. & Co.—250 Blks

D. Waldron 210 E Preston St. Ver 5600 9 a.m.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2738 CERTIFICATE OF DEATH V 106-082 E 72738

1. PLACE OF DEATH

CITY OF BALTIMORE (a) No. 3204 Garrison Boulevard

2. FULL NAME Charlotte A. Hall

(a) RESIDENCE NO. 3204 Garrison Blvd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 22nd 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9. BIRTHPLACE (city or town) (State or country): New York N.Y.

PARENTS

10. NAME OF FATHER: Wm Hall
11. BIRTHPLACE OF FATHER (city or town) (State or country): New Hampshire
12. MAIDEN NAME OF MOTHER: Catharine Myers
13. BIRTHPLACE OF MOTHER (city or town) (State or country): New York N.Y.

14. Informant (Address): Mary Neugenbauer 3204 Garrison Blvd

15. Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): Oct 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 24th 19 31 to Octobr 5th 19 31
That I last saw h-r alive on Octobr 4th 19 31
and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:
Gastritis and Chronic — Bronchitis

(duration) 4 yrs. 4 mos. 1 ds.

CONTRIBUTORY (Secondary): Arthritis Deformans.
Hyp 1811 (duration) 5 yrs. mos. ds.

18. Where was disease contracted if not at place of death? At Home
Did no operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) D. A. Waldron M. D.
10-8-19 31 (Address) 210 East Preston St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Norfolk Va Cemetery — DATE OF BURIAL: 10/6/1931

20. UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72739 E 72739

72739
1-PLACE OF DEATH

19-28 1801

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. WARD)

2-FULL NAME Charles L. Rollins

(a) RESIDENCE No 1822 Dover ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Rollins

6 DATE OF BIRTH (month, day, and year) Sept.18,1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	76	0	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) -----
(c) Name of employer ------

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER David Rollins

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs.Rose Rollins
(Address) 1814 Raynor Ave.

15 Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct.5th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Accidental fall down stairway

(duration) Stat yrs mos ds

CONTRIBUTORY (Secondary) ----------
(duration) yrs mos ds

18 Where was disease contracted if not at place of death? At home
Did an operation precede death? No Date of ----
Was there an autopsy? No
What test confirmed diagnosis? Physical signs

(Signed) Guy N. Eglemeier M. D.
Coroner
10/5/31 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery
DATE OF BURIAL 10/7/1931
UNDERTAKER Wm Cook
ADDRESS 1217 St Paul st

OCT - 1931 MAMIE JONES, M.

E 72740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 72740

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1521 Denver St. Ward) 7-32

2-FULL NAME Sarah Frances Kidwell

(a) RESIDENCE NO. 1521 Denver St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 If single, Married, Widowed, or Divorced, (write the word): widow

6 If married, widowed, or divorced WIFE of: James I Kidwell

7 DATE OF BIRTH (month, day, and year): Sept 24 1859

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72	0	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

10 NAME OF FATHER: George F Fonty

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Mary Gable

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Maryland

PARENTS

14 Informant (Address): Joseph F Kidwell 1521 Denver St

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 5th. 19 37

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1/30 19 37, to Oct 5, 19 37, that I last saw her alive on Oct 5, 19 37, and that death occurred, on the date stated above, at 5 15 P.M.

The CAUSE OF DEATH* was as follows:

Nephritis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Asthma & Bronchitis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted (If not at place of death)

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic exam

(Signed) from Blood Scott M. D.

, 19 (Address) 523 Scott St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cem — Date of Burial: 10/7 1937

20 UNDERTAKER: Luciani Cork — ADDRESS: 1617 St Paul

...c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72741

CERTIFICATE OF DEATH

131 E 72741

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Bond ST., 8-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Elizabeth Crate

(a) RESIDENCE NO. 1112 N. Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug. 1, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md.

10 NAME OF FATHER Fred. J. Crate

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Fannie E. Goosom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Isabel Williams
(Address) 1112 N. Bond St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 5, 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1931, to Oct. 5, 1931, that I last saw h[illegible] alive on Oct. 4, 1931 and that death occurred, on the date stated above, at 10 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(duration) yrs. 1 mos. 19 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis - Arterio-sclerosis

(duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Evidence

(Signed) Geo. B. Gilbert, M. D.

19 (Address) 2902 Harford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	10/8/1931
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Spec.—8-24-14—M. & T.—2000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72742

CERTIFICATE OF DEATH.

REGISTERED No. C 92 E 72742

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 David Hillen St. Ward 17-25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Samuel J. Ingues

(Residence in Baltimore: No. 1022 David Hillen St. St.; ....yrs. ....mos. ....ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: Colored

SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.): Married

6-DATE OF BIRTH: March (Month) 25 (Day), 1874 (Year)

7-AGE: 57 yrs. 7 mos. ... ds.

If LESS than 1 day, ...hrs. or ....min.!

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Maryland

PARENTS.

10-NAME OF FATHER: Louis Ingues

11-BIRTHPLACE OF FATHER (State or Country): Maryland

12-MAIDEN NAME OF MOTHER: Saml Z.

13-BIRTHPLACE OF MOTHER (State or Country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Estella Ingues (Wife)

(Address) 1022 David Hillen St.

15-

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 4 (Day), 1931 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept 12 1931, to Oct 4 1931, that I saw h.. alive on Oct 4 1931, and that death occurred, on the date stated above, at 10.30 p.m.

The CAUSE OF DEATH* was as follows:

Cardiac Renal Calculus

(Duration) ....yrs. ....mos. 21 ds.

CONTRIBITORY (Secondary) Chronic Nephritis

(Duration) ....yrs. ....mos. 21 ds.

(Signed) Charles V. Howlett M. D.

Oct 7, 1931 (Address) 712 S. Wash. Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL, Oct 8 ..., 1931.

20-UNDERTAKER: Mrs Katie R Williams

ADDRESS 322 S Schroeder St

E 72743

HEALTH DEPARTMENT—CITY OF BALTIMORE E 72743

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 509 N. Carey ST. 18-26 WARD)

2. FULL NAME Robert James Reason

(a) RESIDENCE NO. 509 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): 2/11/30

7 AGE: Years 1 Months 8 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none - boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER: Joseph Reason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Ethel Gillison

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Ethel Reason 509 Carey St.

15 Filed [illegible], 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-5-1931

17 I HEREBY CERTIFY, That I attended deceased from 10-4, 1931, to 10-5-, 1931,

that I last saw h~~im~~alive on 10-5-, 1931,

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

primary

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) M. L. Jackson M. D.

10/5, 1931 (Address) 600 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct. 7, 1931

ADDRESS 3221 Edmondson Ave

20 UNDERTAKER: Wm Fitch R. Williams

Cor.—10-10-29—A Co.—100 Blks.

E 72744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72744

CERTIFICATE OF DEATH

REGISTERED NO. 174

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (Ward) En route to University Hospital (If hospital, institution or asylum, give its name instead of street and number)

2-FULL NAME Arthur Jowrs

(a) RESIDENCE NO. 1633 Pierce St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colord

5 Single, Married, Widowed or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: 35 — Months — Days — IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: laborr
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): A. D. Price 20 Leigh St Richmond Va

15 Filed 10-6 1931 C. HARRISON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 3 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Hmorrhage due to stab wound of neck.
Homicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? autopsy

(Signed) Augustus Kibbe, M. D.

10/6 1931 (Address) 27 N Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Richmond Va — DATE OF BURIAL: Oct 6 1931

20 UNDERTAKER: Samuel D Lewis — ADDRESS: 578 N Eutaw

Piper—9-30—A & Co—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72745 CERTIFICATE OF DEATH E 72745

REGISTERED NO. 107-001

1 PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave) 2754

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ellis Steinbach

(a) RESIDENCE NO. Belvedere & Greenspring ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE — Years: 80 — Months: — — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None 60

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Sigmund Steinbach, Belvedere & Greenspring

15 Filed 10-1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-6-31

17 I HEREBY CERTIFY, That I attended deceased from 9-29, 1931, to 10-6, 1931

That I last saw h[illegible] alive on 10-6, 1931

and that death occurred, on the date stated above, at 2:30 A. M.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Edmund Leern M. D.

10/6 1931 (Address) Lemdale

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Southern ave

DATE OF BURIAL: 10/6 1931

19 UNDERTAKER: Sol Levinson & Bro

ADDRESS: 1127 E Balto St

Typer.—9 30—A & Co.—250 Blks

E 72746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72746

CERTIFICATE OF DEATH

13 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) # 102 Scott St. 18-29 (WARD)

2 FULL NAME Blanche Coolahan

(a) RESIDENCE NO. # 102 Scott St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 51 yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Coolahan

6 DATE OF BIRTH (month, day, and year) Aug 23rd 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	51	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Cornelius Gunsburg

11 BIRTHPLACE OF FATHER (city or town) (State or country): York Co

12 MAIDEN NAME OF MOTHER: Lucy Millerstop

13 BIRTHPLACE OF MOTHER (city or town) (State or country): York Co.

14 Informant (Address): Mr. Wm. A. Coolahan # 102 Scott St

15 Filed 6-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4th 1931.

17 I HEREBY CERTIFY, That I attended deceased from Oct 3. 1931, to Oct 4. 1931

that I last saw h alive on Oct 4. 1931

and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Int Nephritis

(duration) — yrs. 6 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical Exam

(Signed) [illegible] M. D.

19 10/6/31. Address 888 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	10/7/1931
20 UNDERTAKER	ADDRESS
John J. Coward & Son	[illegible]

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72747.

E 72747.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 101 W. Monument St. St. 11-25 Ward)

2-FULL NAME Marian G. Thelin

(a) RESIDENCE NO. 101 W. Monument St. St., Ward

(Usual place of abode) Lifetime (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of E. Griswold Thelin

6 DATE OF BIRTH (month, day, and year) June 27th. 1886

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	45	3	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER James M. Heiskell

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Mary Derringer

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penna.

14 Informant Mrs. J. Herman Ireland
(Address) 219 Hawthorne Road Roland Park.

15 Filed 1931 [illegible] Registrar

*at

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 5th. 1931. 192

17 I HEREBY CERTIFY, That I (~~had charge~~) of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

accidental Gas poisoning.

(duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (secondary) fall & fracture of right humerus

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Hanlon, M. D.

10 6 1931 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery.	Oct. 7th 31

20 UNDERTAKER [illegible] ADDRESS 118 N. Howard St.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72748

REGISTERED NO. E 72748

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. City Hosps St., 56-37 Ward)

2-FULL NAME Martin J. Bennett

(a) RESIDENCE NO. 3713 Belmont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Bennett

6 DATE OF BIRTH (month, day, and year) Aug 11 1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	78	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 60
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co Md
(State or country)

PARENTS

10 NAME OF FATHER John Bennett

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary - -

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Ida Bennett
(Address) 3713 Belmont St.

15 Filed OCT 6 1931 Registrar

16 Amended

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4/ 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? See Date of

Was there an autopsy? See

What test confirmed diagnosis?

(Signed) B. F. Herzog M. D.

Oct 6, 1931 (Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Nurs

DATE OF BURIAL Oct 7/ 19 31

20 UNDERTAKER Mr. Leavell

ADDRESS 2016 Gilmor St

AaCo. 9-31 2500

72749 **HEALTH DEPARTMENT CITY OF BALTIMORE** V

CERTIFICATE OF DEATH

131 E 72749

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Rose St. 6-10 Ward)

Length of residence in city or town where death occurred 23 yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Chas. W. Heath

(a) Residence: No. 117 N. Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Heath

DATE OF BIRTH (month, day, year) Aug 9 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___
10. Date deceased last worked at this occupation (month and year) ___
11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Thomas Heath
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Ellen Mura
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Elizabeth Heath
(Address) 117 N. Rose St
18. BURIAL, CREMATION, OR REMOVAL.
Place Lehnert's Date Oct 6 1931
19. UNDERTAKER Philip Lehnert
(Address) 506 Eutaw St.
FILED OCT 6 1931 A.M.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1931 to Oct 4 1931

I last saw ___ alive on Oct 3 1931 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Sept 25 31
Chronic Nephritis	

Other contributory causes of importance:

Uremia Oct 1-31

Name of operation None Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ___ 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? If so, where? ___

(Signed) H. L. Levy M. D.

(Address) 156 N. Milton Ave

2750 T.—100 B—561.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72750

REGISTERED NO. 8210-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen'l Hosp. (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Margaret C. Ray

(a) RESIDENCE NO. 44 Wade Ave St. WARD (If non-resident give city or town and State) Catonsville Md.

(Usual place of abode)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alden Jr. Ray

6 DATE OF BIRTH (month, day, and year): 9/25/1871

7 AGE: Years 60; Months; Days 10; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer: Housewife

9 BIRTHPLACE (City or town) (State or country): Pa

PARENTS

10 NAME OF FATHER: Jno Rogers

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Ireland

14 Informant: Alden Jr Ray (Address) 44 Wade Ave Catonsville Md

15 Filed 10-5 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic myocarditis. Contributed with acute intoxication

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture skull by fall

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Franklin and Pulaski

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clin

(Signed) J. J. Francis Coroner, M. D.

6 1931 (Address) 24 39th St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: 10-5 1931

20 UNDERTAKER: Leonard J. Ruck

ADDRESS: Catonsville

AaCo. 5M 2/32

(over)

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72751

CERTIFICATE OF DEATH

24 E 72751

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 14-27 Ward)

Length of residence in city or town where death occurred 15 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Abbie Washington

(a) Residence: No. 1519 W. Fairmount Ave. St., ____ Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola Washington

7. DATE OF BIRTH (month, day, year) Feb 4 - 1904

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	27?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Ga

13. NAME Abbie Washington

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Ella Hall

16. BIRTHPLACE (city or town) (State or country) ? Ga

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Mount Auburn Date Oct 6 1931

19. UNDERTAKER (Address) Joseph A Lively 1220 Mount St

20. FILED ____ 19 ____ Registrar

10-6-1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1931 to Oct. 5, 1931

I last saw h im alive on Oct. 5, 1931 death is said to have occurred on the date stated above, at 11:50 m A

The principal cause of death and related causes of importance were as follows:

	Date of onset (Duration)
I. Pneumonia Lobar Edema	
(a)	
(b)	
(c)	
(d)	

Other contributory causes of importance: Malaria

Name of operation None Date of

What test confirmed diagnosis? Microscopical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____ 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

10-6-31 (Signed) Conrad Hilberger, Jr. M. D.

(Address) Balto. City Hosp.

30—M & T—100 B—50L.

E 72752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

205-007

E 72752

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital ST., 7-13 WARD)

2-FULL NAME Robert Mach

(a) RESIDENCE NO 2014 E monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Mach

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer J Co Plant 713 Aisquith

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER Joseph Mach.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Christina Mach

(Address) 2014 E monument.

15 Filed OCT 6 - 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Fracture of skull Struck by Streetcar — J Co Plant

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 413 Aisquith

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Hanlon, M. D. Coroner

10/6, 1931 (Address) 1006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 8 1931
UNDERTAKER Frank Crack and Son	ADDRESS 1916 Aisquith

30—M A T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72753

72753

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen. Hospital WARD

2-FULL NAME Ruthless Fowlkes

(a) RESIDENCE NO. 2509 W. Hoffman St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Joe Fowlkes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lovely Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Judge Fowlkes.

(Address) 1922 E. Eager St.

15 OCT 6 1931 (Date received) C. HAMPSON JONES, M. D. (Registrar)

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis

(duration) yrs. mos. ds. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D. (Coroner)

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: HOPKINS HOSPITAL

DATE OF BURIAL: OCT 6 1931

20 UNDERTAKER

ADDRESS

Spec.—9-30—A. A Co.—250 Blks

Levi Oliker ✓

72754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 72754

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (Street) 6-10 (WARD)

2 FULL NAME Levi Oliker

(a) RESIDENCE NO. 103 N Montford Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment (Address) Mt. Lebanon Cemetery, Pittsburgh, Pa.

15 OCT 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6, 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 6, 1931

That I last saw h(e) alive on Oct 6, 1931

and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis
Brain Hemorrhage

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Levin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Union Town, Pa.	10-6 1931
21 UNDERTAKER Jack Lewis, Inc.	ADDRESS 1139 E. Baltimore St.

AaCo. 4-31 2500

72755 HEALTH DEPARTMENT CITY OF BALTIMORE 72755

CERTIFICATE OF DEATH

Registered No. 46 E 72755

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 S. Linwood Ave. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest E. Jackson

(a) Residence: No. 723 S. Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Olevia Jackson

DATE OF BIRTH (month, day, year) July 27, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Superintendant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maryland Institute
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery County Maryland

13. NAME James A. Jackson, Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME ? Duvall

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. E. A. Nelker
(Address) 4012 Overlea Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Olivet Cemetery Oct. 7 1931

19. UNDERTAKER Yost Cook
(Address) 1003 E. Baltimore St.

C. HAMPSON JONES, M. D.
Registrar.

1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 5 1931

22. I HEREBY CERTIFY, That I attended deceased from November 15th 1930 to October 5th 1931

I last saw him alive on October 4th 1931 death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1926?
Other contributory causes of importance: Cardio Vascular disease	1920.

Name of operation Gastro Enterostomy Date of March, 1930

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? c Date of injury 19

Where did injury occur? c
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury c

Nature of injury c

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Culver Lowe M. D.

(Address) 1901 Eutaw Place

—M & T—100 B—50L.

E 72756

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72756

CERTIFICATE OF DEATH

REGISTERED NO. 207

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Penna R.R. near Toney's ~~St.~~ East Side WARD 26-17

2-FULL NAME Leslie Heppard

(a) RESIDENCE NO 4139 Finlaw Ave., Merchantville, N.J.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Lester Collins

9 BIRTHPLACE (city or town) (State or country) Gibbsboro, N.J.

10 NAME OF FATHER Joseph H. Heppard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila., Pa.

12 MAIDEN NAME OF MOTHER Lillie Shane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pensauken, N.J.

Informant Joseph H. Heppard, Jr.

(Address) 4319 Finlaw Ave.

Filed Oct 10 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Fractured Skull and other injuries.
Struck by train on Penna tracks near Toney's Lane - Accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [illegible] M. D. (Coroner)

Oct 6/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Cem- Merchantville N.J.

DATE OF BURIAL 10/6/31

20 UNDERTAKER [illegible]

ADDRESS 1231 Hanover

Typer.—9-30—A. & Co.—250 Blks

72757.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 E 72757

REGISTERED NO

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1808 South Ethelder ST. 23-32 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Jane Gannon

(a) RESIDENCE NO. 1808 South Ethelder ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of The late Ethelder W. Gannon

6 DATE OF BIRTH (month, day, and year) Aug 3-1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Jeffersonton Va

PARENTS

10 NAME OF FATHER John Adam Nott

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dont Know

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dont Know

14 Informant (Address) Mrs Hazel Allen Wiltz 1804 South Ethelder

15 Filed 19 — C. HANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5-1931

17 I HEREBY CERTIFY, That I attended deceased from May 16 1931 to Oct 5 1931

that I last saw HER alive on Oct. 5 1931

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver (Non alcoholic)

(duration) yrs. 4 mos. 18 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) R. L. Campbell M. D.

Oct 6 1931 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 10/8/1931

20 UNDERTAKER Geo. Weber & Son ADDRESS 2503 Edmondson Ave

Spec.—9-30—A. & Co.—250 Blks

5th Wd Var 1500 N Broadway Vol 0770 E 72758 V 1/30

72758 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2410 E. Federal St.) 8-16 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Maier

(a) RESIDENCE NO. 2410 E. Federal ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If ~~married~~, widowed, or ~~divorced~~
~~husband~~ of
(or) WIFE of Christopher Maier

7 DATE OF BIRTH (month, day, and year) Oct 29th 1850

8 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	80	11	6	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

10 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

11 NAME OF FATHER: Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

13 MAIDEN NAME OF MOTHER: Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Interment (Address) Frederick L. Maier 2406 E. Lafayette Ave.

15 Filed ~~Dec~~ Oct 31 19 31 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1931 to Oct 5th 1931

that I last saw h[illegible] alive on Oct 5th 1931

and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

Signed Paul Miller M. D.

(Address) 1500 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetary — DATE OF BURIAL: 10 8/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

-30—M. & T.—100 B—50L.

E 72759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

E 72759

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital) (or) WARD 46

2-FULL NAME Joseph Patterson

(a) RESIDENCE NO. 2746 Fenwick Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 82 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 28th 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): Building
(c) Name of employer: Retired Balto Md

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Eleanor Brasier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: John H. Corrin

(Address) 2019 E. Hoffman St

Died Oct 6 1931. I HEREBY CERTIFY, That I attended deceased from Oct 4 1931 to Oct 6 1931 that I last saw deceased alive on Oct 6 1931 and that death occurred at 4 PM

G. HARRISON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a moving auto

Duration: (a) (duration) yrs mos ds.

CONTRIBUTORY (Secondary) Fract Skull

(duration) yrs mos ds.

18 Where was disease contracted if not at place of death? Balto 1868 Hanover

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

10 (Signed) H Tracy Coroner, M. D.

7, 19 31 (Address) Hall's Corner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cemetery

DATE OF BURIAL: 10/7 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

Coroner Francis

-28—M. & T.—100 B—581.

HEALTH DEPARTMENT—CITY OF BALTIMORE

705-007 E 72760

CERTIFICATE OF DEATH

72760

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. South Balto Gen Hosp Key Highway ST. WARD) 23-32

2-FULL NAME Charles H. Herzberger

(a) RESIDENCE NO. 1722 S. Charles ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Car Shop
(c) Name of employer: Am Decorating Co Balto Md

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER George Herzberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Kate Gemert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Jos F. Herzberger

(Address) 1722 S. Charles st

15 Filed 6-1931 C. HAMPSON JONES, M. D. Registrar

By MFK

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/5/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Struck & knocked down by a moving tractor

(Duration) Instant

CONTRIBUTORY (Secondary) Fract Skull (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Key Highway.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. Mann Coroner, M. D.

10, 31 (Address) Traffic Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 10/8/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul st

Type—9-30—A. & Co.—250 Blks

72761 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72761

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 718 E Fort Ave St. 24-33 Ward)

REGISTERED NO. 157-007

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Gordon Richard Warfield

(a) RESIDENCE NO. 718 E Fort Ave St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb 16 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Edgar Warfield

11 BIRTHPLACE OF FATHER (City or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: M Manning

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Baltimore Md

14 Informant (Address): Mrs Edgar Warfield 718 E Fort Ave

15 Filed 6 - 1931 C. HAMPSON JONES, M. D. Actg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1931

17

I HEREBY CERTIFY, That I attended deceased from March, 1931, to Oct 5, 1931

that I last saw him alive on Oct. 5, 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

diahrroea

(duration) yrs. mos. 7 days

CONTRIBUTORY (Secondary): Hydrocephalus & meningocoel.

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wilda Liberles M. D.

, 19 (Address)

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

20 UNDERTAKER: J M Cook

DATE OF BURIAL: 10/8 1931

ADDRESS 1317 E Fort Ave

AdCo. 5-31 2500

72762

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72762

CERTIFICATE OF DEATH

124-002

12-51

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Cressmont St. (Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide M Hull

(a) Residence: No. 2904 Cressmont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Hull

7. DATE OF BIRTH (month, day, year) Oct 27 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Peter Denger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew Hull

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Date Oct 7 1931

Place Holy Redeemer

19. UNDERTAKER J. E. Brannan & Son

(Address) 16 Eutaw Place

Oct 7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Oct 4 1931

I last saw her alive on Oct 4 1931 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver — Date of onset 5/1931
Portal obstruction — 6/1931
Ascites — 10/1/1931

Other contributory causes of importance:
Oedema Lungs — 10/4/1931

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed Haywood M. D.

(Address) 1172 Cathedral St

Form No. 5-31 1930

72763

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72763

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH The Maryland Gen. Hospital

CITY OF BALTIMORE: (No. 6-10 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas P. Ipes

(a) Residence: No. 1506 E Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M/C	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Ipes

7. DATE OF BIRTH (month, day, year) October 15 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	20	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Ret. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ob!

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

13. NAME Peter I Ipes.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Carey Kisner

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Int Loarmel Date Oct 7 1931

19. UNDERTAKER Martin W.E. Funeral Home
(Address) 37 Penn St

20. FILED 6 - 1931 C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5-31

22. I HEREBY CERTIFY, That I attended deceased from 9-14- 1931 to 10-5- 1931

I last saw him alive 10-5-31, 19 death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus. — Date of onset 6 mo ?

Other contributory causes of importance:

Cardiac dilatation — 1 hr

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Albert K. Walkerman, M. D.

(Address) 6 Bal. Eye & Ear Hosp

Spec.—9-30—A. & Co.—250 Blks

253148

HEALTH DEPARTMENT—CITY OF BALTIMORE

2764

CERTIFICATE OF DEATH

272764

1 PLACE OF DEATH (a) CITY OF BALTIMORE (No. 76-1 St. 13-002 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rosella Baccalo

(a) RESIDENCE NO. (918) 918 Baylis St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: f

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 2-1930

7 AGE: Years — Months: 11 — Days: 3 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER Theodore

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Alberta Michel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Records

(Address)

15 Filed [illegible] 1931 G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1931

17

I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931 to Oct 5, 1931

that I last saw her alive on Oct 5, 1931

and that death occurred, on the date stated above, at 5.10A m.

The CAUSE OF DEATH* was as follows:

Empyema, acute bacillary

(Duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Pneumonia, broncho

(Duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of ?

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) V. C. Goodwin M. D.

10/5/1931 (Address) 1 H Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Lin

DATE OF BURIAL: Oct 7 1931

20 UNDERTAKER: Handel & Hoppel

ADDRESS: 300 S Eden St

Type — 4-30 — A. & Co. — 250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72765

CERTIFICATE OF DEATH

E 72765

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No) St Joseph Hospital (St) (Ward) 23

2 FULL NAME Mrs Eva Thorpe

(a) RESIDENCE NO 1037 W. Fayette St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE — Years: 38 — Months: — — Days: — — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): D. C.

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Do.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do.

14 Informant (Address): James L. Thorpe 1037 W. Fayette St

15 Filed 1931 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-4-31

17

I HEREBY CERTIFY, That I attended deceased from Sept 30, 19 31, to Oct 4, 19 31

That I last saw h[illegible] alive on Oct 4, 19 31

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Embolus

Immediate (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardio-Vascular Renal Disease

Cardiac Asthma (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Data

(Signed) [illegible] M. D.

, 19 (Address) St. Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington Dc — DATE OF BURIAL: 10-7-31

20 UNDERTAKER: Dennis Condon — ADDRESS 946 Penna Ave

-30—M A T—100 B—50L

E 72766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 72766

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 15.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1923 Brunt St. WARD 14

2-FULL NAME Thos Lucas Jr

(a) RESIDENCE NO. 1923 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): 1906

7 AGE: Years 25 | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Austin Lucas

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Frances Lunsfkin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Fannie Lucas

(Address) 1923 Brunt St

15 Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) Unknown yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos da

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Inquest

(Signed) Fred W. Klunk Coroner M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Oct 7 1931

ADDRESS

20 UNDERTAKER: Wm. H. Gaddis

...—8-16-29—L. F. S.—100 Blks.

124-002

72767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72767.

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2408 Lemmon St. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Geo. W. Buchman

(a) RESIDENCE NO. 2408 Lemmon St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Liquor Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Str. Buchman

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co. Md.

10 NAME OF FATHER Geo W. Buchman

11 BIRTHPLACE OF FATHER (city or town) Balt Co (State or country) Md

12 MAIDEN NAME OF MOTHER Ellen Hamlin

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md

Informant Wm H. Buchman

(Address) 2408 Lemmon St

Filed 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4th

17

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1931 to Oct. 6th 31.

that I last saw h[illegible] alive on Oct 4th 31

and that death occurred, on the date stated above, at 5 [illegible] m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis [illegible]
Mitral Insufficiency [illegible]
Senility.

(duration) yrs. 3 mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis [illegible]

(duration) yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual & C

(Signed) Ed Jarrell, M. D.

Oct. 6 1931 (Address) 1615 N. Wood St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Stone Chapel Cem	Oct 9 19 31

20 UNDERTAKER Wm. J. Tickner & Sons

ADDRESS No 6 Ca

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72768 — 12 — E 72768

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Genl. Hosp. 15-58 Ward

Length of residence in city or town where death occurred 65 yrs. 2 mos. 16 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary E. Harris

(a) Residence: No. 2609 Shirley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Mr James Harris

7. DATE OF BIRTH (month, day, year) July 19, 1866

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	16	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Philip Amen

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Kempler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Oct. 8 1931

19. UNDERTAKER Wm Pickney & Sons

(Address) North & Pa Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1931 to Oct. 5 1931

I last saw h alive on Oct. 5 1931 death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cyanosis with Acute Epigastritis Gangrene of Omentum	4 days 10/1/31

Other contributory causes of Importance:

Cardiac failure — 10/4/31

Name of operation {Appendectomy / Drainage Suppuration} Date of 10/4/31

What test confirmed diagnosis? Gross & Microscopic Findings. Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Gilbert R Wilkerson M. D.

(Address) Md. Genl. Hosp.

Bur. 5-61 2M

2769

HEALTH DEPARTMENT CITY OF BALTIMORE

F 72769

CERTIFICATE OF DEATH

50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4151 Park Heights Ave., 15-58 Ward)

Length of residence in city or town where death occurred 50 yrs. 9 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Williametta Ellen Wilson

(a) Residence: No. 4151 Park Heights St., Ward.
(Usual place of abode) 50 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William E. Wilson
7. DATE OF BIRTH (month, day, year): Aug 22 1859
8. AGE: Years 72, Months 5, Days 15, If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
11. Total time (years) spent in this occupation
12. Date deceased last worked at this occupation (month and year)
13. BIRTHPLACE (city or town) (State or country): Virginia
14. NAME: William Sherwood
15. BIRTHPLACE (city or town) (State or country): Virginia
16. MAIDEN NAME: Not Known
17. BIRTHPLACE (city or town) (State or country)
18. INFORMANT: Mrs E Woodland
(Address) 4151 Park Heights Ave
19. BURIAL, CREMATION, OR REMOVAL: Woodlawn Date Oct 7. 1931
20. UNDERTAKER: Wm. Sherwood Sons
(Address) 2101 E. Fayette Ave
21. FILED Oct 7 1931 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 5. 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Oct 4, 1931

I last saw h[illegible] alive on Oct 4 1931 death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach, — Date of onset 1927

Other contributory causes of importance: Arteriosclerosis 1920

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) 3701 Eastern Ave

AACo. 5-11 2508

E 72770 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72770

CERTIFICATE OF DEATH

15-68 13/V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 Maryland Ave., St. 15 Ward 68)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Mary Bradley

(a) Residence: No. 1729 Maryland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Willis Bradley

7. DATE OF BIRTH (month, day, year) 1874

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
55	12 yrs	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME -

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Willis Bradley
(Address) 1729 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10-7- 1931

19. UNDERTAKER Jacob Levi Son
(Address) 1429 E Baltimore

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6- 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1931, to Oct. 6th, 1931

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1920
Hypertension	1920
Uremic Poisoning	1930

Other contributory causes of Importance:

Coronary Thrombosis	Sept 17 1931

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) ..., M. D.

(Address)

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

72773

E 72773

CERTIFICATE OF DEATH

Registered No. 9th ward

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 Fairmount Ave St. 15-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Father Jerry Clapsaw

(a) Residence: No. 342 Fairmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jim Clapsaw

7. DATE OF BIRTH (month, day, year) March 1859

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	72	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Virginia

13. NAME Madison Sims

14. BIRTHPLACE (city or town)
(State or country) Virginia

15. MAIDEN NAME Sarah Wills

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Jim Clapsaw
(Address) 342 Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Adams Funeral Chapel Date Oct 7 1931

19. UNDERTAKER Jack R. Lewis Inc
(Address) 1439 Eutaw Place Baltimore, Md.

FILED OCT 7 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to Oct 6 1931

I last saw h alive on Oct 2 1931 death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	5/1/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? B.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes or No. If so, specify

(Signed) Milton Abrams M. D.

(Address) 420 St. Paul St.

Spec.—9-36—A. & Co.—250 Blks.

E 72772 HEALTH DEPARTMENT—CITY OF BALTIMORE

X25 E 72772

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (S) 6-9 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Lewis Kenney. Lewis Morgan Kenney

(a) RESIDENCE No. 207 3rd Ave. Bradley Beach N.J. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Viola A. Kenney

6 DATE OF BIRTH (month, day, and year) February 6, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	41	8	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Special Agent

(b) General nature of industry, business, or establishment in which employed (or employer): Fire Insurance

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): United States

PARENTS

10 NAME OF FATHER: John H. Kenney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Readington New Jersey

12 MAIDEN NAME OF MOTHER: Jennie B. Durling

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Somerville New Jersey

14 Informant (Address): Mr. Norman D. Kenney 4107 Groveland Ave.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3 . 1931 . to Oct. 6 . 1931

that I last saw h[illegible] alive on Oct. 6 . 1931.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows: Perforated duodenal ulcer

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Embolism (Cerebral)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Naval

Did an operation precede death? Yes Date of Oct 6, 1931

Was there an autopsy? Yes [illegible]

What test confirmed diagnosis?

(Signed) J. Morgan Kenney M. D.

10/6 1931 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Park, N. J.

DATE OF BURIAL: Oct. 7 1931

20 UNDERTAKER: Chas. B. Cook

ADDRESS: 1003 West Baltimore St.

72773

E 72773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 407.5 Bond St. (St.) 3-4 (Ward)

2. FULL NAME Helen Stella Brus.

(a) RESIDENCE NO. 407. S Bond St (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W

5. Single, Married, Widowed, or Divorced, (write the word): Child

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: name

6. DATE OF BIRTH (month, day, and year): July 30. 1931

7. AGE — Years: — Months: 2. — Days: 9 — If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10. NAME OF FATHER: Stanley Brus.

11. BIRTHPLACE OF FATHER (city or town) (State or country): Poland.

12. MAIDEN NAME OF MOTHER: Stanislawa Zielinska

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14. Informant (Address): Stanley Brus 407 S Bond St

15. Filed 1931 — C. HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Oct 7-1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1931, to Oct. 7, 1931

that I last saw her alive on Oct. 7, 1931.

and that death occurred, on the date stated above, at 2:15 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. 3. mos. ds.

CONTRIBUTORY (secondary): Malnutrition

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S.

(Signed) John V. Zawadzki M. D.

(Address) 1802 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Oct 7 1931

20. UNDERTAKER: J. W. Brazewski — ADDRESS: 1905 E. Eager

MaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

72774 — 72774

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. 72774

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gelmor St.) (Ward) 17-24

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Fannie Dobar

(a) Residence: No. 613 Green Willow St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) ——— 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Adams md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Kate Wilmer

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT John H. Adams (Address) 2031-7 Druid Pk. 4 city H. 4.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Oct 7 1931

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Freeman st

FILED Oct 7 1931 C. P. WILLIAMSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1931 to Oct 4, 1931

I last saw h— alive on 10-4 1931 death is said to have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	14yr ago

Other contributory causes of importance:

Ascites of 6 mo duration tapped 9/25/31

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. K. Boykin, M. D.

(Address) 1512 Gelmor

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72775

CERTIFICATE OF DEATH

23 VE 72775

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS (Tbc.)
CITY OF BALTIMORE: (No. ..... St. 16-22 Ward.)
Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vanderbilt Reed

(a) Residence: No. 810 Whatcoat St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 1888

8. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
43	7	0	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER FATHER

13. NAME James Reed
14. BIRTHPLACE (city or town) (State or country) Richmond Va.
15. MAIDEN NAME Anna Jones
16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Wm. Reed
(Address) 943 Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 7 1931

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Freeman St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-28-31, 19, to 10-3-31, 19
I last saw him alive on 10-3-31, 19 death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Thrombosis Pulmonary artery	4 Hrs.
Other contributory causes of importance:	
Myocardial degeneration and with hypertrophy	Unknown
Pulmonary tuberculosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Lawrence A. Scala M.D.
(Address) Baltimore City Hospitals
10-5-31

52567
72776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 72776

REGISTERED NO.

1 PLACE OF DEATH JOHNS HOPKINS HOSPITAL

27-43
ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.)

2 FULL NAME Edwin Wright

(a) RESIDENCE NO. 6607 Glen Oak ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 10 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	unknown

6a If married, widowed, or divorced: HUSBAND of / (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Dec 12-1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	73	74	9	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unknown

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md

PARENTS

10 NAME OF FATHER Robertson Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER Martha Dulaney

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Records. JOHNS HOPKINS HOSPITAL

Oct 7 - 1931 FRANCIS C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-5-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept-14 1931 to Oct 5 1931

that I last saw him alive on Oct 5 1931

and that death occurred, on the date stated above, at 10.30 p m

The CAUSE OF DEATH* was as follows:

Leukemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Carcinoma of prostate

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) [redacted] M. D.

19 (Address) [redacted]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem.

DATE OF BURIAL: Oct. 8, 1931

ADDRESS: 3000 E. Balto St.

20 UNDERTAKER: John T. Moran

30—M & T—100 8—501.

72777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207 ✓ E 72777

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. Pennna. R.R.-at LoneysLane 26-11 WARD)

2.-FULL NAME Joseph Yetnick

(a) RESIDENCE NO FortLane Rd. Mapleshade, N. J. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) 5/15/1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	19	4	22.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmhand.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Lester Callins

9 BIRTHPLACE (city or town) (State or country) Camden, N. J.

PARENTS

10 NAME OF FATHER John Yetnick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Camden, N. J.

12 MAIDEN NAME OF MOTHER Bertha Weenecka.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila, Pa.

14 Informant John Yetnick, (Address) Mapleshade, N. J.

Filed 1 - 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull & other injuries
Struck by train on Penna R.R. tracks
near Loney's Lane. Accidental

(duration) yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Wade, Coroner, M. D.

Oct 16/31 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mapleshade N. J.

DATE OF BURIAL 10/7/31 19

UNDERTAKER Geo. J. Kuntz & Sons

ADDRESS 931 Hart

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72778

CERTIFICATE OF DEATH

X 108 E 72778

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 E 31 Ward)

Length of residence in city or town where death occurred yrs mos 2 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Robert Johnson

(a) Residence: No. 1003 E. Fayette St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Johnson

DATE OF BIRTH (month, day, year) Feb 15 [illegible]

AGE	Years	Months	Days	If LESS than 1 day hrs or min
	66	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teamster

10. Date deceased last worked at this occupation (month and year) Carolina Co

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Elsie Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Johnson

(Address) 1003 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Date 10-9- 1931

19. UNDERTAKER Samuel H. Chase Son

(Address) 632 N. Eutaw

OCT 7 - 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd, 1931, to Oct 6th, 1931

I last saw h[illegible] alive on Oct 6, 1931 death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage (Cut brain)	10-2-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

...30—M. & T.—100 B—501.

E 72779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001 E 72779

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 4-25 (WARD)

2. FULL NAME James Q. Jaynes

(a) RESIDENCE NO. 313 N Paca ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Jaynes

6 DATE OF BIRTH (month, day, and year) Aug 23 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Sales
(b) General nature of industry, business, or establishment in which employed (or employer): Sun Thrift
(c) Name of employer: Fernandis

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: David Jaynes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Clifton Jayne

(Address) 313 N Paca

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Acut myocarditis

(duration) yrs. mos. 3 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 18 E Lexington

Did an operation precede death? no Date of

Was there an autopsy? yes Clinical

What test confirmed diagnosis? Autopsy and Clinical

(Signed) James M. Fenton, M. D. Coroner

107 B/M (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Radford Virginia

DATE OF BURIAL: 10/7 1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1215 Park

Paper—0 30—A & Co.—250 Blks

252840
Ped. E 72780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 72780

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 ST.) (WARD)

2 FULL NAME Lucille Gregory

(a) RESIDENCE NO. 1830 Ashland Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs 5 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 If single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25, 1931

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		2	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER R. Lind Chester Cleaveland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Virginia Gregory

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Interment Records (Address) JOHNS HOPKINS HOSPITAL

15 [illegible] 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 6 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1931, to Oct. 6, 1931

that I last saw her alive on Oct. 6, 1931

and that death occurred, on the date stated above, at 7.10 P m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) yrs. 2½ mos. ds.

CONTRIBUTORY (Secondary) Acute Nutritional Disturbance

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Transillumination

(Signed) Harry C. Sutton M. D.

19 (Address) Johns Hopkins Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Oct 7 1931
20 UNDERTAKER: Robert B. Williams	ADDRESS: 1515 N. Eden St

AoCo. 5-31 2000

72781 **HEALTH DEPARTMENT CITY OF BALTIMORE** ✓ 72781

CERTIFICATE OF DEATH

Registered No. 72781

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 17-25 St. ..... Ward)

Length of residence in city or town where death occurred 6 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Charles Clark

(a) Residence: No. 519 Jasper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Grace Clark

7. DATE OF BIRTH (month, day, year): Sept. 5, 1894

8. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
✓	37	-	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Traders Delivery

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Portsmouth Va.

13. NAME: Alex Clark

14. BIRTHPLACE (city or town) (State or country): ? Va.

15. MAIDEN NAME: Robert Hardy

16. BIRTHPLACE (city or town) (State or country): ? N.C.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, REMOVAL [illegible] HOSPITAL
Place ... Date OCT 7 - 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1931, to Oct. 4, 1931

I last saw h im alive on Oct. 4, 31 death is said to have occurred on the date stated above, 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of [illegible] adrenal tract

Date of onset: [illegible] days

Other contributory causes of importance: Uremia, Secondary [illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

10-6-31 (Signed) Elmer [illegible] M. D.

(Address) Balto. City Hosp.

AaCo. 5-31 2000

72782 **HEALTH DEPARTMENT CITY OF BALTIMORE** ✓

CERTIFICATE OF DEATH 108 E 72782

1. PLACE OF DEATH Baltimore City Hospitals (No. 5-8 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Queen

(a) Residence: No. 264 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 20, ?

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39 ?	?	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race Produce Co.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robert Queen

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Louisa Yancy

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of Baltimore City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 1931 [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1931 to Oct. 3, 1931

I last saw him alive on Oct. 3, 1931 death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	Sept 28

Other contributory causes of importance:
None

Name of operation Clinical Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-1-31 (Signed) Elmer Highberger Jr. M. D.

(Address) Balto. City Hosp.

✓ E-72782
E 72783

—1-30—M. & T.—250 Blks.

E 72783 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

161-001

REGISTERED NO.

1

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE; (No. 506 Eislar ST. 22-30 WARD)

2-FULL NAME Baby Boy Sandy Eislar

(a) RESIDENCE NO. 506 ST., WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 day How long in U. S., if of foreign birth? yrs. mos. 1 day

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Black	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of not married

DATE OF BIRTH (month, day, and year) 10/4/31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Jack Eastale

11 BIRTHPLACE OF FATHER (city or town) North Carolina
(State or country)

12 MAIDEN NAME OF MOTHER Polly Sandy

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mother
(Address)

Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4th 1931

17 I HEREBY CERTIFY, That I attended deceased from 10/4, 1931, to 10/4, 1931, that I last saw h/ alive on 10/4, 1931, and that death occurred, on the date stated above, at 8:15 A m.

The CAUSE OF DEATH* was as follows:

Congenital Malformation

(duration) yrs. — mos. da.

CONTRIBUTORY (Secondary) Prematurity (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Frank H. Mayfarth M. D.

10/6 1931 (Address) Univ. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL OCT 7 - 1931

ADDRESS

20 UNDERTAKER Dept. Supervising Health.

ADDRESS

C. HAMPSON JONES, M. D.

Spec.—9-30—A & Co.—250 Blks.

52838
~~52784~~ 72784

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 72784

CERTIFICATE OF DEATH

119

REGISTERED NO.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 79 ST. WARD)

2. FULL NAME Baby Williams

(a) RESIDENCE NO. 1626 Jefferson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	Black	

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Unknown

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓			3 hours	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) York

PARENTS

11 NAME OF FATHER Charles

12 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

13 MAIDEN NAME OF MOTHER Dorothy Robertson

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Records JOHNS HOPKINS HOSPITAL (Address)

15 Filed 1931, 19 C. H. IMPSON JONES, M. D. Registrar

C.317

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to Oct 6, 1931, that I last saw h[im] alive on Oct 6, 1931, and that death occurred, on the date stated above, at 6[10] A M.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary) Intestinal Dyspepsia (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? State examination

What test confirmed diagnosis?

(Signed) H. G. Goodall M. D.

10/5, 19 31 (Address) J. H. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

15 PLACE OF BURIAL, CREMATION OR REMOVAL JOHNS HOPKINS HOSPITAL

DATE OF BURIAL 19

20 UNDERTAKER Department of Health.

ADDRESS 1351

OCT 7 -

Reg. No. 2 Georgia

Spec.—9-30—A & Co.—250 Blks

H2801
72785

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 34 E 72785

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE (NO.) 7-9 (WARD)

2 FULL NAME Robert Jones

(a) RESIDENCE NO. 845 Northende, Spring Pond ST. Md WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	black	Married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Nov 10 1888

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Va

PARENTS
10 NAME OF FATHER Jefferson Jones
11 BIRTHPLACE OF FATHER (city or town) (State or country) Va
12 MAIDEN NAME OF MOTHER Haley Turner
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment
(Address) JOHNS HOPKINS HOSPITAL

15 [illegible] G HAMPSON JONES, M.D., Registrar
193[illegible] RRR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6-1931

17
I HEREBY CERTIFY, That I attended deceased from Nov 10 1930 to Oct 6 1931
that I last saw him alive on Oct 6 1931
and that death occurred, on the date stated above, at 2:30 p.m.
The CAUSE OF DEATH* was as follows:
Ctumma of spinal cord

(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? Yes Date of 11/5/30
Was there an autopsy? Yes Surgical & Pathological Examination
What test confirmed diagnosis? Operation
(Signed) Alan Brooks M. D.
, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Farmville Va
DATE OF BURIAL. Oct 7, 1931
20 UNDERTAKER Mrs R. A. Elliott
ADDRESS 1225 Eastlands

72786 HEALTH DEPARTMENT—CITY OF BALTIMORE 72786

CERTIFICATE OF DEATH X 51 E

1 PLACE OF DEATH

CITY OF BALTIMORE (No St Agnes Hospital 25-72 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr Harris Understein

(a) RESIDENCE No 309 Taylor St - N.W. Wash. D.C.
(Usual place of abode) ST. WARD
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie

7 DATE OF BIRTH (month, day, and year): 1877

8 AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

11 NAME OF FATHER: Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

13 MAIDEN NAME OF MOTHER: Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Interment (Address): Mrs Minnie Understein 309 Taylor St. Wash DC

15 Filed 1931 CLAWSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-7-31

17 I HEREBY CERTIFY, That I attended deceased from 9-16, 1931, to 10-7, 1931

that I last saw h/m alive on 10-7, 1931

and that death occurred, on the date stated above, at 10:02 A.M.

The CAUSE OF DEATH* was as follows:

Sarcoma Left Jaw

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Epithelioma 1930

Did an operation precede death? Yes Date of Oct 2. 1931

Was there an autopsy? Yes

What test confirmed diagnosis? P.E. by Autopsy

(Signed) H. Clawson Jones M. D.

10-7-31 (Address) 51 Cyps - Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D.C.

DATE OF BURIAL: 10/7 1931

20 UNDERTAKER: Jack Lewis Inc

ADDRESS 1439 E. Baltimore

72787 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8 2 E 72787

REGISTERED NO.

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 1742 E. North Avenue St.) 15-21 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Henry Cann

(a) RESIDENCE NO. 1742 E. North Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 2 mos. 2 ds. How long in U. S. (if of foreign birth)? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Girvin

7 DATE OF BIRTH (month, day, and year) Aug. 4, 1856

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	2	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER George H. Cann
11 BIRTHPLACE OF FATHER (city or town) (State or country) ---- England
12 MAIDEN NAME OF MOTHER Mary A. Belbin
13 BIRTHPLACE OF MOTHER (city or town) (State or country) ------ England

14 Informant (Address) Samuel E. Cann 1607 Terrace Road

15 Filed 10-7 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6-1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931 to Oct 6, 1931
that I last saw h[illegible] alive on Oct 5 1931
and that death occurred, on the date stated above, at 6.30 A m.
The CAUSE OF DEATH* was as follows:
Uremia Arteriosclerosis

(duration) 5 yrs. mos. ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) W. S. Jones M. D.
10-7 1931 (Address) 720 N. Howard St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount Cemetery
DATE OF BURIAL 10/8 1931
20 UNDERTAKER Hardy & Mears
ADDRESS 1054 Eutaw

Co. 5-R 2MB

12788

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 82-E 12788

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (No. 26-37 St. Ward)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 76 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME John W. Gerhardt

(a) Residence: No. 7901 Harford Rd. St., Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Agnes

7. DATE OF BIRTH (month, day, year): Apr. 13, 1854

AGE	Years	Months	Days	If LESS than 1 day hrs or min
	76	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: John

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Harriet Carter

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL: Place Leakin Park Date Oct 10 19 31

19. UNDERTAKER (Address): Wm. C. Walker 1633-35 E. Lanv. St. 1931 C. H. THOMPSON JONES, M. D.

20. FILED ..... 19 ..... No. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-7-31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-23-31 . 19 to 10-7-31 . 19

I last saw him alive on 10-7-31 19 death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	Dec 1930
Arteriosclerosis	unknown

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Clinical Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. E. Arnold Jr. M. D.

Address Balto. City Hosp

spec.—9-30—A. & Co.—250 Blks

72789 HEALTH DEPARTMENT—CITY OF BALTIMORE 72789

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2608 Hamilton Ave (Ward) 27-43

2. FULL NAME Barbara Roschner

(a) RESIDENCE NO. (Usual place of abode) 2608 E Hamilton Ave ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of John Roschner

7 DATE OF BIRTH (month, day, and year) July 25-1840

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	2	9	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

15 Informant (Address) Mrs. Gibson 2608 E Hamilton Ave

FILED - 1931 - G. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6-1931

17 I HEREBY CERTIFY, That I attended deceased from June, 1931, to Oct 6, 1931

that I last saw her alive on Oct 6, 1931

and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Aortic Incompetency (Infect) Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Tyra Selby M. D.

19 (Address) 5703 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	10-8 1931
20 UNDERTAKER Leonard J Ruch	ADDRESS 6405 Sinclair

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

72790

Registered No. 72790

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Thomas Dorsey

(a) Residence: No. Jonestown, Howard Co. Ward Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Viola Dorsey

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Q.M.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

13. NAME Thomas Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Harriet Dorsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Howard Dorsey Jonestown Md.

18. BURIAL, CREMATION, OR REMOVAL Place Israel Chapel Date Oct 10 1931

19. UNDERTAKER (Address) Eastern Ave & Edison Pl. Balto. Md.

20. FILED Oct 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Oct. 7, 1931

I last saw him alive on Oct. 7, 1931 death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated duodenal ulcer with diffuse peritonitis	10-1-31

Other contributory causes of importance: Edema of lungs, pulmonary

Name of operation Gastroenterostomy Cholecystotomy Date of 10-1-31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wylie M. Tate M. D.

(Address) University Hospital

(Cr. 3-31 1500)

72791 HEALTH DEPARTMENT CITY OF BALTIMORE 72791

CERTIFICATE OF DEATH

Registered No. 2863 (Ward) 157-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (a) Res. Maternal Hospital

CITY OF BALTIMORE: (No. [illegible] Ward)

Length of residence in city or town where death occurred yrs. [illegible] mos. [illegible] ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Tuttle

(a) Residence: No. [illegible] Court Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	[illegible]

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) [illegible] 1931

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		3	21/4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Sidney B Tuttle

14. BIRTHPLACE (city or town) (State or country) Dist of Columbia

15. MAIDEN NAME Esther Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 1/5- 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 1931 C. PAWSON [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/7/31, 19 to 1/7/31, 19

I last saw h[illegible] alive on 1/7/31, 19 death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pylorus Stenosis	2 Wks.
Other contributory causes of importance: Malnutrition	B. 4d

Name of operation Gastroenterostomy Date of 1/7/31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

50—M. & T.—100 B—501.

72792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001 E 72792

REGISTERED NO. 43-54

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Germount Ave ST., WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Betty Stein

(a) RESIDENCE No. 525 Patterson Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 7-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	2	10	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Isidor Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Annie Cheg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant: Isidor Stein

(Address) 525 Patterson Pl

15 Filed 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Mule riding in truck at collided with another car causing Red injuries

(duration) Fract CC Fract yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Germount Ave

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clin

(Signed) H. Brauer M. D.

(Address) Strayer Bldg Coroner

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cem

DATE OF BURIAL: 12-8-1931

20 UNDERTAKER: [illegible]

ADDRESS [illegible]

72793 P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

105 E 72793

CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto. Eye Ear & Throat Hosp (WARD) 16-68

CITY OF BALTIMORE: (NO 1214 Eutaw Place

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Abraham Stein

(a) RESIDENCE NO 1031 No Bentlow ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Wh.

5 ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word): Married

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Stein

6 DATE OF BIRTH (month, day, and year) Aug 4, 1890

7 AGE 41 Years 2 Months 3 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Grocer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Independent

9 BIRTHPLACE (city or town) (State or country): Europe - Russia

PARENTS

10 NAME OF FATHER: Samuel Stein

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Flora Parsins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Dep Records

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 7 . 1931 . to Oct 7 . 1931 .

that I last saw h~~im~~ alive on Oct 7 . 1931.

and that death occurred, on the date stated above, at 12 Noon

The CAUSE OF DEATH* was as follows:

Acute laryngitis - suppuration resulting from extension of infection following tracheotomy

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Acute laryngitis

(duration) yrs. mos. ds.

* Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 7/31

Was there an autopsy? No

What confirmed diagnosis? Laryngoscopic Examination

Signed M M Bayer, M. D.

19 (Address) Balto. Eye & Ear

* State the Disease Causing Death, or in deaths from Violent Causes, (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Lebanon

DATE OF BURIAL: 10-5-31 19

20 UNDERTAKER: Dor Funeral Inc 1439

ADDRESS

10—M & T.—100 B—50L

E 72794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72794

93-004

REGISTERED NO. 27-43 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5408 Remmell Ave. ST., ____ WARD ____

2-FULL NAME Eli Augustus Burgan

(a) RESIDENCE NO. 5408 Remmell Ave. ST., ____ WARD ____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs ____ mos ____ da. How long in U. S., if of foreign birth? ____ yrs ____ mos ____ da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 1st, 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	82	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.Co. Md.

PARENTS

10 NAME OF FATHER William Burgan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto.Co., Md.

12 MAIDEN NAME OF MOTHER Mary Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto.Co., Md.

14 Informant: Ida Fairbanks
(Address) 5408 Remmell Ave.

15 Filed ____ 19__ ____ Registrar
By ____

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7, 1931 2:30 P.M.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY (Secondary) Arteriosclerosis (See file)
(duration) ____ yrs. ____ mos. ____ da.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) [signature] Coroner, M. D.

Cor. D. (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Oct 10 1931

ADDRESS: 7401 Belair Rd.

20 UNDERTAKER: Frederick Loeschner Sons

8-1931 C. HAMPSON, JR.

10—M. & T.—100 B—501.

72795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 003 72795

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 911 Argyle ST. 7-24 WARD

2-FULL NAME Wm Lee

(a) RESIDENCE NO. 911 Argyle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Orlla

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE Years 55 Months Days If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm Jas Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Wm J Lee

(Address) 911 Argyle St

15 Filed OCT 5 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Argyle Lee thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis 6

(duration) yrs mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy?

What tests confirm diagnosis? Yes

(Signed) Bayard Ellicott, M. D. (Coroner)

(Address) Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem. DATE OF BURIAL 10-8 1931

20 UNDERTAKER Byron Keyser ADDRESS 1218 McElderry St

c—1-30—M. A T.—250 Blks

72796 HEALTH DEPARTMENT—CITY OF BALTIMORE 72796

CERTIFICATE OF DEATH. ✓107 E 20

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1503 Ramsey ST. 19-27 (WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Lee Hanley

(a) RESIDENCE NO. 1503 Ramsey ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7 - 1931

7 AGE: Years 0 | Months 5 | Days 0 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore

10 NAME OF FATHER David M Hanley

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Flora G Schuler

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore

Informant David M Hanley

(Address) 1503 Ramsey

Filed 10-8-1931 Jell Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7-31

17 I HEREBY CERTIFY, That I attended deceased from 10-4-, 1931 to 10-7-, 1931, that I last saw him alive on 10-7-, 1931, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Neal W McCoy, M. D.

10-12, 1931 (Address) 54 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: 10-8-1931

20 UNDERTAKER: Robert Brooks & Son — ADDRESS: Calhoun Hollins sts

20—M & T—100 B—50L

E 72797

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72797

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) President Park ST. 1-23 (WARD)

2-FULL NAME Marion L. Jones

(a) RESIDENCE NO. 700 Bond ST., WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE Col | 5 Single, Married, Widowed, or Divorced (write the word) Single

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2 1925

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stone
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Patterson

9 BIRTHPLACE (city or town) (State or country) Garfield Jones

PARENTS

10 NAME OF FATHER Garfield Jones Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary E Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Garfield Jones
(Address) 700 Bond

15 Filed OCT 8 - 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 8th 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows*
Broncho Pneumonia
(duration) 3 yrs. 8 mos. 14 da.

CONTRIBUTORY (Secondary) Whooping Cough
(duration) yrs. mos. 14 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signature) H. Gerber, M. D. Coroner

(Address) Brodie

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dawsonville Cem

DATE OF BURIAL Oct 8 1931

UNDERTAKER Samuel H Hemsley

ADDRESS 1918 N Bible

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72798

72798

1 PLACE OF DEATH

CITY OF BALTIMORE, (No.) 4201 Somerset Place RP WARD 49

2 FULL NAME Maurice Tyson E Ellicott

(a) RESIDENCE NO. (Usual place of abode) 4201 Somerset Place RP WARD

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~ Widowed or ~~Divorced~~ (write the word): Widowed

HUSBAND of ~~Late~~ Late Eugenia D. Ellicott

6 DATE OF BIRTH (month, day, and year) Aug 21 1871

7 AGE: Years 60 Months 1 Days 11 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Incarcerated for 5 yrs

(b) General nature of industry, business, or establishment in which employed (or employer): Last four years

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Florence Howard Co Md

10 NAME OF FATHER: George Ellicott III

11 BIRTHPLACE OF FATHER (city or town) (State or country): Howard Co Md

12 MAIDEN NAME OF MOTHER: Catherine Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Howard Co Md

PARENTS

14 Informant (Address): Maurice T. Ellicott Jr 4201 Somerset Place RP

15 FILED 1931

16 REGISTRAR: C. HARRISON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 28 1931 to Oct 7 1931

that I last saw ~~him~~ her alive on Oct 7 1931

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage -
The final one occurred Sept 21/31
over indulgence in alcohol 2 yrs

CONTRIBUTORY (duration)

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical findings

(Signed) Edward Shehan M. D.

1931 Address: 1400 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ellicott Burying Ground

DATE OF BURIAL: Oct 9 1931

20 UNDERTAKER: Henry H Jenkins Sons

ADDRESS: Greenmount Ave

ACo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

72799

CERTIFICATE OF DEATH

23 E 72799

Registered No.

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 11-2 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Moore

(a) Residence: No. 953 Madison Ave. St., Ward. C. M. T. B.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabell Moore

DATE OF BIRTH (month, day, year) Dec. 5th 1[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28		10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Blacksburg, Va.
13. NAME Wm. Moore
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Isabell Moore
(Address) 36 N. Eden St.
18. BURIAL, CREMATION, OR REMOVAL. Place ~~Forrest Lawn~~ Date Oct 8, 1931
19. UNDERTAKER Wm. P. A. Elliott
(Address) 1925 Eastland Ave.
20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-16-31, 19, to 10-6-31, 19

I last saw him alive on 10-6-31, 19 death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 mnths.
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence A. Tenn M. D.

(Address) BALTIMORE CITY HOSPITALS

aCo. 5-31 2408

72800 HEALTH DEPARTMENT CITY OF BALTIMORE 72800

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. E-13 Ward)

Length of residence in city or town where death occurred 15 yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Anna Fair

(a) Residence: No. 1636 Ellsworth Pl. St., ... Ward. C. F. C. B.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jake Fair

7. DATE OF BIRTH (month, day, year) 2-29-1901

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	30	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - 031
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) Dillwyn, Va.

13. NAME Henry Branch

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dillwyn Va. Date Oct 8, 1931

19. UNDERTAKER Mrs. H. A. Elliott
(Address) 1730 Eutaw Pl.

OCT 8 - 1931

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-15-31, 19 ... to 10-6-31, 19 ...

I last saw her alive on 10-6-31, 19 ... death is said to have occurred on the date stated above, at 6:35P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4 months
Other contributory causes of importance:	
Pelvic abscess (gonococcal)	?

Name of operation None Date of -

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ... 19 ...
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? No If so, specify -

(Signed) Lawrence H. Sears, M. D.
(Address) BALTIMORE CITY HOSPITALS

5-3187

72801

HEALTH DEPARTMENT—CITY OF BALTIMORE

72801

X 43-002

CERTIFICATE OF DEATH

REGISTERED NO.

1 PLACE OF DEATH Johns Hopkins Hospital ST 7-4 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

2 FULL NAME Anna May Herzberg

(a) RESIDENCE NO. 1909 Snyder Ave — ST. WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) May 23 - 1931

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5 - 4	13	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Fred Herzberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa -

12 MAIDEN NAME OF MOTHER Caroline Bennett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa -

14 Informant Friend

(Address) Johns Hopkins Hospital

15 Filed Oct 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 - 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 6, 1931

that I last saw her alive on Oct 6, 1931

and that death occurred, on the date stated above, at 12 noon.

The CAUSE OF DEATH* was as follows:

Dysentery, Bacillary

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis?

(signed) J. C. Gordon M. D.

Oct 10 1931 (Address) Johns Hopkins

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel

DATE OF BURIAL Oct 8 1931

20 UNDERTAKER John Ulmer

ADDRESS 2008 Orleans

Hall. 1331 E North Ave ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

72802 46 L 72802

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1110 E. Federal (St.) 9-18 (Ward)

2 FULL NAME Rose V. McIntyre

(a) RESIDENCE NO. 1110 E. Federal ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 48 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank McIntyre

7 DATE OF BIRTH (month, day, and year) 12-8-1882

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	48	9	28	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

10 BIRTHPLACE (city or town) (State or country) Maryland

11 NAME OF FATHER Ambrose Walter

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

13 MAIDEN NAME OF MOTHER Katherine Dietrich

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Wash DC

15 Interment (Address) W. G. Walter & Co 1602 Holbrook St

16 Filed 10-7-1931 H. C. JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) 10-6-31

19 I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1930, to Oct 6, 1931

that I last saw h[illegible] alive on Oct 6, 1931

and that death occurred, on the date stated above, at 11 [illegible] P.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum and Liver

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

20 Where was disease contracted if not at place of death? Not known

Did an operation precede death? Yes Date of Oct 1930

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel B Wolfe M. D.

10/7 1931 (Address) 1331 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL 10/9/1931

20 UNDERTAKER Wm Cook — ADDRESS 1269 St Paul St

20—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72803

REGISTERED NO. 43-003 ; E 72803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Watcoat St. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2. FULL NAME James E Dorsey.

(a) RESIDENCE NO 809 Watcoat St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1849

7 AGE: Years 72 | Months | Days | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant: Martha Parks (Address) 809 Watcoat St

15 Filed Aug 4, 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Aug 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs 6 mos ds

CONTRIBUTORY (Secondary) (duration) yrs mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D. Coroner

C. D. (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem

DATE OF BURIAL: Aug 9 1931

20 UNDERTAKER: Samuel Ecarius

ADDRESS: Pa Ave

72804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72804 REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE. (No 617 S. Bethel St. ST. 2-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Baby Nowakowski

(a) RESIDENCE NO. 617 S. Bethel St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. If single, Married, Widowed, or Divorced, (write the word): —

6. If married, widowed, or divorced (a) HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, and year): Oct. 8 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs.
✓				30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10. NAME OF FATHER: Vincent Nowakowski

11. BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12. MAIDEN NAME OF MOTHER: Mary Gaworek

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14. Informant (Address): Vincent Nowakowski 617 S. Bethel St.

15. Filed [illegible] 19 [illegible] [illegible] HAMILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): October 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from October 8 31 to , 19

that I last saw him alive on October 8 31

and that death occurred, on the date stated above, at 6 00 a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Milton L. Solomon M. D.

19 (Address) 117 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary DATE OF BURIAL: Oct 8 1931

20. UNDERTAKER: F W Ozarowski ADDRESS: 1930 Eastern

Spec.-7-17-26—A Co.—200 Blks.

E 72805

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72805

CERTIFICATE OF DEATH

REGISTERED NO. 12-50 59

1-PLACE OF DEATH

City of BALTIMORE: (No. 3013 St Paul st St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Johanna Cloutier

(a) RESIDENCE NO. 3013 St Paul st St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm J Cloutier

6 DATE OF BIRTH (month, day, and year): October 5-1845

7 AGE: Years 86 Months — Days 12

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York City

PARENTS

10 NAME OF FATHER: John Summers

11 BIRTHPLACE OF FATHER (City or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Alice Cuthbert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England

14 Informant (Address): Mary E. Cloutier 3013 St Paul st

15 Filed 1931 C. HUDSON JONES, M. D. Registrar

By: [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 7-1931

17 I HEREBY CERTIFY, That I attended deceased from Nov 15. 1930. to Oct 7. 1931.

that I last saw h[illegible] alive on Oct 7. 1931.

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Left Hemiplegia

Apoplexy 2 Days

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Paul Brown M. D.

Oct 9, 1931 (Address) 1663 N North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: Cathedral Cemetery

Date of Burial: Oct 10 1931

20 UNDERTAKER: Chas. P. Meyerson

ADDRESS [illegible]

Spec.—12-23-21—E.R.P.S.—400 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72806

CERTIFICATE OF DEATH.

8 2001 E 72806

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1122 Hanover St., (Ward) 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia H. Rohleder

(a) Residence No. 1122 Hanover St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. (If of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced. (Write the word.) Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of G. H. Rohleder

6-DATE OF BIRTH (month, day and year) July 21 1864

If LESS than 1 day, hrs. or min.?

7-AGE 67 yrs. 2 mos. 14 ds.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (City or Town) (State or Country) Martinsburg W. Va.

PARENTS

10-NAME OF FATHER Chas. H. Thumel.

11-BIRTHPLACE OF FATHER (City or Town) (State or Country) Germany.

12-MAIDEN NAME OF MOTHER Not Known

13-BIRTHPLACE OF MOTHER (City or Town) (State or Country) Germany.

14-Informant G. H. Rohleder

(Address) 1122 Hanover St

15-Filed 1931 Registrar C. HAMPSON JONES, M.D. H.O.H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct. 5th 1931

17-I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Oct 2 1931.

that I last saw her alive on Oct 2 1931.

and that death occurred, on the date stated above, at 4.35 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) yrs. mos. ds.

If there was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) John A. Thumel M.D.

19 (Address) 1322 S. Ann St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.A. Co. DATE OF BURIAL 10—9—1931

20-UNDERTAKER E & B Harle ADDRESS 115 E. West St.

Spec.—7-17-26—A Co.—200 Blks.

E 72807.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-103 ✓ E 72807.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 1337 S Charles St. 11-19 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary C. Franz

(a) RESIDENCE NO. 1337 S Charles St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 0 mos. 2 da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John. Franz.

6 DATE OF BIRTH (month, day, and year): Oct 5th 1857

7 AGE — Years: 74 — Months: 0 — Days: 2 — IF LESS than 1 day hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Leonard. Appel

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Barbara Schepper

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant (Address): Mrs Margt Browne 1337 S Charles St

15 Filed 10-31 19 — R. S. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: October 7, 1931.

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1931. to October 7, 1931.

that I last saw her alive on October 7, 1931.

and that death occurred, on the date stated above, at 6.15 A. m.

The CAUSE OF DEATH* was as follows: Myocardial Insufficiency

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Bronchial asthma 2

Myocarditis (duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jabez C. Schenck, M. D.

19 (Address) 1337 S Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross A A Co. — Date of Burial: 10-10 19 31

20 UNDERTAKER: Est B Hart — ADDRESS: 115 E West St

ACo. 5-31 2500

72808 HEALTH DEPARTMENT—CITY OF BALTIMORE 72808

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ? St. 26-2 Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Craumer

(a) Residence: No. 3405 Pleasant Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Craumer

7. DATE OF BIRTH (month, day, year) April 27, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pheonix Md.

13. NAME J. W. Green

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT Records of Balto. City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Forest Lawn Co. Date Oct 9 1931

19. UNDERTAKER Thos. E. Brown & Son

(Address) 3615 Chestnut Ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-10-31 . 19 . to 10-7-31 . 19

I last saw her alive on 10-7-31 . 19 death is said to have occurred on the date stated above, at 8:30 A M

The principal cause of death and related causes of importance were as follows:

Date of onset

Heart disease, arteriosclerotic type 1931 ?

Other contributory causes of importance: Arteriosclerosis Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Arthur L. Arnold M. D.

(Address) Balto. City Hosp.

30—M. & T.—100 B—561.

72809

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72809

CERTIFICATE OF DEATH

165

23-32

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Hanover St. ST. WARD)

2-FULL NAME Otto A. Gundlach.

(a) RESIDENCE NO 1502 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of Elizabeth Gundlach.

7 DATE OF BIRTH (month, day, and year) Sept. 27, 1879

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	10	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Cabinet maker.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

11 NAME OF FATHER Frederick Gundlach.

12 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

13 MAIDEN NAME OF MOTHER Magdeleine -----

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elizabeth Gundlach. (wife)

(Address) 1502 Hanover St.

Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by hanging.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Enquiry

(Signed) Otto M. Heintzelman, Coroner, M. D.

10/7 1931 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 10 - 10 1931

20 UNDERTAKER Albert L. Hitz

ADDRESS 1606 N. Charles St

1931 C. HAMPSON JONES, M. D.

...ec.—9-30—A. & Co.—250 Blks.

72810 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1131 N. Carey St 16-23 WARD)

REGISTERED No 72810 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Nora Christopher

(a) RESIDENCE No 1131 N. Carey ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F. | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of Thos. Christopher

7 DATE OF BIRTH (month, day, and year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Md.

14 Interment (Address): Thos. Christopher 1127 Carey St.

15 Filed Jun 24, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/17/31

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1931, to Oct. 17, 1931 that I last saw h[illegible] alive on Oct 17 1931 and that death occurred, on the date stated above, at 7:30 A.M.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Organic Heart Disease (duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) [illegible] M. D.

19 31 (Address) 824 York Rd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 6/19/1931

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill Ave

30—M. & T.—100 B—50L.

E 72811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72811

CERTIFICATE OF DEATH

167

REGISTERED NO. 15-63

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Carr Lowry Glass Works, Foot of Wenburn St. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Cornelius Pous.

(a) RESIDENCE NO 4118 Forest Park Ave. ST. WARD
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs ---- ds. How long in U. S., if of foreign birth? 18 ---- ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6 If married, widowed, or divorced
HUSBAND of
~~WIFE of~~ Annie Pous.

7 DATE OF BIRTH (month, day, and year) May 18, 1884

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	4	19	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Auditor,
(b) General nature of industry, business, or establishment in which employed (or employer) Carr Lowry Glass Co.
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Holland.

PARENTS

11 NAME OF FATHER William C. Pous.

12 BIRTHPLACE OF FATHER (city or town) (State or country) Holland.

13 MAIDEN NAME OF MOTHER Estheribe von Haveren.

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Holland.

14 Informant Johanna Pous. (sister)
(Address) 4118 Forest Park Ave.

15 Filed 10/7, 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Laceration of the brain.
Pistol shot wound in right temple.
Suicide.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No.
What test confirmed diagnosis? Inquiry

(Signed) Otto M. Eisenhardt, M. D.
Coroner
10/7, 1931 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery
DATE OF BURIAL 10/9/1931

20 UNDERTAKER Wm Cook
ADDRESS 1217 St Paul St

30—M. & T.—100 B—50L.

72812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72812

137

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill our No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 8-17 WARD)

2. FULL NAME William W. Sheats

(a) RESIDENCE NO 1709 E. Catelina ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie B. Sheats

6 DATE OF BIRTH (month, day, and year): Nov 8/ 1870

7 AGE: Years 60; Months 11; Days 0; If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Jewelry
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Queen's Anne Co., Md.

10 NAME OF FATHER: Thomas H. Sheats

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Frances A. Barrett

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Queen's Anne Co., Md.

14 Informant: Thomas H. Sheats, Jr.
(Address): 3303 Chatham Road

15 Filed ____, 1931 ____, 192 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 8 A.M. Oct 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Uremia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): Hypertrophied Prostate

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? no Date of ____

Was there an autopsy? no

What test confirmed diagnosis? ____

(Signed) R. H. Carter, M. D.
Coroner

Oct. 8/31 19 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: 10/10/1931

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

HEALTH DEPARTMENT CITY OF BALTIMORE

108E 72813

CERTIFICATE OF DEATH

Registered No. 72813

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lutheran Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 10 yrs 6 mos 2 ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Margaret Jamanski

(a) Residence: No. 2246 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of /

DATE OF BIRTH (month, day, year) Oct 5, 1931.

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	0	0	2	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Eduard Zamanski

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Anna Price

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Anna Jamanski
(Address) 2246 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Oct. 10 1931

19. UNDERTAKER F. H. Czaplewski
(Address) 1900 Eastern Ave

20. FILED Oct. 10, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1931, to Oct 7, 1931

I last saw he alive on Oct 7, 1931, death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right)	10/4/31
Other contributory causes of importance: None	

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify)

(Signed) E. Nita Meranski, M. D.

(Address) Lutheran Hospital

E 72814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-L 72814

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1010 Biscoe St. 21-31 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Zapp

(a) RESIDENCE NO. 1010 Biscoe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Zapp

7 DATE OF BIRTH (month, day, and year): Feb 17 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	7	23.	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country): Balto Md

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germy

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germy

Informant: Mrs Annie White

(Address) 1213 Bruce St

Filed 1931 19 H. M. Jones, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 7 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 3 1930 to Oct. 7 1931

that I last saw her alive on Oct. 6 1931

and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 1 yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. N. Campbell M. D.

10/7 1931 (Address) 1644 Halcon St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Oct 9 1931

20 UNDERTAKER: C. Schlosser & Son

ADDRESS 1034 Hanover

Treger 72815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-B-03 72815

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) West Balto Gen Hosp ST. 13-59 WARD 1

2 FULL NAME Sarah Treger

(a) RESIDENCE NO. 3408 Auchentoroly Ter ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Wolf

7 DATE OF BIRTH (month, day, and year): 1855

8 AGE: Years 76 — Months — Days — If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED: None

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Russia

11 NAME OF FATHER: Abraham Felsenbaum

12 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

13 MAIDEN NAME OF MOTHER: Ida —

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

15 Informant (Address): Mrs B Fursberg 2125 Brookfield ave

16 Filed 10/9/31 Registrar C. HAMPTON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year): 10/8/31

17 I HEREBY CERTIFY, That I attended deceased from 10/5/31, 19 to 10/8, 19 31

that I last saw h alive on 10/8, 19 31

and that death occurred, on the date stated above, at 5.15 p.m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary): Krouial Broncho Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H Archer M. D.

10/9 19 31 (Address) West Balto Gen Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Herring ger

20 UNDERTAKER: Jos Morrison + Bro 6 Balto st

DATE OF BURIAL: Oct 19 19 31

ADDRESS 1127

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72816

CERTIFICATE OF DEATH

V 93 E 72816

REGISTERED NO. 7713

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1238 N. Gay ST. 8 WARD

2 FULL NAME Mary Jane Rinehart

(a) RESIDENCE NO. 1238 N Gay ST. 8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6 If married, widowed, or divorced (or) WIFE of Elias Rinehart

7 DATE OF BIRTH (month, day, and year) Apr. 20-1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Shrewsbury Penn.

10 NAME OF FATHER Daniel Kraumer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Shrewsbury Penn.

12 MAIDEN NAME OF MOTHER Mary Ann Silk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn.

14 Informant Thomas Kraumer (Address) 1238 N. Gay St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 - 1931 to Oct 8 - 1931

that I last saw her alive on " " 1931

and that death occurred, on the date stated above, at 3:30 P. M.

The CAUSE OF DEATH* was as follows:

Myocarditis

Uncertain (duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gall Stone attack (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

10/8/1931 (Address) 1223 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Poplar M. E. Cemetery

DATE OF BURIAL: Oct 11 1931

20 UNDERTAKER: Henry Lutz

ADDRESS 1203 N. Broadway

Form—12-23-21—P.B.P.S.—400 Blks

E 72817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8-1-001
8-2 E 72817

Registered No.

1-PLACE OF DEATH
City of BALTIMORE: (No.) 1304 N. Bentalou St. 16-68 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry Flandorffer

(a) Residence No. 1304 N. Bentalou St., Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Widowed

6-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sadie F. Flandorffer

7-DATE OF BIRTH (month, day and year): Oct. 16, 1876

8-AGE: 54 yrs. 11 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.?

9-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

10-BIRTHPLACE (City or town) (State or Country): Baltimore, Md.

PARENTS.

10-NAME OF FATHER: Theo. M. Flandorffer

11-BIRTHPLACE OF FATHER (City or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Caroline C. Wedekake

13-BIRTHPLACE OF MOTHER (City or town) (State or Country): Baltimore, Md.

14- (Informant): Mrs. Matilda Kane
(Address): Woodlawn, Md.

15- Filed 10 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct. 7, 1931.

17- I HEREBY CERTIFY, That I attended deceased from Sept. 30 1931 to Oct. 7, 1931
that I last saw him alive on Oct. 7, 1931
and that death occurred, on the date stated above, at 1.15 P. m.
The CAUSE OF DEATH* was as follows:

Central Hemorrhage.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? "

What test confirmed diagnosis? Examination

(Signed) John D. Quinn M. D.
10/7 1931 (Address) 1607 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn DATE OF BURIAL: 10/10 1931

20-UNDERTAKER: Wm. J. Tuckner Sons ADDRESS: N. Y & Pa

30—M. & T.—200 B—501.

Newberry

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72818 X16 E 72818

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital ST. 7-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME John B. Newbery

(a) RESIDENCE NO. 151 Hamilton Ave., New Rochelle, N.Y. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 1/1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Rochelle, N.Y.

PARENTS

10 NAME OF FATHER Fenton Stanley Newbery

11 BIRTHPLACE OF FATHER (city or town) (State or country) Camden

12 MAIDEN NAME OF MOTHER Lillian Johnson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York City

14 Informant Fenton Stanley Newbery

(Address) New Rochelle, N.Y.

15 Filed 192 Registrar

Oct 8 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Anterior Poliomyelitis

(Infantile Paralysis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) [illegible], M. D. Coroner

Oct. 19 (Address) 100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Rochelle N.Y.	Oct 9. 1931
20 UNDERTAKER John C. Mitchell & Son	ADDRESS 1900 Eutaw Place

Spec.—1-1931—MAT—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72819

CERTIFICATE OF DEATH.

E 72819

REGISTERED NO. 15351

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 3249 Chester ST. 13 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary Ott 3249 Chester ST. 13 WARD

(If non-resident give city or town and State)

(a) RESIDENCE NO. (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs 0 mos 0 ds 1 How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female | 4 COLOR OR RACE white | 5 Single, Married, Widowed, or Divorced. (write the word) Single

6a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/7/31

7 AGE Years | Months | Days 1 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer none

9 BIRTHPLACE (City or town) (State or country) Balt md

PARENTS

10 NAME OF FATHER Lawrence Ott.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balt md

12 MAIDEN NAME OF MOTHER Mal Shumaker

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Balt md

14 Informant (Address) Lawrence Ott.

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/8 1931

17 I HEREBY CERTIFY, That I attended deceased from 10/7 1931 to 10/8 1931

that I last saw he alive on 10/8 1931

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Premature gestation

(duration) yrs 8 mos ds

CONTRIBUTORY (Secondary) Eclampsia (duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Gynecological

(Signed) Otto Ehrenfeld M. D.

(Address) 3701 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery DATE OF BURIAL Oct 9 1931

20 UNDERTAKER Walter Davis ADDRESS 3418 Chestnut Ave

aCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72820

CERTIFICATE OF DEATH

114 E 72820

Registered No. 6-4

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME George Morgereth

(a) Residence: No. 2045 E. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth

7. DATE OF BIRTH (month, day, year): June 3, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Frederick

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Eva Nesline

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place [redacted] Date Oct 10, 1931

19. UNDERTAKER (Address): [illegible] 2007 Belair Rd

20. FILED OCT 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-7-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-18-31, 19 to 10-7-31, 19

I last saw him alive on 10-7-31, 19 death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Pleura	Aug 1931
Secondary Anemia	[illegible]

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——— 19 ———

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72821

52321

CERTIFICATE OF DEATH

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-21 WARD) Registered No. 129

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Otho Johnson

(a) RESIDENCE No. 1307 Presstman St - ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	Black	—

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Feb. 18-1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2½ yrs.	7	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md—

10 NAME OF FATHER Otho Johnson

11 BIRTHPLACE OF FATHER (city or town) Md—
(State or country)

12 MAIDEN NAME OF MOTHER Sadie Bates

13 BIRTHPLACE OF MOTHER (city or town) Md—
(State or country)

14 Informant Records—
(Address)

Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6-31

17
I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 6, 1931
That I last saw him alive on Oct 6, 1931
and that death occurred, on the date stated above, at 9 15a m.
The CAUSE OF DEATH* was as follows:
Pneumococcus peritonitis

(duration) 1 yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis, acute tubular

(duration) 1 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) V. C. Gordon M. D.

10/5, 1931 (Address) J. H. Hop

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Oct 9 1931

ADDRESS 1303 Presstman St

20 UNDERTAKER Thomas E. Kelson

ACo. 5-31 2MB

E 72822 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72822

CERTIFICATE OF DEATH

59

Registered No. 27-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2706 Overland Ave (Ward) 27

(Length of residence in city or town where death occurred) 11 yrs mos ds (How long in U.S. if of foreign birth?) yrs mos ds

2. FULL NAME Agnes Emilene Crawford

(a) Residence: No. Laura ville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed or divorced~~ (or) WIFE of Guy L Crawford

DATE OF BIRTH (month, day, and year) Feb 2nd 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Orlando W. Taylor

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Anna Patrick

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Guy L Crawford

(Address) 2706 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL Evergreen Md Date 10/10/1931

19. UNDERTAKER Wm Cook

(Address) 12 East Saratoga St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1930 to Sept 8 1931

That I last saw ~~s~~he alive on Sept 8 1931 death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus. Jan 1930

Chronic Cardionephritis Supervening July 1928

Name of operation None. Date of

What test confirmed diagnosis? Lab Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. E. Grady M. D.

(Address) Fayette & Caroline Sts

Spec.—9-30—A. A Co.—250 Blks

E 72823 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 72823

CERTIFICATE OF DEATH

108 V

REGISTERED NO. 9-18

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 1434 Aisquith ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Ellen Brown

(a) RESIDENCE NO. (Usual place of abode) 1434 Aisquith ST. WARD

(If non-resident give city or town and state)

Length of residence in city or town where death occurred 71 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy S. Brown

7 DATE OF BIRTH (month, day, and year) Nov. 17, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Walter Brown

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lena Poecock

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant (Address) Timothy S. Brown 1123 Ensor Street

15 Filed Oct 9 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 - 1931

17 I HEREBY CERTIFY, That I attended deceased from May 11 1931 to Oct. 8 1931

That I last saw h-r alive on Oct 7 1931 and that death occurred, on the date stated above, at 1:45 A m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wesley A Young M. D.

Oct 9 1931 (Address) 724 Park. Blvd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cemetery

DATE OF BURIAL 10/10 1931

20 UNDERTAKER Henry H. Myers & Sons ADDRESS

20—M "C"—100 B—60L

E 72824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 46 E 72824

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-17 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Thomas Byerly

(a) RESIDENCE NO Rosedale, Phila Rd. Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) Oct 8/1852

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	0	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hardware Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila, Pa.

PARENTS

10 NAME OF FATHER Wm. Byerly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Urfus Dickesen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Wm. Thomas Rosedale Md.
(Address)

15 Filed 192 Registrar

C. HAMPSON JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Uremia Chr Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma Rectum
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Mace, M. D.
Coroner

19 (Address) Oct 8/31 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood,	Oct. 10 1931
UNDERTAKER John G. Connelly	ADDRESS Essex Md

...—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

2825

CERTIFICATE OF DEATH

82-001

E 72825

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 2657 Edmondson Av ST. 20-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Howard Nitchman

(a) RESIDENCE NO. 2657 Edmondson Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

ngth of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Nitchman

DATE OF BIRTH (month, day, and year) March 10-1864.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman.

(b) General nature of industry, business, or establishment in which employed (or employer) Flour.

(c) Name of employer George R Ruhl Jr.

BIRTHPLACE (city or town) (State or country) East Berlin Pennsylvania.

10 NAME OF FATHER Cornelius Nitchman

11 BIRTHPLACE OF FATHER (city or town) East Berlin Pa.

12 MAIDEN NAME OF MOTHER Susan Heisel

13 BIRTHPLACE OF MOTHER (city or town) East Berlin Germa.

Informant Mary Elizabeth Nitchman

(Address) 2657 Edmondson Av

Filed ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7-1931

17 I HEREBY CERTIFY, That I attended deceased from February 28. 1931. to October 7- 1931.

that I last saw h im alive on October 7- 1931.

and that death occurred, on the date stated above, at 5:13 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorhage.

(duration) yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) Unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms.

(Signed) Chester Richards, M. D.

10-7-1931 (Address) 2532 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL OCT 10 1931 19

20 UNDERTAKER Geo N Little

ADDRESS 2700 EDMONDSON AVE.

ACo. 5-31 2908

HEALTH DEPARTMENT—CITY OF BALTIMORE

72826

CERTIFICATE OF DEATH

131 C 72826

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 19-28 Ward

Length of residence in city or town where death occurred 42 yrs 11 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Elizabeth Boyer

(a) Residence: No. 1717 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Boyer

7. DATE OF BIRTH (month, day, year) Nov 8, 1888

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	42	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME William Thomas

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Lillian Murdock

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Pk Date Oct. 12 1931

19. UNDERTAKER Geo. H. Fuhr
(Address) 2710 Edmondson Ave

20. FILED Oct. 12 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8/31

22. I HEREBY CERTIFY, That I attended deceased from September 28 1931 to October 8, 1931

I last saw h[illegible] alive on Oct. 8 1931 death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	3 yrs.
Other contributory causes of importance: Chronic Diffuse Nephritis Cerebral Hemorrhage Broncho-Pneumonia	? 10-7-31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno Boyer M. D.

(Address) Mercy Hospital

72827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72827 JOHNS HOPKINS HOSPITAL

REGISTERED NO. ✓ L 145-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No) Divorced ST. 7-9 WARD 1

2 FULL NAME Mary Davis

(a) RESIDENCE NO. Randalls, Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	M.

6 If married, widowed, or divorced (or) WIFE of Virginia Davis

7 DATE OF BIRTH (month, day, and year) Sept 11-1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22		29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Jeannie Blizzard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maggie Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Johns Hopkins Hospital Records (Address)

15 Filed Oct 8 1931 E. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 19 31, to Oct 8, 19 31

that I last saw h[illegible] alive on Oct 8, 19 31

and that death occurred, on the date stated above, at 12:50 p m.

The CAUSE OF DEATH* was as follows:

Acute toxic nephritis, with anuria and uremia.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Intrapartum and puerperal endometritis (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Not known.

Did an operation precede death? Yes. Date of Oct. 2 & 3, 1931

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy.

(Signed) Raymond J. Sauer M. D.

19-8-1931 (Address) Johns Hopkins Hospital Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ola Home Comfort Va DATE OF BURIAL Oct 9 1931

20 UNDERTAKER Adam J. Chase Home ADDRESS 638 N. Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72828

CERTIFICATE OF DEATH

X 23

E 72828

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS. 4-26 St., Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs 4 mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Wesley Campbell

(a) Residence: No. Greenmount Ave. St., Ward. C. M. T. B.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 5th

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	34	10	1	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston Salem, N.C.

13. NAME Edward Campbell

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mary Speeks

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT (Address)

18. BURIAL Place [illegible] Date OCT 9 - 1931

19. UNDERTAKER (Address) [illegible]

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-31 , 19

22. I HEREBY CERTIFY, That I attended deceased from 7-23-31 , 19 to 10-6-31 , 19

I last saw him alive on 10-6-31 , 19 death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB.	4 mos.
Tuberculosis	

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent? No If so, specify

(Signed) Lawrence Sena, M. D.

(Address) BALTIMORE CITY HOSPITALS

2829

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 72829

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1652 Warwick Ave. 45-6-8 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Henry J. Knoch

(a) Residence: No. 1652 Warwick Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha E. Knoch

DATE OF BIRTH (month, day, year) Mar. 19. 1874

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	57	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Louis H. Knoch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise A. Heine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha E. Knoch

(Address) 1652 Warwick Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Western Date Oct 14 1931.

19. UNDERTAKER Jno. N. Tindley & Son

(Address) 561 W. Fayette St.

20. FILED Oct. 8. 1931. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1931.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Oct 8, 1931

I last saw him alive on Oct 8 1931, death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	7/1/31

(Other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney A. Strauch, M. D.

(Address) 450 N. Eutaw St.

ACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 B 72830

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Eastern Ave. 3-4 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Szelistowska

(a) Residence: No. 1512 Eastern ave St. 3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ? Szelistowski

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day hrs or min
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Father John Szeliga

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Leo Karwatka
(Address) 1915 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Oct. 10th 1931

19. UNDERTAKER Lilly & Sister Inc
(Address) 402 S. Broadway St

20. FILED Oct 10 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1931 to Oct. 8 1931

I last saw her alive on Oct 8 1931 death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Carcinoma of Stomach	5 mos

Name of operation — Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John V. Zagrobelny M. D.
(Address) 1802 Eastern Ave.

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72831

E 72831

CERTIFICATE OF DEATH

59

Registered No. E 72831

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 16-2-2 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie James

(a) Residence: No. 1014 N. Vincent St., Ward, (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 24, ?

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Southampton Co. Va.

13. NAME Thomas Taylor

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Evans ?

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn (Date 10-10 1931)

19. UNDERTAKER Fred D. Eyerly
(Address) 216 Pa. Ave.

FILED 10-10 1931 Co. Harmon Kos. H. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1931 to Oct. 8, 1931

I last saw him alive on Oct. 8, 1931 death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Feb 1931
Myocarditis, Chr	
Other contributory causes of importance:	
Bronchopneumonia	4 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Titus M. D.
(Address) Balto. City Hosp.

72832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 ✓ 001 L 72832

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 5200 Tillery Way ST. 27-48 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Amanda Jane Chitwood

(a) RESIDENCE NO. 5200 Tillery Way ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	negress	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) about 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook (private home)

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer Dr K. W. Ebeling

9 BIRTHPLACE (city or town) (State or country) Alabama

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Alabama

14 Informant (Address) Dr K W. Ebeling 5200 Tillery Way

15 Filed 1931 C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1931, to Oct 8, 1931,

that I last saw h[illegible] alive on Oct 8, 1931

and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows:

arteria sclerosis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) cerebral haemorrhage (duration) yrs. mos. [redacted] ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? not Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) Karl W. Ebeling, M. D.

, 19 (Address) 5200 Tillery Way

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chattanooga, Tenn.

DATE OF BURIAL 10/10 1931

20 UNDERTAKER Robert Burke & Son

ADDRESS Baltimore, Md.

per.—9-29—A. & Co.—250 Blks.

72833 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72833

161-004

REGISTERED NO. 1863

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) West Baltimore General Hospital

2 FULL NAME Robert Arthur Maggiore (Maggiore

(a) RESIDENCE NO. 3907 Woodbine Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) 10-2-31

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) W. Balto. Md.

10 NAME OF FATHER Harold Anthony Maggiore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bridgeport - Conn

12 MAIDEN NAME OF MOTHER Vera Hirst

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Shipley Yorkshire Eng.

14 Informant (Address) Mrs. Elizabeth A. Dixon 3907 Woodbine Ave

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9-31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1931, to Oct. 9, 1931

that I last saw h[im] alive on Oct. 9, 1931

and that death occurred, on the date stated above, at 1:15 P.M.

The CAUSE OF DEATH* was as follows:

Hemorrhagic Disease of the Newborn

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Eshman M. D.

, 19 (Address) West Balto Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Oct 0 1931

ADDRESS

20 UNDERTAKER Harry G. Armacost & Son 4234 Ridgewood Ave

Co. S-31 2500

72834½

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72834

59

Registered No. 45-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 Lyon Falls Pky) (Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Lederer

(a) Residence: No. 330 Lyon Falls Pky. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of John D. Lederer

DATE OF BIRTH (month, day, year) Aug 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John D. Lederer

(Address) 330 Lyon Falls Pky.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 12 1931

19. UNDERTAKER T. B. Hipspert

(Address) 1300 Eutaw Place

20. FILED Oct 12 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1927 to Oct 8 1931

I last saw her alive on Oct 8 1931 death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac dilatation 10-6-31

Diabetes mellitus (about 2-11-27)

Chronic myocarditis (about 2-11-27)

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry C. Ohls M. D.

(Address) 1203 W. Fayette St

1-30—M & T —100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72835

CERTIFICATE OF DEATH

167 E 72835

REGISTERED NO.

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 10 W Reed ST. 11-24 WARD

2-FULL NAME Herbert R. Stubbs

(a) RESIDENCE NO 10 W Reed ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs 1 mos 26 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Aug 12 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lumber
(b) General nature of industry, business, or establishment in which employed (or employer) merchant
(c) Name of employer Lum Supply

9 BIRTHPLACE (city or town) (State or country) Salt Lake City

PARENTS

10 NAME OF FATHER Rev Francis H Stubbs

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Jersey

12 MAIDEN NAME OF MOTHER Mary Burnett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Ports

14 Informant Ruth Pherough

(Address) 3042 Abell Ave

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound through Brain Suicide

(duration) yrs. Sudden mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

(Address) 705 E Chas

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St John's Cem Waverly	10-10 1931
20 UNDERTAKER Henry J. Finkins Son Co	ADDRESS Richard & McCulloh

ACo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

72836

CERTIFICATE OF DEATH

13 E 72836

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Arlington Park Apts, 27-55
CITY OF BALTIMORE: (No. Pk. Hgts. Ave. & Clarks Lane, St., Ward)
Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Nathan Schloss

(a) Residence: No. Arlington Park Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie L. Schloss

DATE OF BIRTH (month, day, year) Feby. 22, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mnfgr.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME Moses Schloss
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Babette Heidelberger
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mrs. H. Schloss
(Address) Arlington Park Apts.
18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Date Oct. 11, 19 31
19. UNDERTAKER Abr'm Sondheim & Son
(Address) 1808 Eutaw Place.
20. FILED 1931 Oct. 12, 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1931. to Oct. 9, 1931.
I last saw him alive on Oct. 9, 1931 death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Myocardial Mitral Aortic Insufficiency	

Other contributory causes of importance:
Arteriosclerosis, Angina Pectoris, Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore H. Morrison M. D.
(Address) 1013 N. Charles St.

Spec.—9-30—A. & Co.—250 Blks

72837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 72837

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp (WARD) 46-44

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Catherine Blake

(a) RESIDENCE NO. 814 N Bentalou ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND (or) WIFE of Wm C Blake

7 DATE OF BIRTH (month, day, and year) Sept 18. 1867

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	21	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

11 NAME OF FATHER John Yost

12 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

13 MAIDEN NAME OF MOTHER Catherine Glauber

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

15 Informant (Address) Miss Blake 814 N Bentalow St.

16 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (month, day, and year) 10/9/31

17 I HEREBY CERTIFY, That I attended deceased from 9/27 19 31 to 10/9 19 31

that I last saw h— alive on 10/9 19 31

and that death occurred, on the date stated above, at 1.05 p. m.

The CAUSE OF DEATH* was as follows:

Carcenoma of Stomach

(Duration) unknown

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray.

(Signed) Philip F. Lerner M. D.

19 (Address) West Baltimore Gen Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL Oct 12 1931

20 UNDERTAKER Geo W Little

ADDRESS 2700 Edmondson

Spec.-7-11-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 72838

72838

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 120 N. Luzerne St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Morris Henry Rotman

(a) RESIDENCE NO. 120 N. Luzerne St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. — ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower of Grace Rotman

6 DATE OF BIRTH (month, day, and year): May 26/1862

7 AGE: Years 69 Months 1 Days 12 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Elevatorman
(b) General nature of industry, business, or establishment in which employed (or employer): Penna. Elevator Co.
(c) Name of employer: Employed in Balto

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Joseph Rotman

11 BIRTHPLACE OF FATHER (City or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Sarah Dittman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Kate Shaver. 120 N. Luzerne ave.

15 Filed C. FLAMSON JONES M. D. Registrar
OCT - 1931 H. P. S.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8-31-1931 at 12.15 AM

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 31 to Oct 8 1931
that I last saw h[illegible] alive on Oct 8 1931
and that death occurred, on the date stated above, at 12.15 A. m.
The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): High Blood Pressure.

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted At Time of Death
If not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Diagnosis

(Signed) Dr Louis Vogel. M. D.
10-9-1931 (Address) 3072 Madison st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery. Date of Burial Oct 10. 31 19

20 UNDERTAKER: Bernard A Fink. ADDRESS 782 Washington Blvd

pec—9-30—A. & Co.—250 Blks.

2839

HEALTH DEPARTMENT—CITY OF BALTIMORE

72839

CERTIFICATE OF DEATH

161-002

1 PLACE OF DEATH (a) St Joseph Hospital
CITY OF BALTIMORE: (No. 6 Eutaw St) (ST.) (WARD) 6

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arthur L. Patterson

(a) RESIDENCE NO 1922 N Charles St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) March 10-1901

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			9 10	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

11 NAME OF FATHER Benj Patterson
12 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
13 MAIDEN NAME OF MOTHER Read
14 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot County

15 Interment (Address) Green Mount Cem 1922 N Charles St

Filed 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-9-31

17
I HEREBY CERTIFY, That I attended deceased from 10-7-31 19 to 10-9-31 19
that I last saw h alive on 10-9-31 19
and that death occurred, on the date stated above, at 5 A m.
The CAUSE OF DEATH* was as follows:
Icterus
Monatrum
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Leukemia
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? In utero
Did an operation precede death? No Date of none
Was there an autopsy? No
What test (Wassermann, etc.) was made? Clinical Exam
(Signed) Abs Hendricks M.D.
19 (Address) St Joseph Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Md Oct 10 19 31	

20 UNDERTAKER John C Miller 2735 E. Biddle St
ADDRESS

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23 E 72840

REGISTERED NO.

72840

1-PLACE OF DEATH

City of BALTIMORE: (No. 1317-E.Lafayette Ave. St. 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Carl C. Carlsen

(a) RESIDENCE NO. 1317-E.Lafayette Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S., if of foreign birth? 50 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina (Petersen)

DATE OF BIRTH (month, day, and year) 6/18/57

AGE	Years	Months	Days	IF LESS than 1 day Hrs. or Min.
	74	3	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired - 43

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware Store

(c) Name of employer (Self)

BIRTHPLACE (city or town) (State or country) Denmark

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) W

12 MAIDEN NAME OF MOTHER W

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W

14 Informant (Address) Charles W. Carlsen 1317-E.Lafayette Ave.

15 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7 1931

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1929, to October 7, 1931, that I last saw h[illegible] alive on October 7, 1931, and that death occurred, on the date stated above, at 7.55 A.m.

The CAUSE OF DEATH* was as follows: Chronic Pulmonary Tuberculosis

(duration) ? yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? NO Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Samuel Bloch, M. D.

10/9, 1931 (Address) 1317 E Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Marys Cemetery — Date of Burial 10/10/31

20 UNDERTAKER George J. Roth Inc. — ADDRESS 1733 Eutaw

—1-30—M.A.T.—250 Bks.

E 72841 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72841

CERTIFICATE OF DEATH. * 46

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: Church Home and Infirmary 6-9 (WARD)

2-FULL NAME Hicks, Mrs. Elizabeth.

(a) RESIDENCE NO. Bel Air, Maryland St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of or) WIFE of William J Hicks

DATE OF BIRTH (month, day, and year) Aug 4 —

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	55	2	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House duties

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Charles F. Dunnam

11 BIRTHPLACE OF FATHER (city or town) Christiansburg (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah C. Carpenter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mrs Wm Pugh (Address) Bel Air Md

Filed Oct 12 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from October 2 1931 to October 9 1931.

that I last saw her alive on October 9 1931.

and that death occurred, on the date stated above, at 8:20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the gall bladder.
Rupture of gall bladder into stomach.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis, Chronic.

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of October 5th 1931

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Richard F. Cumming, M. D.

Oct 9, 1931 (Address) Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dr. Zion Hospital Oct 11 1931

DATE OF BURIAL

20 UNDERTAKER Denny & Foster Belair Md

ADDRESS

2842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72842

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 1926 N. Loyola Hosp. St.) (WARD)

2 FULL NAME Edward C. Filbey

(a) RESIDENCE NO. 1412 N. Collington Ave St. Balto. WARD.

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 35 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Vinnie May Filbey

7 DATE OF BIRTH (month, day, and year) Sept 30 74

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery Man

(b) General nature of industry, business, or establishment in which employed (or employer) Business

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER John Filbey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Eliza J. Abell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Vinnie May Filbey (Address) 1412 N. Collington Ave

15 Filed OCT 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-8-31

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1931, to Oct 8, 1931

That I last saw h[illegible] alive on Oct 8, 1931

and that death occurred, on the date stated above, at 10:30 AM

The CAUSE OF DEATH* was as follows:

(a) Pneumonia Croupous Influenza

(b) Empyema

(c) Fractured Femur

(duration) yrs 2 mos ds

CONTRIBUTORY (Secondary) Anemia (duration) yrs 48 hrs ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/6/31

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Wm Bruckner M. D.

(Address) 1412 N. Collington Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park DATE OF BURIAL Oct 12 31

20 UNDERTAKER Philip Henry Address 3016 Eliana St

—1-30—M & T—250 Blks

72843

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72843

149-002

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Hillman ST. 10-14 WARD)

2.-FULL NAME Lillian Dowgers

(a) RESIDENCE NO. 1029 Hillman ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of or WIFE of Robert C Dowgers

DATE OF BIRTH (month, day, and year) Apr 30th 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	9	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

BIRTHPLACE (City or town) Balto

(State or country) Md

10 NAME OF FATHER John W. Franklin

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Rose Disby

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant (Address) Robert C. Dowgers 1029 Hillman St

Filed OCT 10 1931, 19 .. Registrar

C. P. AMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/9/31.

17 I HEREBY CERTIFY, That I attended deceased from 8/22, 19 31, to 10/9, 19 31.

that I last saw her alive on 10/9/31, 19

and that death occurred, on the date stated above, at 7 15 P. m.

The CAUSE OF DEATH* was as follows:

Child-birth.

(duration) yrs mos 2 ds.

CONTRIBUTORY (Secondary) Cardiac & Isolation

(duration) yrs mos 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. G. Sutton, M. D.

, 19 (Address) 1304 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 10/12/1931

20 UNDERTAKER Wm Cook 1217 ~~St~~ Ave

ADDRESS Park St

E 72344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72344

CERTIFICATE OF DEATH

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 Monroe ST. 16-27 WARD

2—FULL NAME William Lee Hunter

(a) RESIDENCE NO. 1006 N. Monroe ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Cecelia Hunter

6 DATE OF BIRTH (month, day, and year) July 12th 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer Balto

8 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Wm Lee Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Florence E. Snack

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Cecelia Hunter

(Address) 1006 N. Monroe St

Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1, 1931

17 I HEREBY CERTIFY, That I attended deceased from May 1 1928 to October 1 1931

that I last saw him alive on October 1 1931

and that death occurred, on the date stated above, at 1:10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Peritoneal Tuberculosis

(Tuberculous peritonitis)

(duration) 3 yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Tuberculous pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death: no Date of

Was there an autopsy? no

What test confirmed diagnosis: phys exam x. ray exam x. ray

(Signed) Bartus I. Baggott M. D.

19 (Address) 2229 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
[illegible]	10/2 1931
20 UNDERTAKER [illegible]	ADDRESS [illegible]

ACo. 5-31-2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72845

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: Ward

CITY OF BALTIMORE: (No.) Southern Home + Hospital (St.)

Length of residence in city or town where death occurred 3 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Sarah Isabella Holland

(a) Residence: No. Southern Home + Hospital St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~ widowed, or ~~divorced~~
(or) WIFE of William Holland

DATE OF BIRTH (month, day, year) Dec 2. 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	10	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md

10. NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Unknown

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

14. INFORMANT Southern Home + Hospital

(Address) 2520 Fremont Ave

15. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem. Date 10/12 1931

16. UNDERTAKER

(Address) 1211 E. Fayette St

17. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (month, day, year) Oct 9th 1931

I HEREBY CERTIFY, That I attended deceased from Oct 8 1931, to Oct 9 1931

I last saw h[illegible] alive on Oct 9 1931, death is said to have occurred on the date stated above, at 3:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Nephritis	[illegible]
(b) Uremia	[illegible]
(c)	
(d)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

(Signed) [illegible] M. D.

(Address) 2520 Fremont Ave.

spec.—0-30—A. & Co.—250 Blks

E 72846 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72846

CERTIFICATE OF DEATH

82-003

1 PLACE OF DEATH Home For Incurables REGISTERED NO. 13-52

CITY OF BALTIMORE: (No. Keswick Rd + 40th Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Elise Coley

(a) RESIDENCE NO. Home For Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 11 ds. How long in U. S. (if of foreign birth) 39 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph C. Coley

DATE OF BIRTH (month, day, and year) Nov. 6, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Hecht's Reliable Stores

BIRTHPLACE (city or town) (State or country) Switzerland

10 NAME OF FATHER John Steffen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Switzerland

12 MAIDEN NAME OF MOTHER Louise Bandit

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Switzerland

14 Informant Hospital Record (Address) 41st & Keswick Rd.

OCT 10 1931 C. HAMPSON JONES, M. D. Registrar

By

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9-1931

17

I HEREBY CERTIFY, That I attended deceased from May 23, 1930, to Oct 9, 1931

that I last saw h[illegible] alive on Oct 9, 1931

and that death occurred, on the date stated above, at 5:40 P. M.

The CAUSE OF DEATH* was as follows:

Encephalomalacia from Cerebral Arteriosclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Chronic Cystitis & Pyelitis (duration) 2 yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam - Wassermann

(Signed) [illegible] M. D.

Oct-9 1931 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn	10/12 1931
20 UNDERTAKER [illegible] & Cook	ADDRESS 1217 Druid Pk

E 72847

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72847

CERTIFICATE OF DEATH

107-001

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 13-59 ST. WARD)

2 FULL NAME Jacob Salzman

(a) RESIDENCE NO 1736 Reservoir ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of None

7 DATE OF BIRTH (month, day, and year) May 25-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unknown

(b) General nature of industry, business, or establishment in which employed (or employer) 087

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Tobias Salzman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Fredericka Rosenheim

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records (Address) JOHNS HOPKINS HOSPITAL

15 Filed 0 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 25, 1931, to Oct 9, 1931

that I last saw h~~im~~ alive on Oct 9, 1931

and that death occurred, on the date stated above, at 7 05 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Aplastic Anemia

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Examination

(Signed) Alan Bernstein M. D.

19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Friendship

DATE OF BURIAL Oct 11 19 31

ADDRESS

20 UNDERTAKER J. Krug & Co 3432 Eastern Ave

BoCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

72848

CERTIFICATE OF DEATH

106 E 72848

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-5 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Kelley

(a) Residence: No. 336 Aliceanna St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) June 11, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Ireland
13. NAME John Kelley
14. BIRTHPLACE (city or town) (State or country) ?
15. MAIDEN NAME Ireland Cathrine Muldone
16. BIRTHPLACE (city or town) (State or country) ? Ireland
17. INFORMANT (Address) Records of Balto. City Hosp.
18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Date Oct 10 1931
19. UNDERTAKER (Address) Jno. J. Foley & Son, 1315 E. 31st
20. FILED Oct 10 1931 Registrar. ARW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1931 to Oct. 8, 1931
I last saw him alive on Oct. 8, 1931 death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10 Days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Jas. Arnold Jr. M. D.
(Address) Balto. City Hosp.

...-8-16-29—L. F. S.—100 Blks.

E 72849

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72849

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1101 Born Ct ST. 16-26 WARD)

2—FULL NAME M. Maudus Dent

(a) RESIDENCE NO. 1101 Born Ct ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St. Mary's Md

10 NAME OF FATHER Maudus Dent

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Md

12 MAIDEN NAME OF MOTHER Theresa Blair

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary's Co Md

Informant Maudus Dent

(Address) 1101 Born Court

Filed OCT 10 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Oct 8, 1931, that I last saw h alive on Oct 8, 1931 and that death occurred, on the date stated above, at 10 00 P m.

The CAUSE OF DEATH* was as follows:

Organic Disease of Heart

(duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Norwood, M. D.

19 (Address) 937 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Oct. 10, 1931
20 UNDERTAKER Mrs Katie L. Williams	ADDRESS 322 N Schroeder St.

per.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

72850

CERTIFICATE OF DEATH

46 E 72850

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 S. Highland St. 46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward M. Healey.

(a) RESIDENCE NO. 137 S. Highland ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7yrs yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Healey.

6 DATE OF BIRTH (month, day, and year) March 4-1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist.

(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. R. R.

(c) Name of employer B. & O. R. R.

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Michael Healey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Emma Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio.

14 Informant Mrs. Catherine Healey

(Address) 137 S. Highland ave

Filed OCT 8 1931 C. HAMPSON JONES, M. D. Registrar

Pd. 11 & 17

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8-1931

17

I HEREBY CERTIFY, That I attended deceased from August 5, 1931 to Oct. 8, 1931

that I last saw him alive on Oct 7, 1931

and that death occurred, on the date stated above, at 9.30 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 4 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? yes Date of July 9-31

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Thos. J. Stevens M. D.

10/8 1931 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. New Cathedral — DATE OF BURIAL Oct 12 1931

20 UNDERTAKER F. Vernon Kechner — ADDRESS Hollins

30—M. & T.—100 B—50L

72851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140 E 72851

REGISTERED NO. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO. Hopkins Hospital ST. 7-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Ida Sturdivant

(a) RESIDENCE NO. 918 McDonough ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred √ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	black	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Aug 16/1904

6b DATE OF BIRTH (month, day, and year) inquiry

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	2 7	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Housework Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N.C.

PARENTS

10 NAME OF FATHER David Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Lena Pickett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Hospital Records

(Address)

15 Filed _____, 192_ _____ Registrar

O 1931 C. THOMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8/3; 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Purulent Peritonitis

Salpingitis- Endometritis

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Spontaneous Abortion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of Oct 7/3

Was there an autopsy? yes at Hopkins

What test confirmed diagnosis?

(Signed) _____, M. D. Coroner

Oct 10/3 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem. C

DATE OF BURIAL 10-10 1931

20 UNDERTAKER Byron Knight

ADDRESS 1425 McElderry St

per.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 2 4 8

72852

JOHNS HOPKINS HOSPITAL

3 4 E 72852

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital WARD)

2 FULL NAME Baby Scardina

(a) RESIDENCE NO. 711 S. Kresson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Baby

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

7 DATE OF BIRTH (month, day, and year) 10/5/1931

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	5	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Md. Balto.

11 NAME OF FATHER Vincent-Scardina

12 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

13 MAIDEN NAME OF MOTHER Josephine Scardina

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

15 Informant (Address) Friends JOHNS HOPKINS HOSPITAL

16 Filed 10 1931 19 C. H. WEBB JONES, M. D. Registrar

EK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10/31

17 I HEREBY CERTIFY, That I attended deceased from October 5 , 1931 , to October 10 , 1931

that I last saw h[illegible] alive on October 10 , 1931

and that death occurred, on the date stated above, at 5-45 m.

The CAUSE OF DEATH* was as follows:

Congenital Syphilis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A Washington M. D.

10-10, 1931 (Address) John Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral Cem	10/12, 1931

20 UNDERTAKER John J. Cowan & Son ADDRESS 90 Holliday St.

Co. 5-31-1928

72853

HEALTH DEPARTMENT—CITY OF BALTIMORE

72853

CERTIFICATE OF DEATH

X 107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... (Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Hedges

(a) Residence: No. Knoxville, Frederick 6, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J Hedges

7. DATE OF BIRTH (month day year) March 30

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	31	6	10	

9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. housewife
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
11. Total time (years) spent in this occupation
12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) Md.
(State or country)

14. NAME John Stonebraker
BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Laura Thoste

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Hospital Records
(Address) Mercy Hospital Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL.
Place Catonsville Md Date Oct 13 1931

19. UNDERTAKER G. H. Fuhrer Son
(Address) Brunswick Md

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month day year) 10/10/1931

22. I HEREBY CERTIFY, That I attended deceased from 9-15-1931 to 10/10/1931

I last saw h e alive on 10/10/1931 death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonic Pulmonal Endocarditis	4½ months ago

Other contributory causes of importance

Bronchopneumonia 6 days ago

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Sinclair, M. D.
(Address) Mercy Hospital

aCo. 5-31 2MB

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72854

CERTIFICATE OF DEATH

X 127 E 72854

Registered No. 127-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 17 Ward)

(Length of residence in city or town where death occurred) 32 yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mr William H. Riggin

(a) Residence: No. Curtis Bay St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lou Riggin

DATE OF BIRTH (month, day, year) Feb 28 1849

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
82		9?	12?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield (State or country) Maryland

13. NAME, Father Mary Riggin

14. BIRTHPLACE (city or town) Crisfield (State or country) Maryland

15. MAIDEN NAME Susan Rawson

16. BIRTHPLACE (city or town) Crisfield (State or country) Maryland

17. INFORMANT Mrs Lou Riggin (Address) Crisfield Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Cemetery Date Oct 12 1931

19. UNDERTAKER J. S. Lawson (Address) Crisfield Md

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931, to Oct 10, 1931

I last saw h— alive on Oct 10 1931 death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis (streptococcic) secondary to perforated duodenal ulcer.	Oct 17th
Other contributory causes of importance: Strangulated inguinal hernia	Oct 8th

Name of operation Exploration hernia Date of Oct 8th

What test confirmed diagnosis Autopsy Was there no autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel W. Lawson M. D.

(Address) Union Memorial Hosp

HEALTH DEPARTMENT CITY OF BALTIMORE

72855

CERTIFICATE OF DEATH

131 E 72855

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 S. Lakewood Ave St. [illegible] Ward)

Length of residence in city or town where death occurred Life yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Charlotte T. Frampton

(a) Residence: No. 1102 S. Lakewood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced (or) WIFE of Chas. W. Frampton

7. DATE OF BIRTH (month, day, year) July 2 1853

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Richmond

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Richmond

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Malcolm R. Frampton

(Address) 1509 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date 10/12/ 1931

19. UNDERTAKER Wm Cook

(Address) 217 S. Paul St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 31 to Oct. 8 31

I last saw her alive on Oct 8 31 and death is said to have occurred on the date stated above, at 930 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carte Cardiac Relative	Oct 7/31
Chronic Interstitial Nephritis about 7 y.	
Arteriosclerosis	10

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Louis J. Tull M. D.

(Address) 2042 Boston St.

ACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72856

CERTIFICATE OF DEATH

31 E 72856

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4606 Asbury Ave (Ward) 46-41

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Lieber

(a) Residence: No. 4606 Asbury Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ (or) WIFE of Carl Lieber

7. DATE OF BIRTH (month, day, year) Nov 5th 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl Lieber

(Address) 4606 Asbury Ave

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Date 10/13/1931

19. UNDERTAKER Wm Cook

(Address) 1217 Pratt St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to Oct 10, 1931

I last saw h 61 alive on Oct 10, 1931 death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

Ch. Interst Nephritis — Date of onset 4 years ago

(Other contributory causes of importance)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Hardwig M. D.

(Address) 4810 Belair Rd.

Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72857

CERTIFICATE OF DEATH

46 E 72857

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-67 Ward)

Length of residence in city or town where death occurred 11 yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds

2. FULL NAME Chas. W. Schreiber

(a) Residence: No. 1158 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed or divorced
HUSBAND of Lulu M Schreiber
(or) WIFE of

DATE OF BIRTH (month, day, year) March 7, 1866

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	65	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME Charles Vernon Schreiber

14. BIRTHPLACE (city or town) (State or country) Washington D C

15. MAIDEN NAME Sarah Nelson Tuttle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct 12, 1931

19. UNDERTAKER Geo W Little
(Address) 2206 Edmondson Ave

20. FILED Oct 12 1931
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1931, to 10/10, 1931

I last saw h[illegible] alive on 10/10, 1931 death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Carcinoma of Colon	4
Other contributory causes of importance:	
Secondary Anaemia	
Cardiac Dilatation & Valvular	2

Name of operation Laparotomy Date of 10/7/31

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Schreiber, M. D.
(Address) Mercy Hospital

Geo J Leffler

HEALTH DEPARTMENT—CITY OF BALTIMORE

46 E 72858

72858

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1536 Cripple Deer St.) 14-20 WARD

2 FULL NAME Geo. E. Deppen

(a) RESIDENCE NO. 1536 Cripple Deer St. WARD (If non resident give city or town and State)

(If usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Cal

5 If single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Barbara

7 DATE OF BIRTH (month, day, and year)

8 AGE: Years 55; Months Unknown; Days Unknown; If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Post Office

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (city or town) Unknown (State or country)

13 MAIDEN NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

14 Informant (Address) Mary Barbara 1536 Cripple Deer

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1931 to Oct. 9, 1931 that I last saw h[illegible] alive on Oct. 8, 1931 and that death occurred, on the date stated above, at 1.45 P.M.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension (duration) yrs. mos. ds.

18 Where was disease contracted if not of place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelletier M. D.

, 19 (Address) 817 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

20 UNDERTAKER: Samuel H. Chaney & Son

DATE OF BURIAL: Oct 12 1931

ADDRESS: 1816 Eutaw

Rec.—9-30—A. & Co.—250 Blks

72859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-92 72859

REGISTERED NO. 72859

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 6 E. Read ST. 11-15 (WARD)

2 FULL NAME Mary Nunan

(a) RESIDENCE NO. 6 E. Read ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? 55 yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of None

7 DATE OF BIRTH (month, day, and year) -------

8 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
About	75	---	--	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) ------- (State or country) Ireland

11 NAME OF FATHER Andrew G. Nunan

12 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Ireland

13 MAIDEN NAME OF MOTHER Ellen Dailey

14 BIRTHPLACE OF MOTHER (city or town) ------ (State or country) Ireland

15 Informant Miss Margaret A. Wall

(Address) 911 St. Paul Street

Filed ---, 19-- Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9, 1931

17 I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to Oct 9, 1931

that I last saw him alive on Oct 9, 1931

and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

Myocarditis

(duration) several years ds.

CONTRIBUTORY (Secondary) Pulmonary edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John F. Buchanan M. D.

Oct 12 1931 (Address) 1013 N Charles

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	10/12 1931

20 UNDERTAKER Hartley H. Dyer & Son ADDRESS 805 N. Calvert

ACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

E 72860

Registered No. E 72860

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 308 N. Exeter St. 5-8 (Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Rosenbloom

(a) Residence: No. 308 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Goldie

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 80
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Samuel Rosenbloom

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Ida Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Goldie Rosenbloom
(Address) 312 N. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL
Place Herschel McLaren Date Oct 11 1931

19. UNDERTAKER H. Furgeson - Bro
(Address) 1127 E. Baltimore St.

20. FILED Oct 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1931 to Oct 10 1931

I last saw him alive on Oct 10 1931 death is said to have occurred on the date stated above, at 1 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 day

Other contributory causes of importance:

Thrombus of the Aorta with Aneurism — 12 yrs

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Baughman M. D.

(Address) 2040 Eutaw St.

...c.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72861 ✓ X 126 E 72861

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home and Infirmary ST. 6-9 (WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Minnie Geesaman

(a) RESIDENCE NO. Quincy, Pennsylvania ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 14 ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
or) WIFE of Lambert Geesaman

DATE OF BIRTH (month, day, and year) 9/14/1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54			27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Quincy, Pennsylvania

10 NAME OF FATHER Joseph Mowe

11 BIRTHPLACE OF FATHER (city or town) Quincy
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Adelia Kaufman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa.

Informant Church Home & Infirmary
(Address) Baltimore

Filed ___, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11, 1931

17 I HEREBY CERTIFY, That I attended deceased from September 17, 1931, to October 11, 1931, that I last saw her alive on October 11, 1931, and that death occurred, on the date stated above, at A. m.

The CAUSE OF DEATH* was as follows:

Cholecystitis, chronic
Cholelithiasis.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of October, 1931

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Richard C. Cumming, M. D.

Oct 11, 1931 (Address) The Church Home and Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Quincy Pa

DATE OF BURIAL 10/14 1931

20 UNDERTAKER Walter G. Grove

ADDRESS Waynesboro

BaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

E 72862

Registered No. E 72862

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Ward 17-34

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Summers

(a) Residence: No. 1209 Upton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Columbus

DATE OF BIRTH (month, day, year) Aug. 3, ?

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	46	2	4	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Belmont N. C.

13. NAME Osborn Evans

14. BIRTHPLACE (city or town) (State or country) ? N.C.

15. MAIDEN NAME Louise Coltrain

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Bros. 10-11 1931

19. UNDERTAKER Daniel Easton (Address)

20. FILED 1 [illegible] 19[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1931 to Oct. 7, 1931

I last saw her alive on Oct. 7, 1931 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	9-28-31
Pneumonia	10/4/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify

(Signed) Jos. E. Arnold Jr. M. D.

(Address) Balto. City Hosp.

Spec.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72863

82-004 E 72863

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. Edgewood Sanatorium St. 15-58 WARD

2 FULL NAME Lena Adaline Becker

(a) RESIDENCE NO. 3406 Park Heights Avenue ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 24 ds. How long in U. S., if of foreign birth? 71 yrs. 6 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Becker

7 DATE OF BIRTH (month, day, and year) Mar-15-1860

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	24	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

10 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Henry C. Quintal

11 BIRTHPLACE OF FATHER (city or town) ? ?

(State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Flatman

13 BIRTHPLACE OF MOTHER (city or town) ? ?

(State or country) Germany

14 Informant Mrs. Herbert R. Pfeffer (daughter)

(Address) 309 Broxton Road.

15 Filed 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 31.

17 I HEREBY CERTIFY, That I attended deceased from Nov 2 1930 to Oct 10, 1931

that I last saw h alive on Oct 10 1931

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Haemoplegia

(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) General Debility

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Hartwell M. D.

19 (Address) 1329 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Oct-12-31

20 UNDERTAKER: Stewart & Mowen Company — ADDRESS: 108-[illegible]-North Ave.

72864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

101 E 72864

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2622 puget St., 25-32 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sadie Collins

(a) RESIDENCE No. 2622 puget St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, and year) Nov 12 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Md.

10 NAME OF FATHER Jno Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Conway

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Sarah Collins (Address) 2622 Puget St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 8, 1931, that I last saw her alive on Oct 2, 1931, and that death occurred, on the date stated above, at 0 a.m.

The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(duration) 10 yrs. 10 mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Complete

(Signed) Raymond D Thomas M. D.

(Address) 2708 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Oct 11 1931

20 UNDERTAKER Samuel F Stanley

ADDRESS 578 McCulloh

-30—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42-001 E 72865

E 72865

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Jenkins Memorial Hospital 11-13 ST., WARD)

2-FULL NAME Miss Anna A.Donohue

(a) RESIDENCE NO 812 St.Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) ------
(c) Name of employer --------

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Donohue

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Anna ?

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Catholic Charities
(Address) Cathedral & Franklin Sts.

15 Filed Oct 11 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9, 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Disease and Decompensated Heart

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) Guy M. Cromwell, M. D. Coroner

10/10 19 31 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem

DATE OF BURIAL 10-12 19 31

20 UNDERTAKER J. J. Tapper & Sons

ADDRESS 1318 Light

...c.—1-30—M. & T.—250 Blks.

E 72866 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72866

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Church Home & Infirmary REGISTERED NO.

CITY OF BALTIMORE: (No. 13 York Court, Guilford ST. 12-49 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Rosa C. Kendrick

(a) RESIDENCE NO. 13 York Court ST., Guilford WARD Baltimore, Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

~~Married~~, Widowed, ~~Divorced~~ HUSBAND of or) WIFE of Wm E. Kendrick

DATE OF BIRTH (month, day, and year) 8/8/1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Richmond, Va

10 NAME OF FATHER Peter P. Burke

11 BIRTHPLACE OF FATHER (city or town) Richmond (State or country) Va.

12 MAIDEN NAME OF MOTHER Margaret E. Bullard

13 BIRTHPLACE OF MOTHER (city or town) Richmond (State or country) Va

14 Interment (Address) Miss. Camille Wintersmith. 13 York Court. Guilford.

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10/31

17 I HEREBY CERTIFY, That I attended deceased from October 4 , 1931 , to October 10 , 1931 ,

that I last saw h(er) alive on October 10 , 1931 ,

and that death occurred, on the date stated above, at 12:45 Am.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis, C decompensata

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchopneumonia, Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) ..... M. D.

..... , 19 (Address) .....

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 10/12 1931

20 UNDERTAKER F. Vernon Kerkner

ADDRESS 1632 Madison Ave.

ACo. 3-31 1000

HEALTH DEPARTMENT CITY OF BALTIMORE E 72867

CERTIFICATE OF DEATH

72867 XV 23

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Length of residence in city or town where death occurred yrs. 8 mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Williams

(a) Residence: No. 922 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-14-1900

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	31	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1-27-31

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Blackstone Va.

13. NAME Charles Williams

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Martha Walker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charles Williams
(Address) 708 E. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Blackstone Va Date 10-12 1931

19. UNDERTAKER Samuel H. Efland & Son
(Address) 638 N. Gilmor St

20. FILED ____ 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-27 1931 to 10-11 1931

I last saw him alive on 10-11 1931 death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10(?) 2 mo
Emphysema	5 Yrs.

Other contributory causes of importance:

Name of operation Thoracotomy Date of 8-1-31

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____ 19__

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Leake M. D.

(Address) Balto City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72868

CERTIFICATE OF DEATH

59

E 72868

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4215 Park Heights Ave St., 15-54 Ward) 6

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth 70 yrs mos ds

2. FULL NAME Sarah L. Bliss

(a) Residence: No. 4215 Park Heights Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris L. Bliss

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Mrs. L. Bliss
(Address) 4215 Park Heights Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date 10-12- 1931
19. UNDERTAKER Leo Kreuz, Inc.
(Address) 1139 E. Baltimore St.
20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/31 — 11:05 P.M. 19

22. I HEREBY CERTIFY, That I attended deceased from June 15 1931 to Oct 10 1931
I last saw h Sr alive on Oct 10 1931 death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Hypertension, Chronic nephritis	
Myocardial insufficiency.	
Auricular fibrillation	
Pruritis Vulvae	
Other contributory causes of importance Cerebral Hemorrhage	Oct 10, 93

Name of operation Incision of abscess Date of Sept. 19
What test confirmed diagnosis? Pt Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Walter Athey M. D.
(Address) 420 St. Paul St

30—M & T—100 B—6-31.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72869 ✓ 95-002 E 72869

REGISTERED NO.

E 72869
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S. Payson ST. 70-28 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Carl Mayer

(a) RESIDENCE NO 308 S.Payson ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 3 mos da. How long in U. S., if of foreign birth? yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6 DATE OF BIRTH (month, day, and year) Oct. 2nd. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Book-keeper
(b) General nature of industry, business, or establishment in which employed (or employer): -----
(c) Name of employer: --------

9 BIRTHPLACE (city or town) (State or country): -------- Germany

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): ----- Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ----- Germany

14 Informant: William H. Miller

(Address) 308 S.Payson St.

15 Filed [illegible] 192-, [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct.9th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-renal Disease

? (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) ? yrs. mos. da.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

19 31 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: George [illegible]

DATE OF BURIAL: [illegible] 19

UNDERTAKER: Hub Cathedral

ADDRESS: [illegible]

Cert.—10-15-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

72870

E 72870
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

City of Baltimore: (No. 4837 Parkheights Ave. St.) 27-56 Ward

2-FULL NAME Florence Isanogle

(a) RESIDENCE NO. 4837 Parkheights Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob O. Isanogle

6 DATE OF BIRTH (month, day, and year) Dec. 3, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Housewife

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Hall

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Darr

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Jacob O. Isanogle
(Address) 4837 Parkheights Ave.

15 Filed ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (or inquiry) thereon and from the evidence obtained by said inquest (or inquiry) and that said deceased came to his death on the day stated above.
The CAUSE OF DEATH was as follows: Coronary Disease of Heart

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? M. D.

(Signed) (Address)

(Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge cemetery — DATE OF BURIAL Oct 13 1931

20 UNDERTAKER Jezciah Sykes — ADDRESS

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72871

CERTIFICATE OF DEATH

Sept. 34

E 72871

REGISTERED NO.

1 PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balto Md. (St.) 12 (WARD)

2 FULL NAME Anna Amend

(a) RESIDENCE NO. 3110 (Usual place of abode) Foster Ave ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Frank Amend

6 DATE OF BIRTH (month, day, and year): August 27, 1876

7 AGE: Years 55; Months 1; Days 13; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Prince Edward Is. Canada

PARENTS

10 NAME OF FATHER: Ambrose Emberley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Canada

12 MAIDEN NAME OF MOTHER: Anna Williams

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Canada

14 Informant (Address): Records Balto City Hospts.

15 Filed 19— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 10 31

17 I HEREBY CERTIFY, That I attended deceased from 10-3-, 1931, to 10-10, 1931

that I last saw h alive on 10-9-, 1931

and that death occurred, on the date stated above, at 8.30 A.m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lueic Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical findings

(Signed) Henry [illegible] M.D.

10/10 1931 (Address) Balto City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cemetery

DATE OF BURIAL: Oct. 13 1931

20 UNDERTAKER: Henry Sander & Sons Inc

ADDRESS: Baltimore St & Broadway.

HEALTH DEPARTMENT CITY OF BALTIMORE

72872

CERTIFICATE OF DEATH

93-00 E 72872

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hosp - St., 96-27 Ward)
Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Emilie Seidt

(a) Residence: No. 416 S. Macon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	White	widowed

6. If married, widowed, or divorced
~~HUSBAND~~ or WIFE of William Seidt

DATE OF BIRTH (month, day, year) May 25, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shrewsbury, Pa
13. NAME John Nichols
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Catherine Bentenstein
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Oct. 13, 1931
19. UNDERTAKER Henry Sauer & Sons Inc
(Address) Baltimore St & Broadway
20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11 .1931

22. I HEREBY CERTIFY, That I attended deceased from 9-29 1931 to 10-11 1931
I last saw her alive on 10/11 1931 death is said to have occurred on the date stated above, at 7:30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis. General	10 months
Taenia Solium. infestation	

Other contributory causes of importance:
Hypertrophied Prostate terminal

Name of operation None Date of
What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Thwaite Jr. M. D.
(Address) City Hosp

Piper.—9-30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

72873

CERTIFICATE OF DEATH

VE 72873

42-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 222 S. Washington ST. 2-4 WARD)

2 FULL NAME SIMON C. DAMM

(a) RESIDENCE NO. 222 S. Washington ST WARD

(If non-resident give city or town and State)

(If usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie J. Damm

6 DATE OF BIRTH (month, day, and year) Dec. 21. 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hardwood Finisher 086

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 11 yrs.

(c) Name of employer B.C.& A.Steamship Co.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER August Damm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

14 Informant (Address) Mrs. Annie J. Damm (Wife) 222 S. Washington St.

15 Filed ..... 19 ..... Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1929 to Oct 11, 1931

that I last saw h[illegible] alive on Oct 4, 1931

and that death occurred, on the date stated above, at 1.40 a.m.

The CAUSE OF DEATH* was as follows

Chronic Arthritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Val. Dis Heart

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) C. O. Iler M. D.

19 (Address) 418 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL First Evangelical Ch. Cem

DATE OF BURIAL Oct. 14. 31

20 UNDERTAKER Henry Sander & Sons Inc

ADDRESS Baltimore St & Broadway

AACo. 5-31 2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 72874

CERTIFICATE OF DEATH

L 72874

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital 2-4 Ward)

Length of residence in city or town where death occurred yrs 2 mos 16 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Eleanor Hamer

(a) Residence: No. 316 S. Wolfe St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 24, 1930

AGE Years	Months	Days	If LESS than 1 day hrs or min
	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)
13. NAME John Hamer
14. BIRTHPLACE (city or town) Balto. Md.
(State or country)
15. MAIDEN NAME Lillian Shaloh
16. BIRTHPLACE (city or town) Balto. Md.
(State or country)
17. INFORMANT Mrs. John Hamer
(Address) 316 S. Wolfe St.
18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date 12/13/31
19. UNDERTAKER Lilly-Zeiler Inc.
(Address) 703 S. Wolfe St
20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/23/ 1931 to 10/10/ 1931

I last saw her alive on 10/10 1931 death is said to have occurred on the date stated above, at 7:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 Months ago

(Other contributory causes of importance
Gastro-Enteritis — Some days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. V. Jackson, M. D.
(Address) Lyndenhurst Hospital.

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

72875

CERTIFICATE OF DEATH

15 E 72875

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 6-11 Ward)

Length of residence in city or town where death occurred 3 yrs mos 11 ds How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Rose Marie Hehner

(a) Residence: No. 401 N. Conkling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 10/11/28

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	3		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Hehner

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Carrie Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. John Hehner

(Address) 401 N. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 10/13/31

19. UNDERTAKER Wise & Myerberg

(Address)

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/6, 1931, to 10/11, 1931

I last saw her alive on 10/11 1931 death is said to have occurred on the date stated above, at 2:55 Am

The principal cause of death and related causes of importance were as follows

	Date of onset
Bronchial Pneumonia	10/5/31
Other contributory causes of importance	
Mongolian Idiocy	Life

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John Hehner, M. D.

(Address) Sydenham Hospital

-30—M & T.—180 B—50L

E 72876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 205-006

E 72876

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General H[illegible] ST. Dock WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Bialek.

(a) RESIDENCE NO 118 S. Wolfe St. ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? 12 yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Bronislawa Bialek.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	42	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore, 071
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Terminal Shipping Co.

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Vicenty Bialek.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Mary Blachowicz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Julia Setinski. (sister in law)

(Address) 615 S. Ann St.

15 Filed [illegible] 193[illegible] M[illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 10, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dislocation of 4th Cervical Vertebra Crushing of spinal cord. Struck back of neck by a shacket. Accidental Death.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? B. Md. M. R. Co Pier 6 Did an operation precede death? Yes Date of October 8, 1931 Oct. 8, 1931

Was there an autopsy? Non Called by Coroner

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Reinhardt, M. D. Coroner

10/[illegible]/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cemetery. Oakdale	Oct 13th 1931
20 UNDERTAKER	ADDRESS
Henry A. Weber	705 S. Ann St.

AoCo. 5-31-2000

72877

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72877

CERTIFICATE OF DEATH

1931

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 W. Holly St. 20-71 Ward)

Length of residence in city or town where death occurred 45 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Mary Smith

(a) Residence: No. 510 W. Holly St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND (or) WIFE of the late James Smith

DATE OF BIRTH (month, day, year) Not known

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Bernard O'Rourke

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Coyle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Smith

(Address) 510 W Holly St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date 10/14/31 19

19. UNDERTAKER Henry Roach Sons Inc

(Address) 1201 E E 29th St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1931, to Oct 11 1931

I last saw her alive on Oct. 11 1931, death is said to have occurred on the date stated above, at 6-30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Angina Pectoris	1931

Other contributory causes of importance:

Chronic Interstitial Nephritis	1930

Name of operation none Date of ✓

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ..

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) John S. Bishop, M. D.

(Address) 122-25 St

AaCo. 5-31 2500

72878 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 72878

CERTIFICATE OF DEATH

92-001

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1329 N. Eden St. 9-17 (Ward)

Length of residence in city or town where death occurred 9 yrs. Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Plankhall

(a) Residence: No. 1329 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Theresa M. Plankhall

7. DATE OF BIRTH (month, day, year) June 8 1851

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80	4	2	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Maker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - Md.
13. NAME Frederick Plankhall
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Elizabeth Voelgermann
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Mr J. F. Plankhall
(Address) 1329 N. Eden St
18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date Oct. 13 1931
19. UNDERTAKER Henry Poole Sons Inc.
(Address) 301 E Edgar St
20. FILED _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th 1931 to Oct 10 1931

I last saw h[illegible] alive on Oct 10 1931 death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	?

Other contributory causes of importance:

Failure of Compensation — Sept 5 1931

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Walter S. Thomas, M. D.

(Address) 1223 N. Eutaw St.

72879

HEALTH DEPARTMENT CITY OF BALTIMORE 72879

CERTIFICATE OF DEATH

1693

1. PLACE OF DEATH Andrew T. Busch

CITY OF BALTIMORE: (No. University Hospital St., 701 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yr mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Andrew T. Busch

(a) Residence: No. 639 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced
HUSBAND of ~~WIFE~~ of Theresa E. Busch

7. DATE OF BIRTH (month, day, year) Jan 4 1891

8. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	40	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodward & Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Joseph A. Busch

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Zinkan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Theresa E. Busch
(Address) 639 N. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Oct 15 1931

19. UNDERTAKER Henry Theis Sons, Inc.
(Address) 301 E. Eager St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1931, to Oct 11, 1931

I last saw h alive on Oct 11 1931 death is said to have occurred on the date stated above, at 11:4m.

The principal cause of death and related causes of importance were as follows:

Acute Peritonitis Mesenteric Thrombosis — Date of onset 10-3-31

Other contributory causes of importance:

Colon Carcinoma — 10-7-31

Name of operation None Date of

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Hornbaker, M. D.

(Address) University Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72830 | 72880

CERTIFICATE OF DEATH

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) West Balto Gen Hosp. WARD 16-6-48

2. FULL NAME Mary E. Hendricks

(a) RESIDENCE NO. (Usual place of abode) 13 Edgevale Rd 2 mo ST. WARD Brooklyn, Md.

Length of residence in city or town where death occurred 47 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female | 4 COLOR OR RACE: White | 5 If single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Aaron B Hendricks

7 DATE OF BIRTH (month, day, and year): Jul 3, 1884

8 AGE: Years 47 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

11 NAME OF FATHER: Peter Jackson

12 BIRTHPLACE OF FATHER (city or town) (State or country): Md

13 MAIDEN NAME OF MOTHER:

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

15 Informant (Address): Aaron B. Hendricks 13 Edgevale Rd

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11/31

17 I HEREBY CERTIFY, That I attended deceased from August 12, 19 31, to October 11, 19 31, that I last saw her alive on October 11, 19 31, and that death occurred, on the date stated above, at 7:40 A.M.

The CAUSE OF DEATH* was as follows:

Fibroma of Spinal Cord.

(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (Secondary): Cerebrospinal fever (duration) yrs. mos. 12 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Aug. 26, 1931

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Philip F Lerner M. D.

19 (Address) West Baltimore General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Leakin Park | DATE OF BURIAL: Oct 13 1931

20 UNDERTAKER: A Howard Evans | ADDRESS: 38 E Fayette

Ryan—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 72881

CERTIFICATE OF DEATH.

B 72881

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 11 N. Rose St. (St.) 6-10 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jean Patzo

(a) RESIDENCE (No.) 11 N. Rose St (St.) (Ward)

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word):

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Mar 12 31

7 AGE: Years 6 Months 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md. Md

PARENTS

10 NAME OF FATHER: Frank Patzo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Madaline White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Madaline Patzo 11 N. Rose St

15 Filed . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 30 . 1931. to Oct 11 . 1931.

that I last saw h alive on Oct 11 . 1931.

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Streptococcus Throat Infection.

(duration) yrs. mos. 17 ds.

CONTRIBUTORY (Secondary): Myocardial Weakness Following Above

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. V. Geyer Jr. M. D.

. 19 (Address) 506 N. Milton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem.

DATE OF BURIAL: Oct. 12 1931

20 UNDERTAKER: Stephen J. Falkowski INC

ADDRESS: 1000 N Kenwood Ave

Spec.—9-30—A. & Co.—250 Blks.

E 72882 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49 E 72882

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 97 (Dept) 25-72 (WARD)

2. FULL NAME Elizabeth H. DeLellinger

(a) RESIDENCE NO. 97 (Usual place of abode) De Soto Road ST. WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry DeLellinger

6 DATE OF BIRTH (month, day, and year): April 12, 1864

7 AGE: Years 67; Months 5; Days 29; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Holland

PARENTS

10 NAME OF FATHER: William Klamer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Growning, Holland

12 MAIDEN NAME OF MOTHER: Hilda (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Growning, Holland

14 Informant: Mr. William Schmidt

(Address): 2533 McHenry St.

15 Filed 10-13-31 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 10, 1931

17

I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to Oct 10, 1931

that I last saw h[illegible] alive on Oct 9, 1931

and that death occurred, on the date stated above, at 5 00 P m

The CAUSE OF DEATH* was as follows:

Cardiac Insufficiency

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Carcinoma of Vulva (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of June 3/31

Was there an autopsy? No

What test confirmed diagnosis? Path. Examination

(signed) H. Laurence Wheeler M.D.

Oct 10 1931 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Oct 13 31

UNDERTAKER: Joseph B Cook ADDRESS: 1003 W Baltimore St.

[illegible] C. HAMILTON JONES, M.D.

E 72883

Cor.—12-9-31—A Co.—146 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

546

REGISTERED No. E 72883

1-PLACE OF DEATH

City of BALTIMORE: (No. 1807 Pennsylvania Ave Ward 14-20)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William M Royes

(a) RESIDENCE NO. 1807 Pennsylvania Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 Color or Race: White | 5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Cluelia Royes

6 DATE OF BIRTH (month, day, and year): 1859

7 AGE: Years: about 72 | Months: — | Days: — | IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Butcher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Wm B Royes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Ellen Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Geo. Weil 1807 Pennsylvania Ave

15 Filed ____ 19 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, and find that said deceased came to h death (autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

6

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): (duration) yrs. mos. ds.

Oct 12th 32 H. C. Leith M. D.

(Address) (Coroner)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutheran Cem Date of Burial Oct 17 1931

20 UNDERTAKER: Jos B Cook ADDRESS 603 N Paca St

AaCo. 5-31 2MP

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72884

CERTIFICATE OF DEATH

E 72884

Registered No. 114 E 72884

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 10-26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Mary Slater

(a) Residence: No. 1912 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 4th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME William E. Slater

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Kirkwood

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mary Slater, 1828 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date 10/12/1931

19. UNDERTAKER (Address) Wm Cook 1217 St Paul st

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1931 to Oct. 10, 1931

I last saw h[illegible] alive on Oct 10. 1931 death is said to have occurred on the date stated above, at 4:30 Am

The principal cause of death and related causes of importance were as follows:

Uremic Convulsions — Date of onset Oct 6 1931

Other contributory causes of importance: Pneumothorax — 7

Name of operation — Date of

What test confirmed diagnosis? Histo Phys exam — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) University Hosp.

AdCo. 5-G 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

72885

CERTIFICATE OF DEATH

V82-001

B 72885

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 118 Albemarle St. 2-5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bova

(a) Residence: No. 118 Albemarle Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Bova

DATE OF BIRTH (month, day, year) Oct 15 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvadora Geraldi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sam Romeo

(Address) 118 Albemarle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rudeem Date Oct 13 1931

19. UNDERTAKER M. W. E. Ruppelus

(Address) 31 E. Lanvale St

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1931 to Oct. 10, 1931

I last saw her alive on Oct 9, 1931 death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy —	8 yrs ago.
Senile Bronchitis - Pneumonia	10/6/31.

Other contributory causes of importance:

Acute Pulmonary Edema	10/8/31.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10/9/31 (Signed) Wally Zeugler M. D.

(Address) 1027 E. Baltimore St

AaCo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

72886

CERTIFICATE OF DEATH

72886 127-001 LE 72886

1. PLACE OF DEATH

CITY OF BALTIMORE: No. South Baltimore Gen'l Hospital St., Ward.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Jarvis

(a) Residence: No. 508 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

7. DATE OF BIRTH (month, day, year) Apr. 10 - 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Leopold Wasserfeldt

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Philippina Metzger

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT (Address) Mrs. Dorr 1233 Light.

18. BURIAL, CREMATION, OR REMOVAL Place Ced. Hill Date Oct. 13. 1931

19. UNDERTAKER (Address) J. Fen McCully 130 E. Fort.

20. FILED ____, 19__ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 10 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 . 1931 . to Oct - 10 . 1931

I last saw her alive on Oct 10 . 1931 death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	10/10/31 2.30 P.M.

Other contributory causes of importance:

Post Operative Ventral Hernia	25 yrs

Name of operation Ventral Hernotomy Date of 10-23-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. T. Sulerson M. D.

(Address) So. Baltimore Gen'l Hosp.

Spec.—9-28—A. & Co.—250 Blks

25-2880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72887 JOHNS HOPKINS HOSPITAL

X 131 E 72887

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 9-9 ST.) (WARD)

2 FULL NAME Irene Baker

(a) RESIDENCE NO. 22 Linden Ave ST. WARD Werlin - Md

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) WIFE of Alfred

6 DATE OF BIRTH (month, day, and year) 1-3-88

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md -

PARENTS

10 NAME OF FATHER Joshua Johnson

11 BIRTHPLACE OF FATHER (city or town) Md -

(State or country)

12 MAIDEN NAME OF MOTHER Jane Brogtiny

13 BIRTHPLACE OF MOTHER (city or town) Md -

(State or country)

14 Informant Friends -

(Address) JOHNS HOPKINS HOSPITAL

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9-31

17

I HEREBY CERTIFY, That I attended deceased from Sept 23, 1931, to Oct 9, 1931

that I last saw her alive on Oct 9, 1931

and that death occurred, on the date stated above, at 4 15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

a Acute (duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Blood chemistry

(Signed) Alan Brasher M. D.

, 19 (Address) Johns Hopkins Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Pulty Hill Cemetery	Oct 19 31
20 UNDERTAKER Wm. H. G. Elliott	ADDRESS 1315 Eutaw St

AdCo. 5-31 250M

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72888

72888

CERTIFICATE OF DEATH

1/31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 12-50 St. ..... Ward)

Length of residence in city or town where death occurred 35 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Lulu Starlie

(a) Residence: No. 2469 Brentwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Starlie

7. DATE OF BIRTH (month, day, year) Feb. 27-1880

8. AGE	Years	Months	Days	If LESS than 1 day: hrs or min.
	51	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Chester Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lucinda Mason

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address) Mercy Hosp. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Orangeville Date Oct 12, 1931

19. UNDERTAKER Wm. H. H. Elliott

(Address) Westminster Md.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1931 to Oct 10, 1931

I last saw her alive on Oct 9 1931 death is said to have occurred on the date stated above at 12:45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	?
Other contributory causes of importance: Hypertension - Arteriosclerotic Cardio-vascular Disease	?

Name of operation Autopsy Date of

What test confirmed diagnosis? A Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Baumgartner, M. D.

(Address) Mercy Hospital.

Rec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

72889

REGISTERED NO. E 72889

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Hanover ST. 23-31 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Schiffler

(a) RESIDENCE NO. 902 Hanover ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Schiffler

DATE OF BIRTH (month, day, and year) Oct 6th 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Pa

10 NAME OF FATHER Linda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not know

12 MAIDEN NAME OF MOTHER Not know

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant William Schiffler

(Address) 819 Kendall St

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-11-31

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1931, to 10-11- 1931, that I last saw h[illegible] alive on 10-11 1931 and that death occurred, on the date stated above, at 8.00 m.

The CAUSE OF DEATH* was as follows:

Cebrom: Myocarditis

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C Winfield M. D.

10/11 1931 (Address) 1279 William St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 10 14 1931

20 UNDERTAKER Geo. Haberstroh Son

ADDRESS 2503 Edmondson Ave

1-20—M. & T.—100 B—581.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72890

CERTIFICATE OF DEATH

146 ✓E 72890

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 72890

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. Franklin Square Hospital St. 18-29 WARD)

2-FULL NAME Julia Jasutis Wanagas

(a) RESIDENCE NO. 1124 W. Pratt ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wanagas

6 DATE OF BIRTH (month, day, and year) ? ? 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	-	-	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) - - - - - - - -
(c) Name of employer - - - - - -

9 BIRTHPLACE (city or town) (State or country) - - - - Lithuania

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) - - - - - (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) - - - - - (State or country) Lithuania

14 Informant Leo Rimkus

(Address) 1124 W. Pratt

15 Filed . 192 . . . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Puerperal Eclampsia (34 to 36 wks.)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) - - - - - - - - -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of - - - -

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy N. Thomas, M. D.
Coroner

10/12 1931 (Address) 603 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL Oct 13 1931

20 UNDERTAKER Jno Trebnauckas

ADDRESS 423 S. Paca St.

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002 E 72891

E 72891

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3009 Easton ave. St. 1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura V. Gray.

(a) RESIDENCE NO. 3009 Easton ave St. 1 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. — da. How long in U. S. if of foreign birth? — yrs. — da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow.

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas J. Gray.

6 DATE OF BIRTH (month, day, and year): Jan 1 - 1845

7 AGE: Years 86 Months 9 Days 12

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home - w/o

(b) General nature of industry, business, or establishment in which employed (or employer): Domestic

(c) Name of employer: self.

9 BIRTHPLACE (city or town) (State or country): Harford Co. Md.

PARENTS

10 NAME OF FATHER: Walter Adams.

11 BIRTHPLACE OF FATHER (City or town) (State or country): Penna.

12 MAIDEN NAME OF MOTHER: Mary Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co Md

14 Informant: Henry A. Adams.

(Address) 3009 Easton Ave.

15 Filed — 19— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12 - 9.45 A.M. 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1931 to Oct 11 1931

that I last saw h— alive on Oct 11 - 1931.

and that death occurred, on the date stated above, at 9.45 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

CONTRIBUTORY (Secondary) Chronic Pulmonary T.B. (duration) 11 yrs. — mos. — da.

Hypostatic Congestion of Lungs (duration) — yrs. — mos. — da.

18 Where was disease contracted? Home

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas Voss M.D.

(Address) 3009 Easton Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Vernon M. E. Cem. Oct 14 1931

Date of Burial

20 UNDERTAKER: Hornberger & Groshon

ADDRESS Md

Spec.—9-30—A. & Co.—250 lbs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72892

CERTIFICATE OF DEATH

137 E 72892
REGISTERED NO.

1 PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No. 1825 Jefferson St. WARD 6-9)

2 FULL NAME William Dale Cooper Sr

(a) RESIDENCE NO. 1825 Jefferson St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
~~WIFE of~~

6 DATE OF BIRTH (month, day, and year): July 27-1850

7 AGE — Years: 81 — Months: 2 — Days: 14 — If LESS than 1 day, ____ hrs. or ____ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Trucker
(c) Name of employer: Penna R.R.

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS
10 NAME OF FATHER: Ed Cooper
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Mary Hammond
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Interment
(Address): Penna Mem. 1825 Jefferson

15 Filed 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 10 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 8 1931 to Oct 10 1931
that I last saw h[illegible] alive on Oct 10 1931
and that death occurred, on the date stated above, at 8:30 P m.
The CAUSE OF DEATH* was as follows:

Hypertrophy of Prostate

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Uraemia & Toxic Exposition
(duration) yrs. [illegible] mos. 3 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

Signed: Edward L. Cook M. D.
Oct 13 31 (Address) 1313 Washington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Oct 13 1931

20 UNDERTAKER: Hughes & Jos. Inc — ADDRESS: 1 Mt Street

Spec.—9-30—A. A. Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72893

CERTIFICATE OF DEATH

REGISTERED NO. 94 E 72393

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 526 Holtzman Ct. ST. 1-3 WARD.)

2 FULL NAME Stanislaw Zamenski

(a) RESIDENCE NO. 526 Holtzman Ct. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Antonina Zamenski

6 DATE OF BIRTH (month, day, and year) Nov. 16, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65 66	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Sylv. Zamenski 526 Holtzman Ct.

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10-31

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5. 1928 to Oct 10. 1931

that I last saw h[illegible] alive on Oct 10. 1931

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:

Coronary thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 5 yrs. mos. ? ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination

(Signed) Harry L. McCarty M. D.

10-11 1931 (Address) 39 W. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary DATE OF BURIAL Oct 13 1931

20 UNDERTAKER J. D. Zgurzynski ADDRESS 9[illegible] East

AaCo. C-H 2589

E 72894 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 72894

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Vaubert St. 24-35 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Daniel Zurawski

(a) Residence: No. 1105 Vaubert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 5 1931

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		7 6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mathel Daniel

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Florintine Zac

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mathel Daniel
(Address) 1105 Vaubert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon State Oct 13 1931

19. UNDERTAKER J. H. Ogorzalek
(Address) 1134 Eastern Ave.

20. FILED Oct 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1931 to Oct 11 1931

I last saw him alive on Oct 10 1931 death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis.	Oct 3. 31
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. L. Slabney M. D.

(Address) 636 Font Ave.

ASCo. 4-31 2500

72895

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 72895

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 E.Preston St. 10-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen McGee

(a) Residence: No. 1411 E.Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John McGee

7. DATE OF BIRTH (month, day, year) Feb.12th 1857

8. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	74	7	29	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Edward Curran

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Hogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edw.McGee

(Address) 1411 E.Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Old Cathedral Date 10/13/1931

19. UNDERTAKER E.I.Fanning & Son

(Address) 1538 E.Lafayette Ave.

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.11th, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 7- 1929 to Oct 11, 1931

I last saw her alive on Oct 10- 1931, death is said to have occurred on the date stated above, at 3-20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 29
Edema of Lungs	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. Gill Hall, M. D.

(Address) 1631 E North Ave

1-30—M & T —100 B—561.

E 72896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 ✓ E 72896

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital ST. 12-51 (WARD)

2. FULL NAME George Martin Blake

(a) RESIDENCE NO 2506 Maryland Avenue ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs 9 mos 10 ds How long in U. S., if of foreign birth? -- yrs -- mos -- ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Moulton

6 DATE OF BIRTH (month, day, and year) Jan. 1, 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	62	9	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George A. Blake

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Harriett Griggs

13 BIRTHPLACE OF MOTHER (city or town) St. Mary's
(State or country) Maryland

14 Informant Mrs. Mary A. Blake

(Address) 2506 Maryland Avenue

15 Filed ..., 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Uremia - Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Knott, M. D. Coroner

Oct. 14, 1931 (Address) 806 E. North Ave

Co.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 10/14 1931

20 UNDERTAKER Henry W. Meyer & Son

ADDRESS 705 N. Eutaw

AACo. 5-31 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72897

CERTIFICATE OF DEATH

93 D 72897

Registered No. 16-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Franklintown Rd Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Sumstrom

(a) Residence: No. 605 Franklintown Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced (or) WIFE of Wm S. Sumstrom

7. DATE OF BIRTH (month, day, year) Apr 11th 1893

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Nevins

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mckasskey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm Sumstrom

(Address) 605 Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cemetery Date 10/13/1931

19. UNDERTAKER Wm Cook

(Address) 217 St Paul st

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 1931

22. I HEREBY CERTIFY, That I attended deceased from 8/10 1931 to 10/10 19 31

I last saw her alive on 10/10 1931 death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	8/6/31

Other contributory causes of importance: Acute cardiac dilatation 10 D

Name of operation none Date of

What test confirmed diagnosis? (Autopsy findings) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Benjamin Muller M. D.

(Address) 2030 Wilkens Ave

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72898

CERTIFICATE OF DEATH

E 72898

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Dr. Mahlon Hutchinson

(a) Residence: No. 700 N. Charles St., Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Mahlon Hutchinson

6. DATE OF BIRTH (month, day, year) August 30, 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	73	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Phys. & Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

13. NAME John P. Hutchinson

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Maria J. Nugent

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Husband Friends
(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date 10/15 1931

19. UNDERTAKER J. M. Cook
(Address) 211 E. Lexington St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from September 29, 1931, to October 12, 1931

I last saw him alive on October 12, 1931 death is said to have occurred on the date stated above, at 7:25 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis acute	
arteriosclerotic heart disease	
(Myocarditis)	

Other contributory causes of importance:

Serious Cystitis & Bladder	

Name of operation Perineal wound Date of 10/7/31

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Carr, M. D.
(Address)

AaCo. 1-31 2500

72899

HEALTH DEPARTMENT CITY OF BALTIMORE

72899

CERTIFICATE OF DEATH

1084

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hosp 11-24

CITY OF BALTIMORE: (No. Calvert & 33rd St. (or Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Ellen Mac. Allister.

(a) Residence: No. 1324 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 13, 1867

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	63	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife Nurse off
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Archibald Mac. Allister

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah Ellen Kidd

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Alice Erck
(Address) 615 Park ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date 10/14/1931

19. UNDERTAKER Wm Cook
(Address) 1217 E Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-27-31, 19..., to 10-12-, 1931

I last saw her alive on 10-12-, 1931 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar bilateral	1 week
Pleural effusion bilateral	2 weeks
Cardiac insufficiency	1 week
gastric + Duodenal ulcers.	6 mo.
Other contributory causes of importance: Arterio Sclerosis.	3 years

Name of operation none. Date of

What test confirmed diagnosis X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. H. Mortimer Jr. M. D.

(Address) Union Memorial Hosp.

Spec.—9-30—A. & Co.—250 Blks.

72900 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72900

CERTIFICATE OF DEATH

1 PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No Caton & Wilkens Ave St 1-3 WARD)

1086

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs. Lelly Hepplar

(a) RESIDENCE NO 716 South Luzerne ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): married

5a If married, widowed, or divorced. HUSBAND of (or) WIFE of: John Hipplar

6 DATE OF BIRTH (month, day, and year): July 22nd 1902

7 AGE: Years 29 | Months 2 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife (37)

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Chas. C. Bullen

11 BIRTHPLACE OF FATHER (city or town) (State or country): Kent Co Md

12 MAIDEN NAME OF MOTHER: Sadie Meeks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Millersville Md

14 Informant: John Hepplar

(Address) 716 South Luzerne

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-11-31

17 I HEREBY CERTIFY, That I attended deceased from 10-7 . 1931 to 10-11 . 1931

that I last saw h[illegible] alive on 10-11 . 1931

and that death occurred, on the date stated above, at 5 10 P m.

The CAUSE OF DEATH* was as follows:

Bilateral lobar pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Chronic tuberculosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) Lott Bivins M. D.

. 19 (Address) St. Agnes Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 10/14/31

20 UNDERTAKER: William Cook

ADDRESS: 1247 S Carey

Cer.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72901

CERTIFICATE OF DEATH

186 ✓-001

E 72901

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 508 Beaumont Ave., Govans St. 27-48 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary M. Norris

(a) RESIDENCE NO. 508 Beaumont Ave., Govans St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Norris

6 DATE OF BIRTH (month, day, and year) July 20, 1837

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	94	2	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Somerset County

(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER John Spangler

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Catherine Will

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Pennsylvania

14 Informant Mr. J. E. Norris

(Address) 722 McCabe Ave.

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably senile cerebral sclerosis

(Accidently fell in home)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fractured neck of rt femur

Sep 19/31 (duration) yrs. mos. ds.

(Signed) John Cain M. D.

(Coroner)

Oct 19/31 (Address) 508 E. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial Oct. 13 19 31

20 UNDERTAKER Joseph B Cook

ADDRESS 1003 East Baltimore St.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72902 ✓164-001 E 72902

72902

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 3411 Guilford Terrace St. 12-4-49 Ward)

2-FULL NAME John H Davenport

(a) RESIDENCE NO. 3411 Guilford Terrace St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of Anna Leary Davenport

6 DATE OF BIRTH (month, day, and year) October 10 1896

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	35	1	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Civil Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Unemployed

9 BIRTHPLACE (city or town)
(State or country) Virginia

PARENTS

10 NAME OF FATHER John H.Davenport

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Bessie Gilliam

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Anna Leary Davenport
(Address) 3433 Guilford Terrace

15 Filed ____ 19__ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/10 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (autopsy or inquiry) thereon and from the evidence obtained by said inquest (autopsy or inquiry), and from information obtained by me from attendants, physician, autopsy or inquiry) find that said deceased came to death on the day stated above. The CAUSE OF DEATH* was as follows:

Suicidal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What (test confirmed diagnosis)

(Signed) M. D.

10/12 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cem.	Oct 13 31
20 UNDERTAKER John F. Denny	ADDRESS 715 light

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72903

CERTIFICATE OF DEATH

Registered No. 82 E 72903

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Russell St.) 21-31 (Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Smallwood

(a) Residence: No. 913 Russell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nicholas Smallwood

6b. DATE OF BIRTH (month, day, year) [illegible] 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cal. Co. Md

MOTHER FATHER

13. NAME John Parker Cal. Co. Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Annie Grace Cal. Co. Md

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martha Mills 913 Russell St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct 13, 1931

19. UNDERTAKER John H. Tradum

(Address) 1027 Hanover St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931, to Oct 10, 1931

I last saw h[illegible] alive on Oct 10, 1931 death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericardial Effusion 2 days duration	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. P. Hammel, M. D.

(Address) 930 Park Ave

Spec.—9-30—A. & Co.—250 Blks

E 72904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72904

CERTIFICATE OF DEATH

35

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital ST 11-24 WARD)

2 FULL NAME Olivia B. Gahagan

(a) RESIDENCE NO. 1326 W. Fallsway ST Balt WARD
(Usual place of abode) (If non resident give city or town and State)

Length of residence in City or town where death occurred 54 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Roland

6 DATE OF BIRTH (month, day, and year) Sept 1913

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	18	1		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. Kenney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn Butler Co.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Annie Butler 1326 W. Fallsway

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 14 1931 to Oct 10 1931

that I last saw h er alive on Oct 10 1931

and that death occurred, on the date stated above, at 11 45 P m.

The CAUSE OF DEATH* was as follows

Toxemia
Meningismus

(duration) yrs I mos ds

CONTRIBUTORY (Secondary) Acute Salpingitis

(duration) yrs I mos ds

18 Where was disease contracted if not at place of death? V

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical & Autopsy

(Signed) H. Baumgardner M D

19 (Address) St Joseph Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon

DATE OF BURIAL 10/14 19 31

20 UNDERTAKER Wm. H. Holland

ADDRESS 1631 Druid Hill Ave

72905

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72905

CERTIFICATE OF DEATH

12-51 107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH U. S. Marine Hospital
Pennington Ave. & Lyman Park

CITY OF BALTIMORE: NO. 4 WARD)

2-FULL NAME John Mooney

(a) RESIDENCE NO. 2623 Bernard Street ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred unknown yrs mos

(b) How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah Mooney

6 DATE OF BIRTH (month, day, and year) Jan. 20, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	58	8	2 +1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) unknown

(c) Name of employer unknown

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER John Mooney

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Agnes Redmon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant (Address) Records, U.S. Marine Hospital

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 19 51

17 I HEREBY CERTIFY, That I attended deceased from October 9 19 51, to October 11 19 51

that I last saw him alive on October 11 19 51

and that death occurred, on the date stated above, at 11.55 P.M.

The CAUSE OF DEATH* was as follows:

Alcoholism, chronic (duration) Unknown yrs mos ds

CONTRIBUTORY (Secondary) Pneumonia, lobular (duration) Unknown yrs mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes • Date of Oct. 11, 1951

Was there an autopsy? No Gross Pathological, Clinical findings & Lab.

What test confirmed diagnosis?

(Signed) Gordon A. Abbott, M. D.

19 52 (Address) U.S. Marine Hospital, Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. Balto. Md. DATE OF BURIAL Oct. 14 19 51

20 UNDERTAKER D. Hall Davis ADDRESS 3 E 18 Chestnut Ave.

Spec.—9-30—A. & Co.—250 Blks.

E 72906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72906

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1447 Patapsco (St.) 24-33 (Ward) REGISTERED NO. 37-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Ida E. Grams

(a) RESIDENCE NO. 1447 Patapsco St. (Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6a If married, widowed, or Divorced — HUSBAND of (or) WIFE of Stephen C. Grams

6 DATE OF BIRTH (month, day, and year) NOV. 11, 1871

7 AGE — Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
59	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: August Englehardt

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Worst

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Stephen C. Grams 1447 Patapsco St.

Filed ... C. HUNSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9. 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to Oct 9, 1931, that I last saw her alive on Oct 9, 1931, and that death occurred, on the date stated above, at 10-30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) ... M. D.

1931 (Address) 1709 William St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. — DATE OF BURIAL: Oct 13 1931

20 UNDERTAKER: Margaret L. Flynn — ADDRESS: 1422 Light St

Spec—1-30—M.A.T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72907

CERTIFICATE OF DEATH.

46 E 72907

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 606 N. Payson St. (St.) 16-27 (Ward)

2-FULL NAME Mary V. Welch,

(a) RESIDENCE NO. 606 N. Payson St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of W. J. Welch,

7 DATE OF BIRTH (month, day, and year) June 6 1864

8 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67	4	5	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Clement Hill.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known.

14 Informant Mark A. Welch (Address) 606 N. Payson

OCT 13 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 11 1931

17 I HEREBY CERTIFY, That I attended deceased from August 1931 to Oct 11 1931.

that I last saw her alive on Oct 10 1931.

and that death occurred, on the date stated above, at 10a m.

The CAUSE OF DEATH* was as follows: Carcinoma Sigmoid

(duration) yrs 6 mos ds.

CONTRIBUTORY (Secondary) Sarcoma.

(duration) yrs mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Mary Mc Cleary M. D.

10/12/31 (Address) 606 N Payson St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL OCT 13, 1931

20 UNDERTAKER Geo W. Little

ADDRESS

per—1-30—M.A.T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72908

CERTIFICATE OF DEATH.

95-002

E 72908

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 2843, Remington Ave ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elias Butler

(a) RESIDENCE NO. 2843, Remington Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	M.

6a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Susie Butler

6 DATE OF BIRTH (month, day, and year) February 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Calvert & Co

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Henry Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Matilda Skinner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Susie Butler

(Address) 2843 Remington Ave

15 Filed ____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 11-1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1931, to Oct 11, 1931, that I last saw him alive on Oct 11, 1931, and that death occurred, on the date stated above, at 2:30 P. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease. Duration

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) O. Garland Greenwell M. D.

(Address) 1334 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Fulton — DATE OF BURIAL Oct 14 1931

20 UNDERTAKER Samuel W Cross Sr — ADDRESS 639 N Gilmor

Spec—12-23-2)—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 72909 — Registered No. 107-001 E 72909

E 72909 PLACE OF DEATH

City of BALTIMORE: (No. 827 N. Bond St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Jane Jackson

(a) Residence No. 827 N. Bond St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. (if of foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: Colored

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of: H

6-DATE OF BIRTH (month, day and year): June 5-1923

7-AGE: 8 yrs. 4 mos. 7 ds. If LESS than 1 day hrs. or min.?

8-OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: Stat amyo
(b) General nature of industry, business, or establishment in which employed (or employer): P
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Baltimore Md

PARENTS:
10-NAME OF FATHER: Lemuel Jackson
11-BIRTHPLACE OF FATHER (city or town) (State or Country): Baltimore Md
12-MAIDEN NAME OF MOTHER: Mary Jackson
13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Baltimore Md

14-(Informant) Alice Jackson
(Address) 827 N. Bond St

15-Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 12-1931

17- I HEREBY CERTIFY, That I attended deceased from Oct 8 1931 to Oct 12 1931 that I last saw her alive on Oct 10 1931 and that death occurred, on the date stated above, at 7.45 a. m.

The CAUSE OF DEATH* was as follows:

Aspiration pneumonia

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Tonsilitis and adenoids (Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(signed) E. Thomas M. D.

10-12, 1931 (Address) 922 N. Bond St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion — DATE OF BURIAL: Oct 14 1931

20-UNDERTAKER: Lathe Gross — ADDRESS: 1408 Ashland Ave

1-30—M. & T.—100 B—561.

72910

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72910

CERTIFICATE OF DEATH

X 210-082

24-33

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2. FULL NAME Chasses Gamble.(C)

(a) RESIDENCE NO Harman, Md. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gamble.(C)

6 DATE OF BIRTH (month, day, and year) October 1, 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	0	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Harman, Md.

PARENTS

10 NAME OF FATHER Edward Gamble.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harman, Md.

12 MAIDEN NAME OF MOTHER Precilla Johnson.(C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harman, Md.

14 Informant Louis Taylor.(C) cousin.

(Address) Harman. Md.

15 Filed [illegible], 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 10, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fracture of the skull. Struck and knocked down by automobile while walking on road at Harman's. Occidental Death.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Harman, Md. Oct. 10, 1931

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest at Harman, Md.

(Signed) Otto W. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Harman Maryland — DATE OF BURIAL: October 13' 31

20 UNDERTAKER: Joseph A. Lutz — ADDRESS: 1129 Fremont St.

AaCo. 5-31 2500

E 72911 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72911

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 15-21 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Eugene Blackwell

(a) Residence: No. 625 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): —
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, year): 6/21/30
7. AGE: Years 1; Months 3; Days 21; If LESS than 1 day: hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —
12. BIRTHPLACE (city or town) (State or country): Md
13. NAME: Jno. Blackwell
14. BIRTHPLACE (city or town) (State or country): Georgia
15. MAIDEN NAME: Catherine
16. BIRTHPLACE (city or town) (State or country): Georgia
17. INFORMANT: Jeorda
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL. Place Johnson Date Oct 14 1931
19. UNDERTAKER: Joseph Lowndes
(Address) 629 N. Mount Street
20. FILED Oct 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/12/1931

22. I HEREBY CERTIFY, That I attended deceased from 10-10-1931 to 10-12-1931

I last saw h alive on 10-12 1931 death is said to have occurred on the date stated above, at 5-1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	Sept 28-31
Diarrhea & Enteritis,	

Other contributory causes of importance:

Tetanus Contracture — Oct 11-31

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. T. Beckford, M. D.

(Address) Johns Hopkins Hosp.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 72912 — 46 — V 72912

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1268 Glyndon Ave 21-29 Ward)

Length of residence in city or town where death occurred 34 yrs mos ds How long in U.S. If of foreign birth 34 yrs mos ds

2. FULL NAME Stef Polachansky

(a) Residence: No. 1268 Glyndon Ave St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Polachansky

6. DATE OF BIRTH (month, day, year) ? - 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sugar factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Russian

13. NAME Mike Polachansky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Lena Polachansky

(Address) 1268 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date Oct 15, 1931

19. UNDERTAKER John J. Lipsincher

(Address) 1422 Pine St

20. FILED , 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14/31. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. , 1931, to Oct. 12 , 1931

I last saw him alive on Oct. 11 , 1931 death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head & Pancreas	1931

(Other contributory causes of importance:)

—

Name of operation Cholecystgastrostomy Date of July 6/31

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Rea , M. D.

(Address) 24 S. Bway

72913

HEALTH DEPARTMENT—CITY OF BALTIMORE

72913

CERTIFICATE OF DEATH

13-002 E 72913

Registered No. E 7291

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 E. Pratt St. 1-6-37 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Mary E. Tallagsen

(a) Residence: No. 3811 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15/1931

7. AGE | Years | Months 4 | Days 27 | If LESS than 1 day hrs or min

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Andrew Tallagson

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Mary Wissner

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mary Tallagsen
(Address) 3811 E. Pratt

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct. 14 1931

19. UNDERTAKER Jos. F. Burk & Son
(Address) Wm. A. Lingan

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 19 37 to Oct 12, 19 37

I last saw h[illegible] alive on 10 months 12/h death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset Oct 9/37

Other contributory causes of importance:

Measles

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Gregory M.D.

(Address) 401 E Eager Ave

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-003 ✓

REGISTERED NO. E 72914

E 72914

1. PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 5814 Harford Rd. ST. 27-43 WARD

2. FULL NAME Georgeanna H. Dickerson

(a) RESIDENCE NO. 5814 Harford Rd. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
(H) HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 26 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER George Dickerson

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Eliza Smith
(Address) 5814 Harford Road

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 21 . 19 31 . to Oct. 12 . 1931 .

that I last saw her alive on October 11 . 1931 .

and that death occurred, on the date stated above, at 9.45 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Softening
Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Eric L. Muller M. D.

, 19 (Address) 1711 E. 33rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL Oct 14th 1931

ADDRESS

20 UNDERTAKER George Schuller & Sons 1726 E. Monument St

AdCo. 5-31 2500

72915

HEALTH DEPARTMENT—CITY OF BALTIMORE

72915

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hosp
CITY OF BALTIMORE: (No. 33rd & Calvert Sts.) St., 7-49 Ward.
Length of residence in city or town where death occurred ... yrs ... mos 5 ds. How long in U.S. if of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Wayne Ewing

(a) Residence: No. Bel Air Md. R.F.D. St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1931.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) Bel Air Md.

MOTHER FATHER
13. NAME William Ewing
14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.
15. MAIDEN NAME Julia Gray
16. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

17. INFORMANT Mrs. Ewing (Mother)
(Address) Bel Air Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Creighton Cem. Date Oct 15 1931

19. UNDERTAKER Pontenger & Goss
(Address) Bel Air Md.

20. FILED 10-15-1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1931, to Oct 12, 1931
I last saw h[illegible] alive on Oct. 12, 1931 death is said to have occurred on the date stated above, at 9:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance:	
Gastro enteritis	10-1-31

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John S. Lawler, M. D.
(Address) Union Memorial Hosp.

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72916

92-001

E 72916

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial Hosp. St. 9-47 Ward

2-FULL NAME Edward R. Howell

(a) RESIDENCE NO. 3503 Old York Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27 1917

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	14	7	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore City
(State or country) Md.

PARENTS

10 NAME OF FATHER Edward R. Howell

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Marguerite Finch

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Edward R. Howell, Father
(Address) 3503 Old York Road

15 Filed 13 1931 C. HAMPSON JONES M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest) autopsy or (Inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or Inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tubercular Laryngeal Stenosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Dr. Thomas M. Morrison, M. D.

Oct 12 1931 (Address) 502 Bland St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Oct 14 1931
20 UNDERTAKER	ADDRESS
Bertram & Gore	2324 N. Charles St

Important. See instructions on back of certificate.

AdCo. 5-31 2500

72917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9 E 72917

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St., 15-W(rd) 1)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice L. Blake

(a) Residence: No. 1506 No. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Oct. 6, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Alberta Blake
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Agnes Coates
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Agnes Blake 1506 No. Stricker St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date Oct 14 1931

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Freshman St

Filed OCT 14 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1931, to Oct 12 1931

I last saw h[illegible] alive on Oct 12 1931 death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	9/27/31

Other contributory causes of importance:

Diarrhea and Colitis	9/10/31

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Pete Ipsanaki, M.D.

(Address) Lyndenham Hospital

Spec—9 36—A. A Co—250 Rls

72918 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 72918

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 2004 Barclay (Ward) 17-19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clara Wilcy

(a) RESIDENCE NO. 2004 Barclay St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Chas Wilcy

6 DATE OF BIRTH (month, day, and year) Oct 6 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business or establishment in which employed (or employer): at Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER Samuel Beckler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER Clara Z.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address) Mrs Clara Greenly 1410 E Lanvale St

15 Filed 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13/31

17 I HEREBY CERTIFY, That I attended deceased from Dec 26 1927 to Oct 13 1931

that I last saw h alive on Oct 13 1931

and that death occurred, on the date stated above, at 1P m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Int Nephritis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? NS

Did an operation precede death? NS Date of

Was there an autopsy? NS

What test confirmed diagnosis? Clinical Signs

(Signed) D Allen Tucker M. D.

10/13 1931 (Address) 1500 Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: 10/15/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OCT 13 1931

1-20—M. & T.—100 B—501.

E 72919

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72919

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Carey ST. 16-26 WARD)

2-FULL NAME John P. Walker

(a) RESIDENCE NO. 602 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 2 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (City or town) (State or country) Va

PARENTS

10 NAME OF FATHER John Walker

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Eichorn

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

14 Informant Wm Walker

(Address) 625 N. Boice st

15 Filed 1931, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Feild, M. D. (Coroner)

(Address) 501 Courts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
U. S. National Cemetery	10/14/31
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

AACo. 5-31 2000

HEALTH DEPARTMENT CITY OF BALTIMORE

72920

CERTIFICATE OF DEATH

34 E 72920

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1214 St. Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Sawyer

(a) Residence: No. 402 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan

6. DATE OF BIRTH (month, day, year) Aug. 18, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Burlington Vt.

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) ? Canada

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ? England

17. INFORMANT Records of

(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery Date 10/16/1931

19. UNDERTAKER Tim Cook

(Address) 1217 St Paul st

13 1931 C. H. THOMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1931 to Oct. 13, 1931

I last saw him alive on Oct. 13, 31 death is said to have occurred on the date stated above, at 1:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of Central Nervous System & Paresis	Unknown
Thrombosis Cerebral - Syphilitic	1926

Other contributory causes of importance:

Myocarditis. Chr. Interstitial	Unknown

Name of operation Date of

What test confirmed diagnosis Clinical Were an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Jas. E. Arnold M. D.

(Address) City Hosp.

ppc—3-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72921

87-E 72921

REGISTERED NO.

1—PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1203 N. Caddington Ave ST. 8-12 WARD

2—FULL NAME Annie Elizabeth Gayhardt.

(a) RESIDENCE NO. 1203 N. Caddington Ave ST.
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gayhardt

DATE OF BIRTH (month, day, and year) Sept 26-1860.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired H.W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Washington D.C.

9 NAME OF FATHER Gerhart Matthew Imhoff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Agnes Lobkeer

13 BIRTHPLACE OF MOTHER (State or country) Germany

PARENTS

14 Informant Raymond Gayhardt

(Address) 1203 N Caddington Ave

15 12-3-1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-11-31

17 I HEREBY CERTIFY, That I attended deceased from 9-14- 1931 to 10-11- 1931, that I last saw h alive on 10-10- 1931, and that death occurred, on the date stated above, at 1.10 a. m.

The CAUSE OF DEATH* was as follows:

Paralysis agitans

(duration) yrs mos 27 ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) George Abner Bandley M. D.

10/11. 1931 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Baltimore Md	10-14 1931

20 UNDERTAKER ADDRESS

John C Miller 455 E Pleasant

1-20—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH

82-001

E 72922

REGISTERED NO. E 72922

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

E 72922
1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-18 WARD)

2. FULL NAME Thomas J. Rosensteel

(a) RESIDENCE NO 1725-Harford Ave. ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie V. (Smith)

6 DATE OF BIRTH (month, day, and year) 5/1/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) Ice
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Chas. S. Rosensteel

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Catherine (Murphy)

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Baltimore, Md.

14 Informant Chas. A. Rosensteel

(Address) 1725-Harford Ave.

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John Mann M. D.
Coroner
19 (Address) 506 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 10/14/31

20 UNDERTAKER [illegible]

ADDRESS 1135 Hanover

Spec.—9-30—A. & Co.—250 Blks.

E 72923 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72923

V115-001

CERTIFICATE OF DEATH

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hospital (St.) (Ward) 19

2 FULL NAME James Hall

(a) RESIDENCE NO. 2408 Madison Ave WARD 1
(If usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
~~last~~ ~~WIFE of~~

6 DATE OF BIRTH (month, day, and year) Nov 15, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS
10 NAME OF FATHER: Not known
11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Not known
12 MAIDEN NAME OF MOTHER: Not known
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Not known

14 Interment (Address): Engine Cottrell Colbert 2408 Madison Ave

15 Filed 19 M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/11/31

17
I HEREBY CERTIFY, That I attended deceased from 10-3, 1931, to 10-11, 1931
that I last saw him alive on 10-11, 1931
and that death occurred, on the date stated above, at 4.15 a.m.

The CAUSE OF DEATH* was as follows:
(1) Acute Nephritis
(2) Uremia

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Hydrothorax
Uremia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Undetermined
Did an operation precede death? No Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Clinical & Lab.
(Signed) C. V. Deeasers M. D.
10/11/31 (Address) Provident Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft. Auburn Cem	10-14 1931
20 UNDERTAKER: Chas. G. Cooper	ADDRESS: 1414 Eutaw St.

FILED 1931 HAMPS. JONES, M.D.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

72924

CERTIFICATE OF DEATH.

23E 72924

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 775. Morley. St. 20-70 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anastasia Hayes

(a) RESIDENCE NO. 775 Morley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: the late Thomas Hayes

6 DATE OF BIRTH (month, day, and year): March 8. 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home Work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Martin Nagel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Sarah Dooley.

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Ireland.

14 Informant (Address): Frank Hayes. 775 Morley.

15 Filed ... 19... A. M. or P. M. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 12 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Oct. 12, 1931, that I last saw her alive on Oct 10, 1931, and that death occurred, on the date stated above, at 2.40 P m.

The CAUSE OF DEATH* was as follows: Tuberculosis Pulmonary.

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Eliot W. Johnson M. D.

10/12/31 (Address) 3464 Underwood ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem. DATE OF BURIAL: 10/15/1931

20 UNDERTAKER: John J Cowne & Son. ADDRESS: 908 Mulberry

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002 E 72925

72925

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. #1326 James St.) 21-24 (Ward)

2-FULL NAME William H Yoke

(a) RESIDENCE NO. #1326 James St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 15 dys. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
male	white	Widower

6a If married, widowed, or divorced HUSBAND of (or) WIFE of the late Anna E. Yoke

6 DATE OF BIRTH (month, day, and year) June 27th 1858

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
73	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor
(b) General nature of industry, business, or establishment in which employed (or employer) retired 6 yrs or more
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Henry Yoke

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Mrs Mary E. Sydnor
(Address) 1326 Aberdeen St

15 Filed ____ 19__ ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/12/1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Coroner) (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

(duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY (Secondary)

____ (duration) ____ yrs. ____ mos. ____ da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Edmonds M. D.

10/13/31 (Address) 223 Patapsco Ave., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	10/15/1931
20 UNDERTAKER	ADDRESS
John J. Coward & Son	Hollins St

Important. See instructions on back of certificate.

1-20—M. & T.—100 B—501.

E 72926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

E 72926

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. WARD 10-13

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Thomas

(a) RESIDENCE NO. 1409 E. Madison ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 21-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Joseph Thomas

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country)

12 MAIDEN NAME OF MOTHER Rose Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Joseph Thomas

(Address) 1409 E. Madison St.

15 Filed ——— 192 ——— Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated rt inguinal hernia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Congenital heart

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Oct 18/31

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible] M. D. Coroner

Oct. 19 (Address) 600 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. DATE OF BURIAL Oct 14 1931

20 UNDERTAKER Chas. H. Johnson ADDRESS 416 N. Caroline St.

1-20—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72927

CERTIFICATE OF DEATH

1092 E 72927

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 72927

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Albien Ave ST. 27-44 WARD)

2-FULL NAME William Elmer Ohl

(a) RESIDENCE NO 2520 Albien Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Marguarite Ohl

6 DATE OF BIRTH (month, day, and year) April 26/1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	39	5	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Formerly clerk for
(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co.
(c) Name of employer: At present House Painter

9 BIRTHPLACE (city or town) (State or country) Pittsburg, Pa.

PARENTS

10 NAME OF FATHER Wm. A. Ohl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna.

12 MAIDEN NAME OF MOTHER Josephine I. Geffet

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Allen R. Ohl
(Address) 2520 Albien Ave

15 Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10.30 P.M. Oct 12/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Probably Acute Cardiac Dilatation

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Undetermined-possibly pneumonic (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) Jos. H. Haas, M. D. Coroner

19 (Address) 606 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Youngstown Ohio.

DATE OF BURIAL Oct 14 1931.

20 UNDERTAKER Mrs. John N. Teufel & Son

ADDRESS 501 W. Fayette

Spec.—9-30—A. & Co.—250 Blks.

Robinson

72928

HEALTH DEPARTMENT—CITY OF BALTIMORE 72928

CERTIFICATE OF DEATH

REGISTERED NO 131 V

1 PLACE OF DEATH

CITY OF BALTIMORE (No 170 Dolphin St 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marshall T. Robinson

(a) RESIDENCE NO 170 Dolphin St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Alverta Robinson

6 DATE OF BIRTH (month, day, and year) Aug 15 5

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Gen

(b) General nature of industry, business, or establishment in which employed (or employer) Farm Work

(c) Name of employer

9 BIRTHPLACE (city or (town) (State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) "

(State or country) "

12 MAIDEN NAME OF MOTHER Lucy Johnson

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country) Va

14 Informant Alverta Robinson wife

(Address) 170 Dolphin St

15 Filed [illegible] 19 30 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11/31

17

I HEREBY CERTIFY, That I attended deceased from Sept 4 , 1931 , to Oct 11 , 1931

that I last saw h alive on Oct 11 , 1931

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (Secondary) Influenza 7 days

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Lee Hagi M. D.

10 13, 1931 (Address) 924 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, REMOVAL Loudenville DATE OF BURIAL 10/14/31

Basil Chapel Mt

20 UNDERTAKER Samuel T. Hemsley ADDRESS 578 N Bdle

Spec.—1-12-29—M&T—500 Blks.

E 72929 HEALTH DEPARTMENT—CITY OF BALTIMORE 13/E 72929

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2500 Nuzon ST. 25-23 WARD)

2.-FULL NAME Christina Bailey

(a) RESIDENCE NO. 2500 Lucas ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Augusta Bailey

6 DATE OF BIRTH (month, day, and year) Aug 1-1855

7 AGE Years 76 Months 1 Days 11 If LESS than 1 day, hrs. or min. 10

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (State or country) Balto Md

10 NAME OF FATHER John Cork

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Caroline Foard

13 BIRTHPLACE OF MOTHER (State or country) Md

PARENTS

14 Informant Sophia Lee (Address) 1928 Druid Hill Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 22 1931 to Oct 11 1931, that I last saw her alive on Oct 10 1931, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Gangrene of Leg

(duration) yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Urine

(Signed) Raymond Johnson M. D.

(Address) 2708 Madison Ave Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem DATE OF BURIAL Oct 14 31

20 UNDERTAKER Samuel Hemsley ADDRESS 1538 Bolton

1-30—M. & T.—100 B—501.

72930

Blake

HEALTH DEPARTMENT—CITY OF BALTIMORE

3rd E 72930

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST., 7-9 WARD)

2-FULL NAME Leon Blake

(a) RESIDENCE NO 617 N. Bethel ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred L yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 22/1898 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	33	10	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laberer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER Charles Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susie Wise

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Susie Blake
(Address) 617 N. Bethel

15 Filed ... 192... By ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Syphillitic Aortitis
Aortitis Insufficiency etc

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? Yes at Hopkins

What test confirmed diagnosis?

(Signed) [illegible], M. D.
Coroner

Oct. 13 19 31 (Address) 506 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 10-15 1931

20 UNDERTAKER Byron Wright 1218 Mc Elderry St

ADDRESS

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72931 — Registered No. 119 E 72931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 939 Stirling St. (Ward) 10-14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs 2 mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Sherly Pafford

(a) Residence: No. 939 Stirling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-7-31

7. AGE	Years	Months	Days	If LESS than 1 day: hrs or min.
		4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. (0)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME McKinley Pafford

14. BIRTHPLACE (city or town) (State or country) Roanoke Co Va

MOTHER

15. MAIDEN NAME Clorilla Johnson

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT (Address) Clorilla Pafford 939 Stirling St

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Date 10-14 1931

19. UNDERTAKER (Address) Geo. Wright 1218 Eutaw & Eldersley Sts

20. FILED 10-29-31

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 13 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-7-31 to 10 13 1931

I last saw her alive on 10 13 1931 and death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

Cholera Infantum — Date of onset 10-7-31

(other contributory causes of importance:)

Rickets

Name of operation None — Date of

What test confirmed diagnosis Signs & Symptoms — Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) James R. Blake M. D.

(Address) 924 Fregusith St

Spec.—9-30—A. & Co.—250 Blks.

72932 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-007 L 72932

REGISTERED NO.

1 PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2320 Penna Ave (Ward) 15-21

2 FULL NAME Dorsey Jones

(a) RESIDENCE NO. 2320 Penna Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorcas Jones

6 DATE OF BIRTH (month, day, and year): Dec 1869

7 AGE: Years 61 | Months 10 | Days | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Bricklayer

(b) General nature of Industry, business, or establishment in which employed (or employer): 62

(c) Name of employer: Fr Jackson

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Alfred Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unk

14 Informant (Address): Dorcas Jones 2320 Penna Ave

15 Filed ___ 19 ___ Registrar ___

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 6 1931 to Oct 13 1931

That I last saw h[illegible] alive on Oct 13 1931

and that death occurred, on the date stated above, at 9.35 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.

(duration) yrs. One mos. — ds.

CONTRIBUTORY (Secondary) ___

(duration) yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis? ___

(Signed) Regular Physician M. D.

Oct 13th 1931

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct 16 1931

20 UNDERTAKER: Thomas D Wright Co — ADDRESS: 2007 N

Spmt.—9-30—A. A Co.—250 Blks

E 72933 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72933

CERTIFICATE OF DEATH

462

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 E. 33d St. ST. 9-47 WARD)

2 FULL NAME Richard Ferguson

(a) RESIDENCE NO. 612 E. 33d St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Teresa King

6 DATE OF BIRTH (month, day, and year) May 10 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	60	5	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Asst. Mngr.
(b) General nature of industry, business, or establishment in which employed (or employer): 54
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Robert Ferguson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Selina McDonald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant (Address) Mrs. Teresa King Ferguson 612 E. 33d St.

15 Filed ___, 19___ ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 1 - 1931

17
I HEREBY CERTIFY, That I attended deceased from Sept 18 - , 1931, to Oct 1 V , 1931
that I last saw h[illegible] alive on Oct 1 V , 1931
and that death occurred, on the date stated above, at 6.45 ? m.
The CAUSE OF DEATH* was as follows:

Carcinoma of the Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Liver

(duration) 1 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? yes Date of Sept 9 - 1931
Was there an autopsy? no
What test confirmed diagnosis?

(Signed) Paul L. Whitehill M. D.
10 3 1931 (Address) 7 E. Lexington St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cemetery — DATE OF BURIAL: 10/15 1931

20 UNDERTAKER: H. Cendry A. Meeks & Son — ADDRESS: 1005 W. Lanvale

E 72934

HEALTH DEPARTMENT—CITY OF BALTIMORE E 72934

CERTIFICATE OF DEATH

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 N. Calvert ST. 11-15 WARD)

2 FULL NAME Elizabeth Bond

(a) RESIDENCE NO. 1125 N. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 84 yrs. 9 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~single~~ Married, ~~Widowed~~ or ~~Divorced~~, (write the word): Married

6a If married, widowed, or divorced ~~Husband of~~ (or) WIFE of James Bond

6 DATE OF BIRTH (month, day, and year) Jan 7, 1847

7 AGE: Years 84; Months 9; Days 9; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER Robert Lyon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Mary McClure

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14 Interment Carroll I. Bond

(Address) 1125 N. Calvert St.

15 Filed 1931 C. HAMPSON JONES, M.D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13th 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 10th, 1931, to Oct 13th, 1931

that I last saw h[illegible] alive on Oct 13th, 1931

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

CONTRIBUTORY* (Secondary) Arterio Sclerosis (Complete)

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical symptoms

(Signed) J. C. Hubbard M. D.

Oct 13th 1931 (Address) 300 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Mount Cemetery

DATE OF BURIAL: 10/15 1931

20 UNDERTAKER: Wesley W. Williams Son

ADDRESS 505 W. Calvert

E 72935 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931

E 72935

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 217 West Monument ST. 1475

2. FULL NAME (Mrs.) Mary Graham Macken

(a) RESIDENCE NO. 217 West Monument ST. 11th WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of [illegible]: Arthur W. Macken

6. DATE OF BIRTH (month, day, and year): June 17, 1849

7. AGE: 82 Years 3 Months 26 Days. If less than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Macon, Georgia

PARENTS

10. NAME OF FATHER: John Jones Graham

11. BIRTHPLACE OF FATHER (city or town) (State or country): Burke Co. Georgia

12. MAIDEN NAME OF MOTHER: Mary Baxter

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Athens Georgia

14. Informant (Address): Mrs. Macken 1905 Eutaw Bldg.

15. Filed [illegible] 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Oct 12/31

17. I HEREBY CERTIFY, That I attended deceased from Sept 24th, 1931, to Oct 12th, 1931

that I last saw h[illegible] alive on OCTOBER 12th, 1931

and that death occurred, on the date stated above, at 2.30 A m.

The CAUSE OF DEATH* was as follows:

CHRONIC NEPHRITIS

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Thomas L. Shearer M. D.

10/15th 1931 (Address) 905 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem

DATE OF BURIAL: Oct 14 1931

20. UNDERTAKER: Henry H. Jenkins Sons Co

ADDRESS: McCulloh & Orchard Sts

AaCo. (M) 1929

E 72936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72936

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 12-51 St., Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Henkel

(a) Residence: No. 2121 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	41?	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ? Henry Henkel
14. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER

15. MAIDEN NAME ? Elizabeth Buchwald
16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Record of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 15 1931

19. UNDERTAKER George C. Smith
(Address) 2112 Eutaw Place

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 31 to Oct. 12, 1931

I last saw h[illegible] alive on Oct. 12, 1931 death is said to have occurred on the date stated above, at 1:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism, Chr. & Acute	1926

Other contributory causes of importance:

Bronchopn	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. E. Arnold Jr. M. D.

(Address) Balto. City Hosp.

Spec. 1-10-21 MAT 1500 Blks.

72937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

119 E 72937.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Olive St. 23-31 WARD)

2-FULL NAME Mary Lou Collaun

(a) RESIDENCE NO. 1019 Olive ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 11 mos 17 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Oct. 27, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Balto. Md

PARENTS

10 NAME OF FATHER: Boyd V. Collaun

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant (Address): Boyd V. Collaun 1019 Olive St.

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1931, to Oct. 14, 1931, that I last saw her alive on Oct. 13, 1931, and that death occurred, on the date stated above, at 2:00 A m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs 1 mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs mos 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinically

Signed: H. L. Campbell M. D.

10/14 1931 (Address) 1644 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 10/16/ 1931

20 UNDERTAKER: John J. Doherty & Sons

ADDRESS: 134 E Lights

Spec.—8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 E 72938

REGISTERED NO. E 72938

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 259 W. Hoffman St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza Riddell

(a) RESIDENCE NO. 259 W. Hoffman St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6 DATE OF BIRTH (month, day, and year): Unknown 1877

7 AGE — Years: 54 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic. 67D

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): N. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Attie Hayden 259 W. Hoffman St.

15 Filed — 19 — Registrar

OCT 14 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-11-1931

17 I HEREBY CERTIFY, That I attended deceased from July 10 1931 to Oct 11 1931

that I last saw her alive on Oct 11 1931

and that death occurred, on the date stated above, at 6.40 P m.

The CAUSE OF DEATH* was as follows: Diabetes Mellitus

(duration) 4 yrs. 3 mos. 1 ds.

CONTRIBUTORY (Secondary) Diabetic Coma (duration) yrs mos. 2 ds.

18 Where was disease contracted if not at place of death? [redacted]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Urine & Phys. Symptoms

(Signed) Fred Coolidge, M. D.

10/12 1931 (Address) 303 W Lafayette ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Morning N. C.

DATE OF BURIAL: Oct 14 1931

20 UNDERTAKER: Mrs. R. A. Elliott

ADDRESS: 1225 Eastlund ave

Spec.—9 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72939

E 72939

CERTIFICATE OF DEATH

REGISTERED NO. 1/31

1 PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Balto Md ST. 7-13 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Farrant Coles

(a) RESIDENCE No. 614 N. Dallas St. ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Black

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): [illegible] 1896

7 AGE: Years 35; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Next of Kin Balto City Hospts.

15 Filed [illegible] 193[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/12/31

17 I HEREBY CERTIFY, That I attended deceased from 6-18, 1931, to 10/12, 1931

that I last saw her alive on 10/11, 1931

and that death occurred, on the date stated above, at 12.55 a.m.

The CAUSE OF DEATH* was as follows:

Nephritis, Terminal Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Toxic Psychosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis: Urinalysis findings

(Signed) Harry [illegible] M. D.

10/12, 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Friendship — DATE OF BURIAL: Oct 14 1931

20 UNDERTAKER: Mrs R. A. Elliott — ADDRESS: 1249 Ashland Ave

AsCo. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72940

CERTIFICATE OF DEATH

48 E 72940

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E 72940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Clinton st. 9th Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Mary Dopkowska

(a) Residence: No. 1000 Clinton st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced WIFE of Antoni Dopkowska

6. DATE OF BIRTH (month, day, year) March 23rd 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jozef Augustyniak

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Weronika Lemiak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Antoni Dopkowski.
(Address) 1000 Clinton Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Oct 16 1931

19. UNDERTAKER George A. Welsh.
(Address) 208 S. Ann street

20. FILED ..... 19 31 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1931 to 10/13 1931

I last saw her alive on 10/13 1931 death is said to have occurred on the date stated above, at 12 1 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix Uteri

Contractures L. Eyes

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Shipley, M. D.

(Address) 916 S. Patapsco

1-20—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72941 ✓ E 72941

157-083

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

E 72941
1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 Emerson ST. 20-69 WARD)

2-FULL NAME Vincent Lewis Mattucci

(a) RESIDENCE NO 2517 Emerson ST., _____ WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. I mos. I7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

6 DATE OF BIRTH (month, day, and year) Aug. 27, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		I	I7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ------ None
(b) General nature of industry, business, or establishment in which employed (or employer) -----
(c) Name of employer -----

9 BIRTHPLACE (city or town) South Baltimore General Hospital, Balto. Md.
(State or country)

PARENTS

10 NAME OF FATHER Anthony Mattucci

11 BIRTHPLACE OF FATHER (city or town) ---
(State or country) Italy

12 MAIDEN NAME OF MOTHER Madeline R. Lewis

12 BIRTHPLACE OF MOTHER (city or town) Dorchester Co.
(State or country) Md.

14 Informant Madeline Rebecca Lewis
(Address) 2517 Emerson St.

15 Filed Oct 19 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. I4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Congenital Heart Disease

(duration) yrs. I mos I7 ds.

CONTRIBUTORY (Secondary) ------
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------
Did an operation precede death? No Date of ---
Was there an autopsy? No
What test confirmed diagnosis? Physical Sign

(Signed) Guy M. Cromwell Coroner, M. D.
Oct 14, 1931 (Address) 263 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL 10-15-1931

20 UNDERTAKER H. Wm. H. S. Smith — ADDRESS 2512 Baltimore St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Stks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72942

CERTIFICATE OF DEATH

E 72942

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Baltimore City Hospitals 34

CITY OF BALTIMORE: (No.) Balto Md ST. 5-8 (WARD)

2 FULL NAME Emma Askew

(a) RESIDENCE NO. 403 Somerset St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) WIFE of Henry Askew

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Record Balto City Hospitals

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/12/31

17 I HEREBY CERTIFY, That I attended deceased from 10/1 . 1927 to 10/12 . 1931 that I last saw her alive on 10/11 . 1931 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Syphilis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) Henry A. Kimmell M. D.

10/12 1931 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burg. cemetery

DATE OF BURIAL Oct 14 1931

20 UNDERTAKER Edward Bryon

ADDRESS 1631 Orleans

A&Co. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72943

CERTIFICATE OF DEATH

10-E 72943

Registered No. 27-56

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-56 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U. S. if of foreign birth? yrs mos ds

2. FULL NAME Baby Girl Durand.

(a) Residence: No. 3312 Dyer St. Ward.

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/12/31

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Carlyle Durand

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Agnes Hobson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Agnes Durand

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/14 1931

19. UNDERTAKER C. Ross Lemmon

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14/1931

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1931, to October 14, 1931

I last saw h er alive on October 14, 1931 death is said to have occurred on the date stated above, at 9 44 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis of Newborn	2 days

Other contributory causes of importance

Birth Trauma	10/12/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jno. Kruger, M. D.

(Address) Mercy Hospital

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

72944

CERTIFICATE OF DEATH

114 E 72944

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 16-18 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Francis Dunther

(a) Residence: No. 2216 Riggs ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26th 1916

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	15	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Gunther

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Marie Wagner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Marie Gunther
(Address) 2216 Riggs ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Oct 15th 1931

19. UNDERTAKER Fred A. Fearnaught
(Address) 743 Hanover st

20. FILED OCT 19 1931 C. PUMPSON JONES M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1931 to Oct. 12, 1931

I last saw him alive on Oct. 12, 1931 death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	
Other contributory causes of importance:	

Name of operation Bronchoscopy - Open thoracotomy Date of 10-5-31

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) University Hosp.

AACo. 5-31 2500

72945

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 25 E 72945

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 9-4-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Charlotte Byrnes Fotchley Mass.

(a) Residence: No. (2219 Homewood Ave) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John A Byrnes

6. DATE OF BIRTH (month, day, year) April 17, 1882

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	49	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John Kehoe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Cleary

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date Oct 15 1931

19. UNDERTAKER Mary M. Kingsfield

(Address) 2501 Eutaw Pl.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1931 to October 13, 1931

I last saw h[illegible] alive on October 13, 1931 death is said to have occurred on the date stated above, at 2 0[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Peritonitis	?

Other contributory causes of importance:

Name of operation Laparotomy Date of: 10/13/31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon Brager, M. D.

(Address) Mercy Hospital

Addr. 3-31-1000

72946 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

E 72946

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Bartlett St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E Zimmerman

(a) Residence: No. 613 Bartlett St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Zimmerman

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER FATHER

13. NAME John Fraser

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

15. MAIDEN NAME Mary McDonald

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Mrs Ida Zimmerman

(Address) 613 Bartlett St

18. BURIAL, CREMATION, OR REMOVAL Oct

Place Cathedral Date Oct 14 — 19 31

19. UNDERTAKER May McWilliams

(Address) [illegible]

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1929 to Oct 12, 1931

I last saw h[illegible] alive on Oct 12, 1931, death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug 15/29

Other contributory causes of importance: Leprosy

Name of operation: Type of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decreased? No If so, specify

(Signed) W. M. Pearce, M. D.

Address 1 E Read & Preston Sts

AaCo. 5-31 2500

72947

HEALTH DEPARTMENT CITY OF BALTIMORE

93-0 E 72947

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Armstrong

(a) Residence: No. 16 S. Register St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Armstrong

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER FATHER

13. NAME William Armstrong

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL OCT 14 1931

UNIVERSITY OF MARYLAND

19. UNDERTAKER (Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-31, 19

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1930 to Oct. 11, 1931

that I last saw him alive on Oct. 11, 1931 death is said to have occurred on the date stated above, at 3:10 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hemorrhage into Cerebrum.	4-17-23
Myocarditis, Chr.	1 yr

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis Autopsy Were an autopsy [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Hemmeter M. D.

(Address) Balto. City Hosp.

AsCo. S-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72948

CERTIFICATE OF DEATH

107 E 72948

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No.) St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lynwood W. Bolton

(a) Residence: No. 400 W. Camden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Busher

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gunsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Chesterfield Co. Va.

FATHER

13. NAME Wm. H. Bolton

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth Farmer

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Records of Balto. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date OCT 14 1931

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-21-31, 19, to 10-12-31, 19

I last saw him alive on 10-12-31, 19 death is said to have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	21 Sep

Other contributory causes of importance: arteriosclerosis unknown

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Farmer Jr. M. D.

(Address) Balto. City Hosp.

UNIVERSITY OF MARYLAND

AACo. 5-31 1000

HEALTH DEPARTMENT CITY OF BALTIMORE

72949

CERTIFICATE OF DEATH

93 003 V

93 E 72949

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 17-21 (Ward)

Length of residence in city or town where death occurred life yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Fred Halstead

(a) Residence: No. 663 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? ? 1873

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Md.

MOTHER FATHER

13. NAME Egbert Halstead

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Elnore ?

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Date OCT 14 1931 19

19. UNDERTAKER (Address)

20. FILED OCT 14 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-31 19

22. I HEREBY CERTIFY, That I attended deceased from 6-15-29, 19, to 10-10-31, 19

I last saw him alive on 10-10-31 19 death is said to have occurred on the date stated above, at 1:35 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum, Myocarditis, chr -	6-11-29

Other contributory causes of importance:

Arteriosclerosis	unknown

Name of operation — Date of —

What test confirmed diagnosis Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Arnold Jr M. D.

(Address) Balto. City Hosp.

UNIVERSITY OF MARYLAND

Spec.—1-30—M. & T.—250 Blks.

E 72950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

8 v E 72950

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Arlington Ave. ST. Govans 17-47 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H.Cooper,

(a) RESIDENCE No. 530 Arlington Ave, ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lida B.Cooper,

6 DATE OF BIRTH (month, day, and year) Oct.17.1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired House Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co.Md.

PARENTS

10 NAME OF FATHER Tego Cooper,

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Co.Md.

12 MAIDEN NAME OF MOTHER Elizabeth ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Co.Md.

14 Informant (Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) OCT 14 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 13. 1931. to Oct. 14. 1931.

that I last saw him alive on Oct. 14. 1931.

and that death occurred, on the date stated above, at 3. P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Symptoms

(Signed) Thos. J. Pillsbury, M. D.

10/20/31 19 (Address) 1115 Cedarcroft Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL OCT 16 1931

20 UNDERTAKER Geo W. Little

ADDRESS 419 MONUMENT AVE.

1-20—M. & T.—100 B—501.

E 72951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002 ✓

E 72951

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 4223 Euclid Ave. ST. 28-71 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nellie A. O'Donnell

(a) RESIDENCE NO 4223 Euclid Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 9 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

An If married, widowed, or divorced (or) WIFE of ------

6 DATE OF BIRTH (month, day, and year) Jan. 11, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) -----
(c) Name of employer -----

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER William A. O'Donnell

11 BIRTHPLACE OF FATHER (city or town) ---
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Sarah Mulvihill

13 BIRTHPLACE OF MOTHER (city or town) ---
(State or country) Ireland

14 Informant Joseph O'Donnell
(Address) 416 E. Randall St.

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Embolism

Suddenly (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) High Blood Pressure (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Signs

(Signed) Guy M. Cromwell, M. D. Coroner

10/14 1931 (Address) 503 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 10/16 1931

UNDERTAKER J. Tahny Kobs

ADDRESS 3116 Eich

TION is very important! See instructions on back of certificate.

AaCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72952 — 95 E 72952

CERTIFICATE OF DEATH

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 25-72 Ward)

Length of residence in city or town where death occurred yrs 5 mos 6 ds How long in U. S. If of foreign birth? yrs mos ds

2. FULL NAME Henry J. Buck

(a) Residence: No. 412 Washington Blvd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Buck

6. DATE OF BIRTH (month, day, year) Jan. 10, 1876.

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	55	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Justus Buck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Date 10/17, 19 31

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1931 to October 14, 1931

I last saw h alive on October 14, 1931 death is said to have occurred on the date stated above, at 6 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Renal Coronary Occlusion	5 yrs.

Other contributory causes of importance:

Pulmonary Edema	10/14/31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James Boyer, M. D.

(Address) Mercy Hospital

72953 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72953

CERTIFICATE OF DEATH

119 v

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 E. Parish St. 14-28 WARD)

2 FULL NAME Robt. L. Tucker

(a) RESIDENCE NO. 307 E. Parish St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 11 1931

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Raymond E. Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Bertha Pattison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

PARENTS

14 Informant R. L. Tucker
(Address) 307 E. Parish St

15 Filed OCT 15 1931, 19 C. HAMPSON JONES, M. D. Registrar
By [illegible] Mar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931 to Oct 14, 1931

That I last saw h[illegible] alive on Oct 14, 1931

and that death occurred, on the date stated above, at 6-P. m.

The CAUSE OF DEATH* was as follows:

Acute Lie Colitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Exhaustion,

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinically,

Signed Dr. H. L. Campbell

Oct 14, 1931 (Address) 1644 Harlem Ave

*Give the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem.

DATE OF BURIAL 10/16 1931

20 UNDERTAKER Harry N. Twitchell and Edmondson Ave.

ADDRESS

TION is very important. See instructions on back of certificate.

AaCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72954

72954

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Maryland Gen Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27-55 St. ____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME John Wm Carlson

(a) Residence: No. 5603 Narcissus Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Irma Carlson

6. DATE OF BIRTH (month, day, year) Sept 6 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Driver

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME John A Carlson

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Daisy Brooks

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwood Date 10/19 1931

19. UNDERTAKER Harry M. Cuitzke
(Address) 410 Edmondson Ave

20. FILED ____ 19__ ____ Registrar
Day

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1931 to 10-15, 1931

I last saw him alive on 10-15, 1931 death is said to have occurred on the date stated above, at 7 05 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Duration 2 days?
Chronic Nephritis — 3 yrs.

Other contributory causes of importance:

Uremia — 15 days?

Name of operation Drainage & neck. Date of 10-11-31

What test confirmed diagnosis? Clinical. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____ 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Robert F. Chaney M.D.

(Address) Md. General Hospital

AaCo. 5-31 250B

E 72955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72955

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 6-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Ellis

(a) Residence: No. 1619 E. Waldo St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/25/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Geo. Ellis
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Lillian Tyllman
16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Oct 16 1931

19. UNDERTAKER Lottie Funeral Home
(Address) 1705 Eastland Ave

20. FILED Oct 16 1931 Registrar

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1931, to Oct 13, 1931
I last saw him alive on Oct 13, 1931, death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Tuberculous	Sept
Other contributory causes of importance: Mediastinal tuberculosis	May 1931

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. C. Gordon, M. D.
10/13/31 (Address) J. H. Hosp

AaCo. 5-31 2000

Saraullo

HEALTH DEPARTMENT CITY OF BALTIMORE

B 72956 ~~HB~~ 72956 25-3 2-43 B 72956

CERTIFICATE OF DEATH

Registered No. 72956

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 10-14 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Delores Saraullo

(a) Residence: No. 624 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	SINGLE

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of NONE

6. DATE OF BIRTH (month, day, year) Oct 18-1930

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
		11½	24	

OCCUPATION (See instructions on back of certificate. OCCUPATION is very important.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Carmel Saraullo
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Helen Baydon
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date 10/15/31
Place Holy Cross Cem

19. UNDERTAKER George Roth & Son Inc (Address) 1734 Eutaw Pl

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1931, to Oct. 12, 1931
I last saw her alive on Oct 12, 1931 death is said to have occurred on the date stated above, at 4:37 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc. Meningitis	Sept 26 (?)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. C. Gundry M. D.
(Address) Johns Hopkins Hosp

Spec.—8-10-29—L. F. S.—100 Blks.

E 72957

E 72957 HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH

REGISTERED NO. _____

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Etting ST. 1 24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Green

(a) RESIDENCE NO. 1121 Etting ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col.	Widower

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Lumber yard

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Chas Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Fanny Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Dorsey Green

(Address) Atlantic City N.J.

15 Filed OCT 15 1931 HAMPSON JENKINS Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11-1931

17 I HEREBY CERTIFY, That I attended deceased from May 30, 1931, to Oct 11-, 1931,

that I last saw h living on Oct 8-, 1931

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows: Carcinoma of left antrum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Xray + Biopsy-Dr.

(Signed) Chas. J. Keller, M. D.

10/13, 1931 (Address) 2216 Monumental

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Pleasant Cemetery — DATE OF BURIAL Oct. 15 1931

20 UNDERTAKER Archibald A. Gaddis — ADDRESS 1540 McCulloh St

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72958 (5)

CERTIFICATE OF DEATH

13-60 E 72958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 27-55 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Yvonne Epps

(a) Residence: No. 5217 Monument Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/7/31

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Frederick Epps

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Wallace.

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Richards. JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lake Cemetery Date Oct 15, 1931

19. UNDERTAKER The Late R. Williams
(Address) 322 S. Schroeder St.

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct - 5th, 1931, to Oct - 13th, 1931

I last saw her alive on Oct 13th, 1931, death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	10-5-31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) Johns Hopkins Hosp.

AdCo. 1-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

72959

CERTIFICATE OF DEATH

93-003 V E 72959

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ?

Length of residence in city or town where death occurred 50 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Gustav Greenborn

(a) Residence: No. 910 S. Decker Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Aug. 1, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	69	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Germany

MOTHER'S FATHER

13. NAME Christopher ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT (Address) Records of Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place [illegible] Date Oct 16 1931

19. UNDERTAKER (Address) Lilly & Sons 100 E. Lanvale St.

20. FILED [illegible] Registrar

OCCUPATION is very important. See instructions

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1930 to Oct. 12, 1931

I last saw h IM. alive on Oct. 12, 1931 death is said to have occurred on the date stated above, at 10:30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Unknown
Heart disease arteriosclerotic	

Other contributory causes of importance

Cardiac failure - Contributory [illegible] 10-12-31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-13-31 (Signed) Clara M. Hughes M. D.

(Address) Balto. City Hosp.

E 72960

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72960

95-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Linden Ave ST.) (WARD) 40-28

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Olivia F. Keech

(a) RESIDENCE NO. 1523 Linden Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs 3 mos 6 da. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 7-1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): School Teacher

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Lawson P. Keech

11 BIRTHPLACE OF FATHER (City or town) (State or country): Rhode Island

12 MAIDEN NAME OF MOTHER: Elbina P. Phelan

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Balto. Md

14 Informant: Miss Grace Keech

(Address) 1523 Linden Ave

15 Filed OCT 15 1931 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13/31

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1929, to 10/13, 1931, that I last saw h[illegible] alive on 10/12/31 and that death occurred, on the date stated above, at 1 PM m.

The CAUSE OF DEATH* was as follows:

Cardio - Nephritis

(duration) 2 yrs. mos. da.

CONTRIBUTORY (Secondary) Coronary Embolism

(duration) yrs. 2 mos. da.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? yes Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) W. H. [illegible] M. D.

, 19 (Address) 2211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cem.	Oct 15 1931
20 UNDERTAKER	ADDRESS
Chas E. Franck	802 Madison Ave

Important. See instructions on back of certificate.

E 72961 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72961

CERTIFICATE OF DEATH

34 V

REGISTERED NO.

1-3

1 PLACE OF DEATH

CITY OF BALTIMORE (No.) 518 S. Kenwood Ave. (ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME HENRY SCHMEIZL

(a) RESIDENCE NO. 518 S. Kenwood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Margareth Schmeizl

7 DATE OF BIRTH (month, day, and year) Aug. 3. 1883

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	9	

9 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Moulder & PatternMaker

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 11 weeks

(c) Name of employer: Canton Mill & Lumber Co.

10 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER Mathias Schmeizl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katherine Herschman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Margareth Schmeizl (Wife) 518 S. Kenwood Ave.

15 Filed OCT 15 1931 Registrar C. WAMPLER JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12. 1931

17 I HEREBY CERTIFY, That I attended deceased from July, 19 31, to Oct. 12, 19 31

that I last saw h 1m alive on Oct 12, 19 31

and that death occurred, on the date stated above, at 5.40 p m.

The CAUSE OF DEATH* was as follows:

Syphilitic Cirrhosis of Liver

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ascites

(duration) 24 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Sonder, M.D.

(Address) 800 S. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Oct. 15. 31

20 UNDERTAKER: Henry Sonder & Sons, Inc. — ADDRESS: Baltimore & Broadway

CAUSE OF DEATH: In plain terms. See instructions on back of certificate. IMPORTANT: This information is very important.

1-30—M 5 7—100 B—561.

E 72962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002 E 72962

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital. (St.) 25-22 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Benjamin F. Douglass.

(a) RESIDENCE No. 107 Forrest Drive (St.) Catonsville (Ward)

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced, HUSBAND of (or WIFE of) Georgia Douglass.

6 DATE OF BIRTH (month, day, and year) October 22, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired pipe fitter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Thomas W. Douglass.

11 BIRTHPLACE OF FATHER (City or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Thorpe.

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Maryland

14 Informant Mrs. Harry C. Hobbs. (daughter)

(Address) 107 Forrest Drive Catonsville.

15 Filed ..... 192 ..... Registrar

CAUSE OF DEATH must be plainly written. Do not use abbreviations. See instructions on back of certificate. INFORMATION is very important!

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Senility, Cerebral Arteriosclerosis.
Fracture of right fibula, dislocation of ankle, struck & knocked down by automobile while crossing roadway.
Accidental death.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Frederick Rd. Catonsville, Aug. 27/31

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquest at Catonsville

(Signed) Otto M. Reinhardt, M. D. Coroner

10/14/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park (C.) DATE OF BURIAL Oct 15 1931

20 UNDERTAKER Chas. H. Cook ADDRESS 1003 N. Eutaw St.

H. HAMPSON JONES, Registrar

Cer.—12-9-31—A Co.—200 Blks.

E 72963

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72963

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Maryland Hotel

City of BALTIMORE: (No. 20 E. Fayette St. St. 4-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stewart A. Brown

(a) RESIDENCE NO. Crozet, Va. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5d. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 19, 1895

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	36	3	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) McDowell, Pyle & Co., Inc.

(c) Name of employer

9 BIRTHPLACE (city or town) Perdon, Navarro County

(State or country) Texas

PARENTS

10 NAME OF FATHER David H. Brown

11 BIRTHPLACE OF FATHER (city or town) Albemarle County, Va.
(State or country)

12 MAIDEN NAME OF MOTHER Mattie Rowe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Mississippi

14 Informant Mr. D. H. Brown
(Address) Patterson Heights, Beaver Falls Pa.

15 Filed OCT 5 1931 19 C. Simpson Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic
Nephritis
Cirrhosis Alcoholism

CONTRIBUTORY (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

(Signed) James M Fenton M. D.
(Coroner)

10/15 1931 (Address) 700 E. Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Charlottesville, Va.

Date of Burial Oct. 15 1931

20 UNDERTAKER

ADDRESS 1003 W. Baltimore St.

OF DEATH in plain terms, so that it may be properly classified, and the certificate. very important. See instructions on back of certificate.

1-29 M—57—100 B—60L

E 72964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72964

CERTIFICATE OF DEATH

119 V

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital ST. 20-28 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2.-FULL NAME Betty M. Ricklin

(a) RESIDENCE NO 1905 McHenry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 6/1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Wm. A. Ricklin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Dora E. Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co., Md.

14 Informant Wm. A. Ricklin

(Address) 1905 McHenry St

15 Filed 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14/31 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Enteritis-Acidosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. J. Waesche, M. D.
Coroner

Oct 14/31 19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL 10/17 1931

20 UNDERTAKER George L. Schmidt & Sons

ADDRESS 2300 Frederick Ave

CAUSE OF DEATH is very important. See instructions on back of certificates.

Spec—12-23-21—E.P.F.S.—400 Bks.

E 72965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72965

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 1220 Eutaw St. 10-12 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louis Wehage

(a) Residence No. 1220 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word.): Married

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary S. Wehage

6-DATE OF BIRTH (month, day and year): Nov 21 1851

7-AGE: 70 yrs. 10 mos. 23 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED.
(a) Trade, profession, or particular kind of work: Telegraph Chief.
(b) General nature of industry, business, or establishment in which employed (or employer): W.U.T.Co.
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS

10-NAME OF FATHER: Henry H Wehage

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany

12-MAIDEN NAME OF MOTHER: Anna M. Simmons

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany

14- (Informant): Mary S. Wehage
(Address): 1220 Eutaw St

15- Filed 192 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Oct 13 1921

17- I HEREBY CERTIFY, That I attended deceased from August 1 1931 to Octber 13 1931 that I last saw h[illegible] alive on Oct 13 1931 and that death occurred, on the date stated above, at 10 16 A m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation.

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 3 ds.

18-Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of

Was there an autopsy? —

What test confirmed diagnosis?

(Signed) Edward C. Cannon M. D.

19 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
Cathedral	Oct. 16. 1931
20-UNDERTAKER	ADDRESS
Kelly Hardesty	1113 E. Fayette St.

instructions on back of certificate.

C. HAMPSON JONES, M.D.
Registrar.

AACo. 1-11 2500

B-3269

B-72966

HEALTH DEPARTMENT CITY OF BALTIMORE

B 72966

CERTIFICATE OF DEATH

159 V

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Thomas

(a) Residence: No. Edgemere - Sparrows Pt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Charles Thomas

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ~~Emma Bond~~ Emma Bond

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Thomas -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date Oct 15 1931

19. UNDERTAKER John F Dennis
(Address) 1115 Light St

20. FILED Oct 15 1931 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1931 to Oct. 14 1931

I last saw her alive on Oct 14 1931 death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth 10-4-31
Other contributory causes of importance: Repeated Asphyxia	10-10-31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John Whitehorn Washington, M. D.

(Address) Johns Hopkins Hospital

1-30—M. H. T.—100 B—50L

E 72967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72967

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 S. Eutaw St. ST. 21-31 WARD)

2.-FULL NAME William K. Sweeny.

(a) RESIDENCE NO 854 S. Eutaw St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) June 22, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Artist.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George A. Sweeny.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Lentz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant George A. Sweeny. (brother.

(Address) 87 Penimore Ave. Brooklyn N.Y.

15 Filed ..., 193.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pistol shot wound in the mouth
Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

10/15/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: Oct 16 31

20 UNDERTAKER: Wm J. Tickner & Son

ADDRESS: Balto.

CAUSE OF DEATH to be plainly written. Do not use abbreviations. Give the primary cause of death in Line (a). Other morbid conditions, if any, giving rise to the primary cause, should be stated in Line (b). The mode of dying, as Heart Failure, Asthenia, Apnoea, etc., should not be returned alone. Indicate the duration of each cause stated. Write plainly with ink. See instructions on back of certificate.

1-30—M 72968 B—16L

E 72968

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72968

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 506 E. Fort Ave. ST. 24-33 WARD

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

2-FULL NAME James W. Robinson.

(a) RESIDENCE NO. 506 E. Fort Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If ~~single~~, widowed, or ~~divorced~~

HUSBAND of (or) WIFE of Christina F. Robinson.

6 DATE OF BIRTH (month, day, and year) November 29, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Oyster packer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER George W. Robinson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Barbara Emerich.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Essie Lingline. (niece)

(Address) 506 E. Fort Ave.

15 Filed OCT 15 1931, 192 C. Finney Jones Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

Hemiplegia.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto F. Reinhardt, Coroner, M. D.

10/15/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Oct. 16 1931
20 UNDERTAKER	ADDRESS
Ernest V. Parsons Co.	1510 North Av

CAUSE OF DEATH to be plainly written, and in ink. See instructions on back of certificates. TION is very important

1-50—M. A. T.—100 B.—6BL.

E 72969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1931 E 72969

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 407 E. Bond ST. (or) 3-4 (WARD)

2-FULL NAME James Francis Bausch

(a) RESIDENCE NO. 407 E Bond ST., _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 30 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER James Bausch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Stella Jzelinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs Stella Bausch

(Address) 407 S Bond St

15 Filed _____, 192 _____ Registrar

OCT 5 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Enteritis

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) B O'Hearn M.D., M. D. Coroner

Oct 15, 1931 (Address) 305 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Oct 15 1931

20 UNDERTAKER C. Kaminski & Sons

ADDRESS 1215 Bosworth Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important!

Spec.—9-30—A. & Co.—250 Blks

E 72970 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72970

CERTIFICATE OF DEATH

REGISTERED NO 23

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 624 S. Streeper St. ST 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Leona Elenora Duis

(a) RESIDENCE NO 624 S. Streeper St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 8, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Baltimore

PARENTS

10 NAME OF FATHER Michal Duis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Lisiecka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Michal Duis Father 624 S. Streeper St

15 Filed OCT 15 1931 19 C. HAWSON JAMES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12, 31

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Oct. 12, 1931

that I last saw h[illegible] alive on Oct. 12, 1931

and that death occurred, on the date stated above, at 11 15 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 9 mos. 27 ds.

CONTRIBUTORY (Secondary) None (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. K. Pelletson M. D.

19 (Address) 817 Hamilton Ter.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus (Cemetery) Woodlawn

DATE OF BURIAL: Oct 16 19 31

ADDRESS: Eastern Ave.

F. H. Cazeault 1930

TION is very important. See instructions on back of certificate

AaCo. 5-31 2500

E 72971

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72971

CERTIFICATE OF DEATH

+ 72-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred yrs 1 mos 9 ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME William Rahney Parrish

(a) Residence: No. Grenville S. Car St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nell

6. DATE OF BIRTH (month, day, year) May 23-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Fred Parrish
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Harriet Lacey
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenville S.C. Date Oct 20 1931

19. UNDERTAKER Paul G. Blatchford Inc.
(Address) 1901 Eutaw Place

20. FILED ..... M.D. ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-15 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept-24 1931, to Oct 15 1931
I last saw h[illegible] alive on Oct 15 1931 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myeloid Leukemia	Sept 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph G. Hellr M. D.

(Address) Johns Hopkins Hospital

1-20—M & T—100 B—50L

E 72972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 72972

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 S. Carey ST. 21-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Wheeler

(a) RESIDENCE NO 1113 S. Carey ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Theresa Wheeler

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Helper & Acetylene Burner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Carnegie Steel Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER John Wheeler

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary M. Hunter

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant William J. Wheeler Jr.
(Address) 1308 Sargent St.

15 Filed . 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

suddenly
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) ----
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Guy N. Bromwell M. D. (Coroner)

10/14, 1931 (Address) 503 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 10/17/1931

20 UNDERTAKER John J. Bowen & Son

ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. THIS is very important. See instructions on back of certificate.

1-30—M & T—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72973 V 208 E 72973

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. Hanover St. Viaduct. ST. 70-69 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Charles F. Niegand.

(a) RESIDENCE NO 2547 Hollins St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs 0 mos 22 ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 21, 1909

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	0	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cab driver.
(b) General nature of industry, business, or establishment in which employed (or employer) 023
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER adopted Frank Niegand.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Frank Niegand. (adopted father) (Address) 2547 Hollins St.

15 Filed ..., 192 ... Registrar C. HAMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 13, 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the Skulldue to Head on Collision with a Street Car while operating a Taxi. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental Death. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Coroner's Inquest.

(Signed) Otto A. Bernhardt, Coroner, M. D.

10/15/31 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 10/16/1931

20 UNDERTAKER John J. Conway & Son

ADDRESS 90 Hollins St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Each question must be answered or the certificate will be returned for completion. Physician's or coroner's certificate of cause of death must be attached to back of certificate. See instructions on back of certificate. THIS is very important

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72974

CERTIFICATE OF DEATH

107-901 ✓ E 72974

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 222 N. Pine St. H-26 Ward)

2-FULL NAME Joseph Thompson

(a) RESIDENCE NO. 222 N. Pine St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Negro	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	8		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) md

14 Informant
(Address) UNIVERSITY OF MARYLAND

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Primary Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Litty, M. D.

10/14 1931 (Address) 739 Eastern Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: UNIVERSITY OF MARYLAND

DATE OF BURIAL: OCT 15 1931

20 UNDERTAKER [illegible] Health.

ADDRESS [illegible] WOODALL

tion should be carefully supplied. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 72975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72975

REGISTERED NO. 25

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 17-23 WARD)

2-FULL NAME Cheny Jackson

(a) RESIDENCE NO 682 N. Mullen ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant

(Address)

15 Filed Oct 5, 1931 6237 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) B. F. Kenzig M. D. Coroner

Oct 8, 1931 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL OCT 15 1931

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important! See instructions on back of certificate.

OCT 5 1931

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-83 E 72976

72976

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1133 May ST. 5-8 (WARD)

2-FULL NAME William Thomas

(a) RESIDENCE NO 1133 May St ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos da. How long in U. S., if of foreign birth? yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer odd
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer no Particular

9 BIRTHPLACE (city or town) (State or country) unknown

PARENTS

10 NAME OF FATHER unknown Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant

(Address) UNIVERSITY OF MARYLAND

15 Filed OCT 14 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs 6 mos da.

CONTRIBUTORY (Secondary) Alcohol (duration) yrs mos da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

10 12 1931 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL UNIVERSITY OF MARYLAND

DATE OF BURIAL OCT 15 1931

20 UNDERTAKER [illegible] Smith

Rev. Wm E. Woodall

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. PLEASE REMEMBER THAT ACCURATE INFORMATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72977

CERTIFICATE OF DEATH

82-001 E 72977

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. En route to University St. Hospital Ward)

2-FULL NAME Unknown

(a) RESIDENCE NO. Unknown St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	?

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant
(Address) UNIVERSITY OF MARYLAND

15 OCT 15 1931 19 H. HAMPSON JONES M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon, and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Fitts M. D.

10/14 19 31 (Address) 729 Eastern Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL OCT 15 1931

20 UNDERTAKER

ADDRESS

Cert. should be carefully supplied. Attn. should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-30—M. & T.—250 Blks.

J 2027 * Pratt 58

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72978

CERTIFICATE OF DEATH.

93-803 E 72978

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 111 S Fulton Av (St.) 19-28 (Ward)

2-FULL NAME Della C. Primrose

(a) RESIDENCE NO. 111 S. Fulton Av (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 27 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	3	13 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Straw hat trimmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. G Primrose

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret E. Baxter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs Lillian Primrose

(Address) 111 S. Fulton Ave

15 Filed Oct 15 1931, 19 C. KEMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1931

17 I HEREBY CERTIFY, That I attended deceased from July 17, 1928 to Oct 14, 1931

that I last saw h[illegible] alive on Oct 14, 1931.

and that death occurred, on the date stated above, at 12-30 [illegible]

The CAUSE OF DEATH* was as follows:

Pulmonary Oedema

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hypocystitis & Cystitis & Bronchitis & Gas (duration) 2 days yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ,

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hamm Kalen, M. D.

10/15, 1931 (Address) 2027 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem. DATE OF BURIAL Oct 17 1931

20 UNDERTAKER Josiah Dyffer ADDRESS 1600 N. Nor[illegible]

T 15 1931

SEE instructions on back of certificate. IMPORTANT is very important

AACo. 5-31 2MB

HEALTH DEPARTMENT CITY OF BALTIMORE

72979 ✓ 72979

CERTIFICATE OF DEATH

X 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (St.) 11-24 (Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 10 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John A. Campbell

(a) Residence (No.) Perryville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	73	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Campbell

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Loretto Cem. Date Oct 18 1931

19. UNDERTAKER J. A. Patterson
(Address) Perryville, Md.

20. FILED OCT 19 1931 C. THOMPSON JONES, M. D. Registrar

State CAUSE OF DEATH in such terms that the disease or condition directly causing death, and any OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-5 1931 to 10-15 1931

I last saw him alive on 10-13 1931 death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder (Papilliferous)	10 days ago ?
Chr. Myocarditis	?

Name of operation Cystotomy Date of 10-7-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenoweth M. D.

(Address) Md. General Hospital

E 72980 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72980

CERTIFICATE OF DEATH

REGISTERED NO. 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 321 E. 25th (St.) (Ward) 12

2 FULL NAME Virginia Kennedy

(a) RESIDENCE NO. (Usual place of abode) 321 E. 25th (St.) WARD (If non resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Oct. 10, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

PARENTS

10 NAME OF FATHER John T. Kennedy

11 BIRTHPLACE OF FATHER (city or town) (State or country): London, England

12 MAIDEN NAME OF MOTHER Eliza S. Belbin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ----- England

14 Informant (Address) Mr. T. W. Kennedy 321 E. 25th Street

15 Filed OCT 15 1931 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14. 1931

17 I HEREBY CERTIFY, That I attended deceased from ..., 19... to Oct. 14, 1931

that I last saw her alive on Oct 14, 1931

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

about (duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxaemia Uraemia

about (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic examination

(Signed) H. H. Steinberg M. D.

19 (Address) 714 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: 10/16 19 31

UNDERTAKER: Henry W. Meakes Son ADDRESS 805 W. Baltimore

CAUSE OF DEATH. In plain words, give the name of the disease causing death, not the mode of dying, such as heart failure, asphyxia, anaemia, etc. TION is very important. See instructions on back of certificate.

AaCo. 5-31-1929

E 72981

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 72981

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1414 E Lombard St. 3-E (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Evelyn Young

(a) Residence: No. 1414 E Lombard St., Ward.

(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race C | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20-1911

7. AGE Years 20 | Months 4 | Days 27 | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Adeline Will

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Evelyn Young (Address) 1414 E Lombard

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary Date Oct. 16 1931

19. UNDERTAKER Peter F. Williams (Address) 515 N. Eutaw St.

20. FILED ? 19 RPN Registrar

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 19, to Oct 13, 1931

I last saw h alive on Oct 13, 1931, death is said to have occurred on the date stated above, at 3 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Oct 1931
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible] M. D.

Address 887 Augusta Ave

ARCo. 5-11 2M-9

HEALTH DEPARTMENT CITY OF BALTIMORE

E 72982

CERTIFICATE OF DEATH

87 E 72982

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Regester St: St. 2-4 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maryanna Skrucha

(a) Residence: No. 517 S. Regester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Pipczynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Edward Skrucha
(Address) 517 S. Regester St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Oct 14 1931

19. UNDERTAKER [illegible]
(Address)

20. FILED Oct 15 1931 C. HAMPSON JONES, M. D.
No. [illegible] Registrar

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1931, to Oct. 13 1931

I last saw her alive on Oct. 13 1931 death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct. 11
Hypostatic Pneumonia	Oct. 12

(Other contributory causes of importance)
Arterial Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 1737 E. Fallsway

Spec.—9-30—A. A. Co.—250 Blks

72983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67 M.

E 72983

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 2210 W. Lexington St. Hospital or Institution) 70-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel V. Everard

(a) RESIDENCE NO. 2210 W. Lexington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or Divorced~~ HUSBAND of (or WIFE of) Mary Everard

6 DATE OF BIRTH (month, day, and year) Mar 17th 1865

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Glass Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Kurz & Kratz Lloyd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS

10 NAME OF FATHER John Everard

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Ann Godfrey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant (Address) Mrs Mary Everard 2210 W. Lexington St

15 [illegible] 19 31 Registrar A.S.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14th 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct. 2. 1931 to Oct. 14 1931

That I last saw h— alive on Oct. 14 1931

and that death occurred, on the date stated above, at 12.20 M.

The CAUSE OF DEATH* was as follows:

Cerebral Arterio Sclerosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Apoplexy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. S. Dixon M. D.

10.15.31 (Address) 516 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL 10/17/1931

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

CAUSE OF DEATH to be plainly written in ink. Do not use abbreviations or ditto marks. See instructions on back of certificate.

TION is very important.

AdCo. 5-31 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

35-5-4 ✓

2E 72984

CERTIFICATE OF DEATH

+ 108 E 72984

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 (Ward)

Length of residence in city or town where death occurred 34½ yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russell Cloud

(a) Residence: No. Clayton - Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan - 8 - 1926

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	5	9	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md -

MOTHER FATHER
13. NAME Wm Cloud
14. BIRTHPLACE (city or town) (State or country) Va -
15. MAIDEN NAME Mary Johns
16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date 10/16/1931

19. UNDERTAKER
(Address) 219 E Paul St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1931 to Oct 14 1931
I last saw him alive on Oct 14 1931 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/12/31
Other contributory causes of importance: acute nephritis	10/11/31

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John P Leary Jr M. D.
(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. Indefinite or unusual terms, such as "Heart Failure," "Old Age," "Senility," "Infection," "Septicemia," "Blood Poisoning," "Exhaustion," "Convulsions," "Uremia," "Cancer," "Tumor," "Abscess," "Childbirth," "Miscarriage," "Abortion," "Pregnancy," "Stillbirth," "Premature Birth," "Congenital Debility," "Malformation," "Injury," "Fracture," "Hemorrhage," "Shock," "Asphyxia," "Drowning," "Burns," "Scalds," "Poisoning," "Gunshot Wound," "Stab Wound," "Cut Throat," "Hanging," "Strangulation," "Suffocation," "Electrocution," "Run Over," "Fall," "Explosion," "Collision," "Derailment," "Wreck," "Mine Disaster," "Industrial Accident," "Traffic Accident," "Automobile Accident," "Aeroplane Accident," "Boiler Explosion," "Gas Explosion," "Coal Gas," "Carbon Monoxide," "Illuminating Gas," "Natural Gas," "Chloroform," "Ether," "Anesthetic," "Surgical Operation," "Medical Treatment," "Unknown," "Undetermined," "Not Known," "Not Stated," "Not Specified," "Not Certified," "Not Diagnosed," "Not Ascertained," "Not Determ

Spec.—9-20—A. & Co.—250 Blks

E 72985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72985

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1403 (St.) Jackson (Ward) 24 3 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Randall

(a) RESIDENCE NO. 1403 (St.) Jackson (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of Elijah R. Randall

6 DATE OF BIRTH (month, day, and year) Sept 4th 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: David Virr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Elijah R. Randall 1403 Jackson St

15 Filed 10/15 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15th 1931

17

I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to Oct 15, 1931

that I last saw h[illegible] alive on Oct 14, 1931

and that death occurred, on the date stated above, at 4 O.A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Hypertension

Acute Disease of Bladder

CONTRIBUTORY (Secondary) (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Urbana

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) [illegible] M. D.

[illegible]

*State the Disease Causing Death, or in Deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Forge Church Va. DATE OF BURIAL: 10/17/1931

20 UNDERTAKER: Wm Cook ADDRESS: 1217 St Paul St

CAUSE OF DEATH in plain terms so that it may be properly classified. See instructions on back of certificates. TION is very important.

Spec.—9-30—A. & Co.—250 Blks

72986 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ 49 E 72986

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) St. Agnes' Hospital ST. 25-72 WARD

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Barbara Hausman

(a) RESIDENCE NO 121 Mellon Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 5 mos. — ds. How long in U. S., if of foreign birth? — yrs. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6a If married, widowed, or divorced
HUSBAND (or) WIFE of W. L. Hausman

6 DATE OF BIRTH (month, day, and year) Dec 5th 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	50	10	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Hausman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Wilkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant W. L. Hausman
(Address) Catonsville, Md

15 Filed ___, 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/13/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1931 to Oct 13th 1931
that I last saw her alive on 10-13 1931
and that death occurred, on the date stated above, at 10:05 P.M.
The CAUSE OF DEATH* was as follows:
Carcinomatosis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cachexia.
(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? Yes. - Partial.
What test confirmed diagnosis? Hyaline, Par. autopsy
(Signed) James F. Hospital M. D.
19 (Address) Catonsville

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lindenwood Cemetery DATE OF BURIAL. Oct 16 19 32

UNDERTAKER F. S. Wolfgust ADDRESS 850 W. Baltimore St

CAUSE OF DEATH is plain terms, so that it may be properly classified. Name of attending physician should be given in every case. See instructions on back of certificate. TION is very important.

1-20—M. & T.—100 B—50L

E 72987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 72987

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 550 S.Bentalou ST. 20-73 WARD)

2-FULL NAME Virginia M. Wild

(a) RESIDENCE NO 550 S.Bentalou ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred I yrs. II mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Nov. 5th 1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	I	II	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): --------
(c) Name of employer: --------

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Asa C. Wild

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Johnson

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Asa C. Wild

(Address) 550 S.Bentalou St.

15 Filed Oct 16, 1931 C. RAMSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14th. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Whooping-Cough

probably 3 wks.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Convulsions
(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? --------

Did an operation precede death? No Date of ----

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D.
Coroner

10/15/31 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: 10/16 1931

20 UNDERTAKER: J. B. Hubbert

ADDRESS: 847 Eutaw St.

Information should be entered in ordinary language. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

A4Co. 5-31 2MB

72988 72988 2 Unk

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72988

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1 (Ward) 14-20

Registered No. 107-001
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Hobbs

(a) Residence: No. 2026 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced (or) WIFE of Gertrude Dame

6. DATE OF BIRTH (month, day, year) June 24 1867

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	64	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware & Paints
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James Hobbs
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Oct 16 1931

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

FILED OCT 16 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1931, to Oct 14, 1931

I last saw h[illegible] alive on Oct 14 1931 death is said to have occurred on the date stated above, at 6.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	9/30/31
Hypostatic Edema	9/30/31
Uremia	10/2/31
Pyelonephritis	10/2/31
Benign Prostatic Hypertrophy	7/26/31

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. Walter Young, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms. DO NOT USE MEDICAL TERMS. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

Mattie Smith

E 72989

HEALTH DEPARTMENT CITY OF BALTIMORE

23 E 72989

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Fay St. 27-6 Ward)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Smith

(a) Residence: No. 32 Fay St., Ward.
(Usual place of abode) 15 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
35	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Annie Watson.
(Address) 3. S. Fay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10-16 1931

19. UNDERTAKER Robert Easter
(Address) 1424 Pa. ave.

OCT 1 0 1931 J. PEARSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1931 to Oct 13, 1931

I last saw her alive on Oct 13 1931 death is said to have occurred on the date stated above, at 11,30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Tuberculosis	3 mo ago

(Other contributory causes of importance:

Arthritis	3 mo. ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. H. Howell M. D.

(Address) 712 S. Paul St.

State CAUSE OF DEATH in plain terms. Indefinite or illegible answers may be returned for correction. Place entries on back of certificate. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2M

B 72990

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 72990

CERTIFICATE OF DEATH

23 v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 21-24 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME Vincent Frankewitz

(a) Residence: No. 851 Woodward St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Frankewitz

6. DATE OF BIRTH (month, day, year) ? - 1870

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Lithuania
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Anna Frankewitz
(Address) 851 Woodward St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 17 1931

19. UNDERTAKER John Grabauskas
(Address) 123 S. Paca St

OCT 15 1931 C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-8 1931, to 10-14 1931

I last saw him alive on 10-14 1931, death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Pneumonia — Date of onset 10-4-31

Other contributory causes of importance:
Healed tuberculosis of Hip

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) S. Smith, M. D.
(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Don't state mode of dying. Don't use abbreviations or initials. Don't give occupation instead of cause of death. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

Parke Lafayette

E 72991 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 72991

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 N. Exeter St. 5-4 (Ward)) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Mollie Krashes

(a) Residence: No. 155 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nick Krashes

6. DATE OF BIRTH (month, day, year)

7. Age: Years 72 | Months | Days | If LESS than 1 day hrs or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Isaac Krashes
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Mita —
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joe Krashes
(Address) 55 N. Exeter

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 10-16- 1931

19. UNDERTAKER Isaac Levin, Jr.
(Address) 1437 E. Lafayette Ave

20. FILED C. HAMPSON JONES, M. D. Registrar

OCT 16 1931

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Fill OCCUPATION in very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1922 to October 15th, 1931
I last saw her alive on Oct. 15th, 1931 death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1922
Chr. Myocarditis	1930

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene J. Krapf M. D.
(Address) 206 W. Lafayette Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7[illegible]

CERTIFICATE OF DEATH

131 E 72992

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 459 Schwartz Ave Ward)

Length of residence in city or town where death occurred [illegible] mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Thomas Bailey

(a) Residence: No. 459 Schwartz Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1831

7. AGE: Years 80 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Md Balto Co.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Maria

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Sara Thomas

(Address): 459 Schwartz Ave

18. BURIAL, CREMATION OR REMOVAL: Pleasant Hill Oct 16 31

19. UNDERTAKER: Lynch & Hagerty

(Address): 325 N Bradford St

OCT 16 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to Oct 14, 1931

last saw h— alive on Oct 14, 1931 death is said to have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Louis A. Johnson M. D.

Oct 16 31 (Address) 2329 Kenyon Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ASCo. 1-31-1930

E 72993 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72993

CERTIFICATE OF DEATH X 133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 12 mos. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Young

(a) Residence: No. 6 Crisfield Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10 1890

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	41	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME Ida Davis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Nellie Washington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Crisfield Md

Place Oct 19 1931

19. UNDERTAKER John A. Bradshaw

(Address) Crisfield Md

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1931, to Oct 16, 1931

I last saw her alive on Oct 16, 1931 death is said to have occurred on the date stated above, at 3.55 p.m.

The principal cause of death and related causes of importance were as follows:

Uremia

? Pyelonephritis

Date of onset Sept. 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Chem. Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline C. Bedell, M.D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-36—A & Co.—250 Blks

E 72994 HEALTH DEPARTMENT—CITY OF BALTIMORE E 72994

CERTIFICATE OF DEATH 131 V

1 PLACE OF DEATH Baltimore City Hospitals REGISTERED NO.

CITY OF BALTIMORE } No. Baltimore, Md. 44-54 WARD (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Annie Parker

(a) RESIDENCE No. 589 Baker St. ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a If married, widowed, or divorced (or) WIFE of Joseph Parker

6 DATE OF BIRTH (month, day, and year) November 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 087

(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Next of Kin City Hospitals

15 Filed OCT 5 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/14/31

17

I HEREBY CERTIFY, That I attended deceased from 10/21, 1931, to 10/14, 1931, that I last saw (s)he alive on 10/14, 1931, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) Unknown ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) Unknown ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical findings

(Signed) [illegible] M. D.

19 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holland Cemetery DATE OF BURIAL OCT 31

20 UNDERTAKER C. W. Chase & Son ADDRESS 22 N. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev.—2-19-28—L. F. S.—800 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 72995 ✓ E 72995

E 72995

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 702 N. Montford ST. 7-12 WARD

2—FULL NAME George J. Belzner

(a) RESIDENCE NO. 702 N Montford ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

If married, widowed, or divorced
DIVORCED of
(or) WIFE of Margaretha Belzner

6 DATE OF BIRTH (month, day, and year) June 16 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foogt Inf

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Belzner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Koch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 (Informant) Louis J Belzner

(Address) 702 N Montford

15 Filed 1931, 19 [illegible] Registrar

CT 1 6 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15-31

17 I HEREBY CERTIFY, That I attended deceased from Aug 25 30, 19 to Oct 15, 19 31

that I last saw him alive on Oct 15, 19 31

and that death occurred, on the date stated above, at 10.42 p m.

The CAUSE OF DEATH* was as follows:

Cardio Renal disease

(duration) yrs mos ds

CONTRIBUTORY (Secondary) Cardio Renal disease

(duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

Oct. 19 31 (Address) 937 Gay St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Co	Oct 19 31
20 UNDERTAKER	ADDRESS
Louis Heemann	92 S Bond

IMPORTANT. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3096 — 34 L 72996 — 25-3 — 72996

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] HOPKINS HOSPITAL St.. Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Leo Edgar Roberts 13-59

(a) Residence: No. 25-35- Salem St. St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan - 25 - 31

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
		9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

13. NAME Beatrice Perkins

14. BIRTHPLACE (city or town) (State or country) Md -

FATHER

15. MAIDEN NAME Sarah Perry

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Parents -

(Address)

18. BURIAL [illegible] OCT 15 1931

19. UNDERTAKER [illegible]

(Address)

19 [illegible]

OCT 16 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept-29 1931, to Oct 13 1931

I last saw h[illegible] alive on Oct 13 1931, death is said to have occurred on the date stated above, at 2 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	Oct 1 - 31

Other contributory causes of importance:

Congenital Syphilis ? [illegible]

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julian D. Corbett Jr M. D.

(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

B 72997

CERTIFICATE OF DEATH

13 E 72997

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

17-26

2. FULL NAME Heyman Winkfield

(a) Residence: No. 655 Pierce St. St., Ward C.H.T.B.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): 5-22-02

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	29	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Graham, Va.

MOTHER FATHER

13. NAME Guy Winkfield

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Caroline Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date

19. UNDERTAKER
(Address)

UNIVERSITY OF MARYLAND
FROM MEDICAL LIBRARY OCT 15 1951

OCT 6 1931 E. F. SENOP HOSPITAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-13, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-29-31, 19, to 10-13, 1931

I last saw him alive on 10-13-, 1931 death is said to have occurred on the date stated above, at 12.10 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mo.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? –
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury –

Nature of injury –

24. Was disease or injury in any way related to occupation of deceased? – If so, specify

(Signed) Lawrence A. Tenney M. D.

(Address) BALTIMORE CITY HOSPITALS

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 72998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X34 E 72998

REGISTERED NO. _____

1-PLACE OF DEATH Removed Dead at

CITY OF BALTIMORE: (NO.) Mercy Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Creston 17-25

(a) RESIDENCE NO. 516 Pearl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 6 mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 26 1884 Inquiry

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	5	18 13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Keenan Construction Co

9 BIRTHPLACE (city or town) (State or country) Harford Co

PARENTS
10 NAME OF FATHER Noah Fenton
11 BIRTHPLACE OF FATHER (city or town) (State or country) Harford Co
12 MAIDEN NAME OF MOTHER Eliza Wilkins
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harford Co

14 Informant Evelyn Reed sister
(Address) Aberdeen Md

15 Filed Oct 16 1931, 193 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to Her death on the day stated above.
The CAUSE OF DEATH* was as follows: Pulmonary Embolism

(duration) yrs 1 mos ds

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Bel Air Md
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner
(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Aberdeen Md — DATE OF BURIAL Oct 18 1931

20 UNDERTAKER Henry Fanning Sons — ADDRESS Aberdeen

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-25-85 125-72999 X 12999 ✓

54-004 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., Ward)

Length of residence in city or town where death occurred yrs 1 mos 1 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace - E - Deency 7-9

(a) Residence: No. 101 S- Page Ave - St., Ward. (Usual place of abode) (If non-resident give city or town and State) Union - H - M -

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) Jan - 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 03

9. Industry or business in which work was done as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER FATHER

13. NAME Glen Gardner Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lina Thoughlin

16. BIRTHPLACE (city or town) (State or country) U - K -

17. INFORMANT Friends -

(Address)

18. BURIAL, CREMATION, OR REMOVAL Endicott N.Y. Date Oct 16, 1931

19. UNDERTAKER John C. Mitchell & Son

(Address) 1700 Eastern Ave

CT 16 1931

20. [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to Oct 16, 1931

I last saw her alive on Oct 16, 1931 death is said to have occurred on the date stated above, at 9 05 A.M.

The principal cause of death and related causes of importance were as follows:

Brain Tumor - 3rd ventricle — Date of onset May 1930.

Non-malignant

Other contributory causes of importance:

Frozen

Name of operation Left Craniotomy Date of 7-10-31

What test confirmed diagnosis? Operation Was an autopsy? No

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

29. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred W. Keil, M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

73000

HEALTH DEPARTMENT—CITY OF BALTIMORE

73000

CERTIFICATE OF DEATH

117-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH St agnes Hospital

CITY OF BALTIMORE: (No.) 914 N Fulton St WARD 11 Chg

2 FULL NAME Mr Kenneth Keene

(a) RESIDENCE NO. (Usual place of abode) 914 N Fulton Ave WARD 16-22

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Keene.

6 DATE OF BIRTH (month, day, and year): Aug 18 1886

7 AGE: Years 43. Months 1 Days 27 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Investigator 086

(b) General nature of industry, business, or establishment in which employed (or employer): Insurance Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Dr Saml A Keene

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Nora Appleyard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Mrs Cecelia Keene 914 N Fulton Ave

CT 16 1931

19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-15-31

17 I HEREBY CERTIFY, That I attended deceased from 10-13-31, 19.. to 10-15-31, 19..

that I last saw h(er) alive on 10-15-31, 19..

and that death occurred, on the date stated above, at 8 00 P m.

The CAUSE OF DEATH* was as follows:

Syphilis of Aorta

(Duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Duodenal Ulcer

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? Yes Date of 10-13-31

Was there an autopsy? Yes

What test confirmed diagnosis? B & W & Autopsy

(Signed) Hyalmar S Anderson M.D.

10-15-31, 19.. (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem

DATE OF BURIAL: 10/17 1931

20 UNDERTAKER: Forget & Kelly Fulton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Missing

#E73001

AdCo. 5-31 1500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73002

CERTIFICATE OF DEATH

82-2 73002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Hudson St. St. (Old 27) Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Frederick J. Schneider

(a) Residence: No. 3503 Hudson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Catherine Schneider

6. DATE OF BIRTH (month, day, year) Aug. 24 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	22 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cable-Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Joseph Schneider

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Catherine Schneider
(Address) 3503 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Oct. 19 19 31

19. UNDERTAKER George W Zickler
(Address) 1737 E Eager St.

C. HAMPSON JONES, M. D.
Registrar

OCT 16 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931 to Oct 16, 1931

I last saw h[illegible] alive on Oct 16, 1931 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy, Cerebral Hypert[illegible]	10/15/31

Other contributory causes of importance:

Hypostatic pneumonia	10/12/31

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.
(Address) 3054 Hudson St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

73003

CERTIFICATE OF DEATH

59E 73003

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2107 Longwood St) (5-61) (Ward)

Length of residence in city or town where death occurred 73 yrs 9 mos 11 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Katharine Frank

(a) Residence: No. 2107 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Frank

6. DATE OF BIRTH (month, day, year) Jan. 4. 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	73	9	11.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Michael Kopmann
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Sabilla Fehl
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Christopher Frank 5362 Tramore Road

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 19 1931.

19. UNDERTAKER (Address) Mrs Thos. John R. Tingle & Son 2411 Fayette St

20. 10-16 1931 C. HAMPSON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1931.

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931, to Oct 15 1931

I last saw her alive on Oct 15 1931, death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	5
arteris-sclerosis	5
Hyperaidtes	~~5 yrs~~ 2 yrs
Hypo-static pneumonia	Oct 12

Other contributory causes of importance:

Name of operation none Date of operation

What test confirmed diagnosis? Autopsied Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Valor S. Hibbitt, M. D.

(Address) 2220 Garrison Av

1-20—M. & T.—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73004

REGISTERED NO. 24 E 73004

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp (St.) 27-43 (WARD)

2. FULL NAME Wm Winder

(a) RESIDENCE No. 2513 Loraine Pl St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Died mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Oct 22-1929

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	1	11	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Wm Winder Sr

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER Mildred Taylor

13 BIRTHPLACE OF MOTHER (city or town) W Va
(State or country)

14 Informant Fanny Thompson
(Address) 2513 Loraine Pl

15 Filed 1931 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fibrosarcoma Meningitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Negative

(Signed) [illegible] Hamilton D. M. D. Coroner

(Address) [illegible] Boulevard

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Cathedral Cem — DATE OF BURIAL: 10 29 1931

20 UNDERTAKER [illegible] — ADDRESS [illegible]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 6 1931 E. HAMPSON JONES, M. D. Registrar

A&Co. 1-31-1928

73005 HEALTH DEPARTMENT CITY OF BALTIMORE

51 B 73005

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S Bethel St. 3-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) Lif

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME James Banks

(a) Residence: No. 24 S Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15. 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	65	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wesley Banks

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Henry Freeman

(Address) 24 S Bethel St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date Oct 18 1931

19. UNDERTAKER Robert E. Williams

(Address) 1515 W Fayette St

C. HAMPSON JONES, M. D.

OCT 16 1931

By _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Oct 15 1931

I last saw him alive on Oct 14 1931 death is said to have occurred on the date stated above, at 5 25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Nephritis	unknown
Tumor in Bladder with urinary retention & Uremic Poisoning.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

Surgical

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-28—A. A Co.—250 Blks.

73006 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-003-73006

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. St. Joseph's Hospital ST. 8-17 WARD)

2 FULL NAME Betty Lee Phoebus

(a) RESIDENCE NO 1824 N. Durham ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 27, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER Harlan Phoebus

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER Alberta Bucher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant (Address): Alberta Phoebus 1824 N. Durham St.

15 C. HAMPSON JONES, M. D. Registrar

OCT 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15-31

17
I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1931, to Oct. 15, 1931
that I last saw h[illegible] alive on Oct. 15, 1931
and that death occurred, on the date stated above, at 11:30 P. m.
The CAUSE OF DEATH* was as follows:

Dysentery (Flexner type)

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Toxemia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? 1824 N. Durham St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Course

(Signed) N B Hendrix M. D.

19 (Address) St. Joseph's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery — DATE OF BURIAL: Oct. 18 19 31

20 UNDERTAKER: Frederick Lazenby — ADDRESS: 7401 Belair Rd

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

Dr Rustel 2221 N Fulton Ave 2/3620 2.6.59

B 73007 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. B 73007

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 5019 Rusterton Rd ST. 27 WARD 6

2. FULL NAME Lena Estell McCullough

(a) RESIDENCE NO. 5019 Rusterton Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced: Married

If married, widowed, or divorced

HUSBAND of (or) WIFE of: Charles A. McCullough

6. DATE OF BIRTH (month, day, and year): March 15 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: At Home

9. BIRTHPLACE (city or town) (state or country): Baltimore Md

PARENTS

10. NAME OF FATHER: Samuel T Taylor

11. BIRTHPLACE OF FATHER (city or town) (state or country): Md

12. MAIDEN NAME OF MOTHER: Cordelia Reed

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14. Informant (Address): Chas A McCullough 5019 Rusterton Rd

15. Filed 6 1931 By Dr. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): Oct 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1931 to Oct. 16 1931

that I last saw h[illegible] alive on Oct. 14 1931

and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Elbert C. Reitz M. D.

10/19 31 (Address) 2221 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 10/19 1931

20. UNDERTAKER: J. McCord

ADDRESS: 1217 Eutaw pl

IMPORTANT: See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

E 73008

HEALTH DEPARTMENT—CITY OF BALTIMORE

1312 73008

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE. (No 12-19 ST. WARD 1

2 FULL NAME Ranit Campbell

(a) RESIDENCE NO. 301 E. 20th St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Ida May Campbell

6 DATE OF BIRTH (month, day, and year) Sept 19 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	0	27 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Foreman

(b) General nature of industry, business, or establishment in which employed (or employer) Shoe

(c) Name of employer Cement Rail Shoe Co

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER David Campbell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Anne Austin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ida M. Campbell (Address) 301 E. 20th St.

15 C. HAMPSON JONES, M. D. Registrar

OCT 16 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 16, 1931

17

I HEREBY CERTIFY, That I attended deceased from September 12 1931, to October 16, 1931

that I last saw h[illegible] alive on October 16, 1931

and that death occurred, on the date stated above, at 4:12 P.M.

The CAUSE OF DEATH* was as follows:

Hypertension

Cerebral Hemorrhage

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypertension, Chr. Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Herin M. D.

, 19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	10/17 1931
20 UNDERTAKER William Lee	ADDRESS 1210 Eutaw St

TION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

73909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 73909
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 E. Lafayette Ave St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Bridget Murphy

(a) Residence: No. 1732 E. Lafayette Ave St., Ward.
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. Murphy

6. DATE OF BIRTH (month, day, year) 6-15-1852

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
79	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. B. J. Goodhues
(Address) 1732 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cross Cem Date 10-17-1931
Lafayette

19. UNDERTAKER Geo. Dill & Son
(Address) 1335 W. Baltimore St.

20. FILED OCT 16 1931 19 H. G. HARRISON JONES, M. D. Registrar No. 8178

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1931, to Oct 14, 1931
I last saw h[illegible] alive on Oct 14, 1931, death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility -	Jun 1/31
Other contributory causes of importance:	
Chronic Nephritis	1925

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. J. Murphy M. D.
(Address) 1732 E. Lafayette Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

73010 HEALTH DEPARTMENT—CITY OF BALTIMORE

73010

CERTIFICATE OF DEATH

Registered No. 154

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) St., 9-11 Ward 0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Strutt (Margaret Strutt.

(a) Residence: No. 505 - E. 22nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14 1931

7. AGE	Years	Months	Days	If LESS than 1 Day: hrs. or min.
		1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Bush Strutt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Margaret Mary Coogan

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Father

(Address) 505 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL Place Bethlehem Date 10/17/31 19

Transfer to Md.

19. UNDERTAKER Geo. J. Ruth Son

(Address) 1225 Harford Ave

C. HAMPSON JONES, M. D.

Registrar

10 16 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931, to Oct 15, 1931

I last saw her alive on Oct 15 1931 death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ months)	Sept 14

Other contributory causes of importance: Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chamberlain M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—3t. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73011

CERTIFICATE OF DEATH

210-001

E 73011

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital. ST. 9-46 (WARD)

2. FULL NAME James Pilkerton.

(a) RESIDENCE NO 518 E. 26th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) February 14, 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Pilkerton.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charles Co. Md.

12 MAIDEN NAME OF MOTHER Renna Billmire.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Renna Pilkerton. (mother)

(Address) 518 E. 26th St.

15 [illegible] C. HAMPSON JONES, M. D.

16 [illegible] Per [illegible] Registrar

OCT 16 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12, 1931 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage. Accidentally struck and knocked down by an automobile white running across the street.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Greenmount Ave nr. 26th St.

Did an operation precede death? No. Date of October 12, 1931

Was there an autopsy? Yes by Hospital physician.

What test confirmed diagnosis? Autopsy & inquest.

(Signed) [illegible] M. D. Coroner

10/14/31 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Catholic Cemetery

DATE OF BURIAL Oct 17 1931

20 UNDERTAKER [illegible]

ADDRESS [illegible]

CAUSE OF DEATH to be plainly written, so that it may be properly classified. See instructions on back of certificate.

THIS is very important.

E 73012 HEALTH DEPARTMENT—CITY OF BALTIMORE 73012

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5219 Windsor Mill Rd (Street) 66 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 0 mos. 8 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Clara Muth

(a) Residence: No. 5219 Windsor Mill Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Muth

6. DATE OF BIRTH (month, day, year) Dec. 7 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Michael Wallace

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Lochmer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward J. Muth

(Address) 5219 Windsor Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Date Oct. 19, 1931.

19. UNDERTAKER Fred J. Kenny

(Address) 15 Light St.

20. FILED OCT 17 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Oct 15, 1931

I last saw h— alive on Oct 14 1931 death is said to have occurred on the date stated above, at 2:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of breast	8 years

Other contributory causes of importance:

Secondary Carcinoma of Liver	4 months

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

Spar.—9-30—A. & Co.—250 Blks.

E 73013

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73013

CERTIFICATE OF DEATH

131

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2843 Reese ST. 9-46 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Andrew Lynch

(a) RESIDENCE NO. 2843 Reese ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Lynch

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Halifax N.C.

PARENTS

10 NAME OF FATHER Solomon Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Neb.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant (Address) Edith Lynch 2843 Reese St.

15 Filed OCT 17 1931 C. HAMPSON, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15-31

17 I HEREBY CERTIFY, That I attended deceased from Sept 4 , 1931 , to Oct 15 , 1931 ; that I last saw h— alive on Oct 15 , 1931 ; and that death occurred, on the date stated above, at 11.30 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of no

Was there an autopsy? no

What test confirmed diagnosis? Clinical Physical Exam.

(Signed) G. A. Rall M. D.

, 19 (Address) 426 E 23 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. DATE OF BURIAL Oct 19 1931

UNDERTAKER Chas. H. Hinson ADDRESS 411 N. Carrollton Ave.

IMPORTANT—See instructions on back of certificate

AACo. S-H 2108

E 73014 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 73014

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 851 N. 35 St (St.) 13-52 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. McCauley

(a) Residence: No. 851 N. 35 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Martha J. McCauley

6. DATE OF BIRTH (month, day and year) Mar. 29-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. Labor

9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER'S FATHER

13. NAME Joseph L. McCauley

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

15. MAIDEN NAME Annie Sulle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. J. McCauley

(Address) 851 N. 35 St

18. BURIAL, CREMATION, OR REMOVAL St Mary's Cemetery Date Oct 17 1931

19. UNDERTAKER P. S. Maginnis

(Address) 3529 Falls Road

OCT 17 1931

C. HAMPSON JONES, M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1931 to Oct 15 1931

I last saw him alive on Oct. 1931, death is said to have occurred on the date stated above, at 9 P. M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-15-31
Other contributory causes of importance: General Arteriosclerosis	yrs

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James E. Ackenheil M. D.

Address 4012 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M A T—100 M—501.

E 73015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73015

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3506 Kenwick Road ST. 43-52 WARD

2-FULL NAME James F. Snellings

(a) RESIDENCE NO. 3506-Kenwick Road ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes F. Snellings

6 DATE OF BIRTH (month, day, and year) April 3 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Gardner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER James Snellings

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Agnes F. Snellings

(Address) 3506 Kenwick Road

Filed OCT 11 1931 192

CLARENCE J. PERSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Labular
Disease of
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Morrans, M. D. Coroner

10/16, 1931 (Address) 7032 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: Oct 16, 1931

20 UNDERTAKER: Thanower & Son

ADDRESS: 361 Chestnut

TION is very important. See instructions on back of certificate.

AACo. 5-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

73016 CERTIFICATE OF DEATH 94-002 73016

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Brookfield Ave St.) (Ward) 13-59

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie M. Baker

(a) Residence: No. 2501 Brookfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Baker

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Isaac Baker
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Ida F
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Agnes Baker
(Address) 2501 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12-18 1931

19. UNDERTAKER Jacob Levin Inc
(Address) 4332 Park Ave

20. FILED DEC 17 1931 19 C. P. ADDISON JONES, M. D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16- 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1931 to Oct 16 1931

I last saw h[illegible] alive on Oct 15 1931 death is said to have occurred on the date stated above, at 5.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis,	Oct 15

(Other contributory causes of importance:)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel Lehrberger M. D.

(Address) 1810 Eutaw Place.

AsCo. 5-31 2500

Dr - Kadis

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73017

CERTIFICATE OF DEATH

23

E 73017

Registered No. 15-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Park Height St. Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Rose Castine

(a) Residence: No. 3911 Park Height-one St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis Castine

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 60 | Months | Days | If LESS than 1 day hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: John Jacobson

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Vokrow

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Lamar Castine

(Address) 3911 Park Height ave

18. BURIAL, CREMATION, OR REMOVAL: Lehaw Riverdale Date 10/18 1931

19. UNDERTAKER: Jack Lewis

(Address) 1737 E Baltimore st

FILED OCT 17 1931 CHARLES J. BIRD, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-16 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931, to Oct. 16 1931

I last saw h alive on Oct 16 1931, death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance: Acute cardiac dilatation

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Kadis, M. D.

(Address) 2306 Eutaw Place

INSTRUCTIONS: See instructions on back of certificate. OCCUPATION is very important.

1-10—M A T—100 B—50L

E 73018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: No. Johns Hopkins Hosp. ST. 10-14 WARD)

REGISTERED NO. 186-E 73018

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ferris J. Paulero.

(a) RESIDENCE NO. 727 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6 DATE OF BIRTH (month, day, and year): March 3 - 1936

7 AGE: Years 11 Months 7 Days 13 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: School.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Jos. J. Paulero

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Mary Rochetto

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Jos. J. Paulero

(Address) 722 N. Gay.

15 Filed OCT 17 1931 19 HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 4:45 P.M. 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy (inquiry)) thereon and from the evidence obtained by said Inquest, autopsy find that said deceased came to his death (injury or inquiry) on the day stated above.

The CAUSE OF DEATH was as follows*: Accident (Fall) Skull Fractured two hours

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 722 N. Gay.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Hunt Coroner, M. D.

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery

DATE OF BURIAL: Oct 17 1931

20 UNDERTAKER: J. Geo. Schilling

ADDRESS: 1126 N.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
TION is very important

Cor.—10-18-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 73019

E 73019 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 PLACE OF DEATH

City of Baltimore: (No. 74 S.W. Mulberry St. 18-26 Ward)

2 FULL NAME William H. Hebron

(a) RESIDENCE NO. 1115 Sarah Ann St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Hebron

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	56			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Sidney Hebron (Address) 1115 Sarah Ann St

15 Filed Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Eugene Kelly M. D.

Oct 16 1931 (Address) 232 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Oct 18 1931

20 UNDERTAKER Mrs Katie R Williams

ADDRESS Schroeder St

OCT 17 1931

IMPORTANT. See instructions on back of certificate.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Spec.—1-10-31—MAT—1500 Blks.

E 73020 E-73020

E 73020 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) RESIDENCE NO. 131 South Hilton St. WARD 20-70

2-FULL NAME Bernard Deck.

(a) RESIDENCE NO. 131 So Hilton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 1 mo ds Has lived in U. S., if of foreign birth? 60 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary. Deck.

6 DATE OF BIRTH (month, day, and year): Sept 26 1851

7 AGE: Years 80 Months Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer Ret.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): France

PARENTS

10 NAME OF FATHER: Mike Deck.

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant: Mrs D.C. Hickey

(Address) 131 So Hilton

15 Filed OCT 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 13 1931 to Oct 16 1931

that I last saw him alive on Oct 16 1931

and that death occurred, on the date stated above, at 10 1 m.

The CAUSE OF DEATH* was as follows:

chronic intestinal Nephritis

(duration) yrs 2 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Hugh W. Taylor M. D.

Oct 17 1931 (Address) 321 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster D.R.

20 UNDERTAKER: F.W. Deal Inc.

DATE OF BURIAL: 10/17 1931

ADDRESS: 516 W. Mt. St. Wind D.R.

CAUSE OF DEATH in plain terms, so that a correspondent may understand it. Do not use abbreviations or technical terms. Do not report symptoms, but the disease causing death. If from violence, state the nature of injury and whether accidental, suicidal or homicidal. If from accident, state whether it occurred in a factory or in the home, or in what public place. If from disease, state the cause, if known, though a contributory cause may be given. If the disease has been of short duration, state the cause of the last illness first, and then the primary cause, with the duration of each. If the death was sudden, or if the deceased was found dead, state the fact. If a woman, state whether recently confined. If an infant, state whether born alive. If stillborn, or died soon after birth, or before birth, so state. If uncertain whether stillborn or born alive, so state. If the deceased was a female, state whether pregnant at the time of death. If the death was due to a surgical operation, state the nature of the operation, the date on which it was performed, and the name and address of the surgeon. If there was an autopsy, state what anatomical examination revealed. If the death was caused by a violent act of another, state whether any person has been arrested on charge of having committed the act. If not, state whether the coroner has been notified. If the death occurred in a hospital or institution, state the length of time the deceased was under observation there. If the death occurred in a penal institution, or while the deceased was under the sentence of the court, so state. If the deceased was not a resident of the place in which death occurred, so state, and give former residence, if known. If the deceased was a transient or stranger, so state, and give place where disease was contracted, if known. If the deceased was married, widowed, or divorced, state the name of husband or wife. If death occurred in a hospital or institution, give its name instead of street and number. The above instructions are intended to secure a complete and correct statement of the cause of death, which is very important. See instructions on back of certificate.

AACo 5-31 2000

253563 E 73021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13E 73021

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 27-5 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Gretchen Trotters

(a) Residence: No. 5213 Denmore Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	76	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Trotters
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Butler
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Reading Date Oct 17, 1931

19. UNDERTAKER Mrs Estie R Williams
(Address) 3220 Edmondson Ave

20. FILED 19 C. EMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931, to Oct 15, 1931

I last saw her alive on Oct 15 1931 death is said to have occurred on the date stated above, at 12.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 9

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm E Kelly, M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 M's

E 73052

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73022

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No.) 207 Arsquith. (St.) 5-8 (Ward)

2. FULL NAME Mary Elizabeth Sales

(a) RESIDENCE NO. 207 Arsquith. St. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Colored

5. Single, Married, Widowed, or Divorced. (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	1870	10	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: None

9. BIRTHPLACE (city or town) (state or country): Baltimore Md

PARENTS

10. NAME OF FATHER: John Sales

11. BIRTHPLACE OF FATHER (city or town) (state or country): Baltimore Md

12. MAIDEN NAME OF MOTHER: Sappie Smith

13. BIRTHPLACE OF MOTHER (city or town) (state or country): Baltimore

14. Interment (Address): Mutual Bell 1533 E Monument St.

OCT 17 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 10-15-31

17. I HEREBY CERTIFY, That I attended deceased from 10-9- , 1931 to 10-15- , 1931

that I last saw him alive on 10-14- , 1931

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvulitis

(duration) yrs. mos. ds. unknown

CONTRIBUTORY (secondary): Interstitial Nephritis

(duration) yrs. mos. ds. unknown.

18. Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(signed) Wm Hargis M. D.

(Address) 611-N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. NAME OF BURIAL, CREMATION OR REMOVAL: Forest Lawn

DATE OF BURIAL: Oct 18 1931

FUNERAL DIRECTOR: Theodore L White

ADDRESS: 1138 Walbrook

TION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 73023

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73023

CERTIFICATE OF DEATH

92-001

REGISTERED NO. 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2942 W North Ave ST. WARD

2-FULL NAME Diana Brooks

(a) RESIDENCE NO 1124 Woodyear St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fml

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic.
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer nnd.

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Eleanor Brooks.
(Address) 112 Woodyear St

15 Filed OCT 17 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest find that said deceased came to Death (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis
Sudden
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem

DATE OF BURIAL 10-17 1931

20 UNDERTAKER Leonard Carter

ADDRESS 916 Penna

CAUSE OF DEATH to be plainly written, and technical terms, as far as possible, avoided. INFORMATION is very important. See instructions on back of certificate.

OCT 17 1931 H. ANDERSON [illegible] Registrar

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73024

CERTIFICATE OF DEATH

1 3 1 v

E 73024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Callow Ave St. 93-59 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME John Henry Smith

(a) Residence: No. 2224 Callow Ave City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emily R. Smith

6. DATE OF BIRTH (month, day, year): Oct. 22, 1848

7. AGE: Years 82 | Months 11 | Days 23 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 15 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Emporville Md

MOTHER FATHER

13. NAME: Wm. Smith

14. BIRTHPLACE (city or town) (State or country): Del.

15. MAIDEN NAME: Jane Howell

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT: James A. Locke

(Address) 3527 Newland Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Cem. Oct 20 19 31

19. UNDERTAKER: Wm. McKeever & Son

(Address) 1122 Eutaw Place

OCT 17 1931

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15, 1931

I HEREBY CERTIFY, That I attended deceased from Oct 10 19 31 to Oct 15 19 31 that I last saw h alive on Oct 15 19 31 death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Pneumonia Lobar — 1 day

Other contributory causes of importance:

Chronic Nephritis — Indef

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) Leo Mahon M.D.

Oct 16 31 (Address) 1122 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-33—MAT—500 Blks.

E 73025 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73025

CERTIFICATE OF DEATH. 13

REGISTERED NO.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (NO. ST. 1-3 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Theodore Schlatzer

(a) RESIDENCE NO. 411 S. Collington Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Riegel

6 DATE OF BIRTH (month, day, and year) Feb. 1, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Lighthouse Service
(c) Name of employer U.S. Government

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Records, U.S. Marine Hospital (Address) Baltimore, Md.

15 Filed OCT 17 1931 C. MADISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 15 19 31

17 I HEREBY CERTIFY, That I attended deceased from October 14, 19 31, to October 15, 19 31,
that I last saw him alive on October 15, 19 31,
and that death occurred, on the date stated above, at 9:45 A.m.
The CAUSE OF DEATH* was as follows:

Arterial hypertension and chronic interstitial nephritis (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) cardiac hypertrophy and dilatation (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clin. & lab. findings

(Signed) Gordon A. Dobell M. D.

10/15 31 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Carmel Cemetery

20 UNDERTAKER Hear, Sander & Sons Inc

DATE OF BURIAL Oct. 17 1931

ADDRESS Baltimore St & Broadway

TION is very important See instructions on back of certificate

Spec.—9-30—A. & Co.—250 Blks

E 78026

E 731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 73026

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 1-1 ST. WARD)

2. FULL NAME Julia G reiser

(a) RESIDENCE NO. 1109 Ellwood Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Greiser

6 DATE OF BIRTH (month, day, and year) Oct 26 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Trumpbour

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Victoria Lesser

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. William Greiser

(Address) 1109 Ellwood Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16-31

17

I HEREBY CERTIFY, That I attended deceased from 10/15, 1931, to 10/16, 1931

that I last saw h[illegible] alive on 10/16, 1931

and that death occurred, on the date stated above, at 12.35 m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

Diabetes mellitus

Diabetic gangrene

(duration) 2 yrs. mos. ds.

CONTRIBUTORY ... (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. B. Kerr M. D.

, 19 (Address) Sinai Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Oct. 19 1931

20 UNDERTAKER: Henry Sander & Sons, Inc.

ADDRESS: Baltimore St & Broadway

OCT 7 1931 C. HAMPSON LEWIS

TION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. S T.—2000 Tbl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 73027 — 89-20 — 73027 — REGISTERED No. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Presbyterian Hospital St. 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward Hieberline (Residence in Baltimore: No. 27 N. Kenwood Ave. St.; yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, April 5, 1920 (Month) (Day) (Year)

7-AGE. 11 yrs. 6 mos. 11 ds. If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work School Boy (b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. John Howard Hieberline

11-BIRTHPLACE OF FATHER (State or Country). Baltimore, Md.

12-MAIDEN NAME OF MOTHER Loretta Donovan

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J. Howard Hieberline

(Address) Baltimore Md.

15- C. HAMPSON JONES, Registrar.

Filed ..... 191.....

OCT 17 1931

Important. See directions on back of certificate.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 16, 1931 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 13 1931, to Oct 16 1931, that I saw h.m alive on Oct 16 1931, and that death occurred, on the date stated above, at 3.10 P m.

The CAUSE OF DEATH* was as follows:

Mastoiditis acute

Sinus thrombosis

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary) Septicaemia

(Duration) ....yrs. ....mos. 5 ds.

(Signed) H. S. Barnhart M. D.

Oct. 16, 1931. (Address) Presbyterian Hospital

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL. Oak Lawn Cemetery

DATE OF BURIAL. Oct. 18, 1931

20-UNDERTAKER Henry Sander & Sons, Inc.

ADDRESS Baltimore St & Broadway.

1-30—M. & T.—100 B—60L

E 73028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-203 E 73028

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1302 W. Fulton St. 8-16 WARD

2-FULL NAME Walburga E. Bornmeier

(a) RESIDENCE No. 1302 W. Fulton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Arthur M

6 DATE OF BIRTH (month, day, and year) Nov 20 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Jerry Nicholas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Gertrude Schultz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Arthur M. Bornmeier

(Address) 1302 W. Fulton St

15 Filed 1931 C. HAMPSON JONES Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month) Oct (day) 16 (year) 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) One mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. Clinton Grenier, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 10/19 1931

20 UNDERTAKER Edw Forrest

ADDRESS work 1944

CAUSE OF DEATH—This information is required in the interest of the living. See instructions on back of certificate. THIS is very important

AaCo. 5-31 2500

73029

HEALTH DEPARTMENT CITY OF BALTIMORE 73029

CERTIFICATE OF DEATH

13 V

Registered No. 28-63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 Mulford Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Riggs Wilson

(a) Residence: No. 2725 Mulford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Fort Evans Wilson

6. DATE OF BIRTH (month, day, year) June 6 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER FATHER

13. NAME Sarah Sykes

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Isabel Sutton James

16. BIRTHPLACE (city or town) (State or country) Pittsylvania Va

17. INFORMANT Mrs Isabel Forrester

(Address) 2725 Mulford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 19 1931

19. UNDERTAKER George C Smith

(Address) 1532 Pennsylvania Ave

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 19 31

22. I HEREBY CERTIFY, That I attended deceased from May, 19 31, to Oct 16, 19 31

I last saw h alive on Oct 16 19 31 death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Helen Forster M. D.

(Address) Goldsboro N.C.

AaCo. 5-31 1929

E 73030 HEALTH DEPARTMENT CITY OF BALTIMORE E 73030

94-001

CERTIFICATE OF DEATH

Registered No. 13-59

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Esplanade Apts. 2 E.) St. (Ward)

Length of residence in city or town where death occurred 60 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Isaac Wertheimer

(a) Residence: No. Esplanade Apts. 2 E. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie B. Wertheimer

6. DATE OF BIRTH (month, day, year) July 30, 1857

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
74	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfgr.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufg.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER
13. NAME Emanuel Wertheimer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Lena Lowenthal
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. L. Wertheimer
(Address) Belnord Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Beth Hebrew Date Oct. 18, 1931

19. UNDERTAKER David Fordham & Son
(Address) 1202 Eutaw Place.

20. FILED, 19 C. J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1929 to Oct 16. 1931

I last saw h~~e~~ alive on Oct 16. 1931 death is said to have occurred on the date stated above at 4.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis -	1928
Angina pectoris	

Other contributory causes of importance:

Acute uremia	16 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not so, specify

(Signed) I. Faderman Lentz, M. D.
(Address) Temple Garden Apts.

E 73031

E 73031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. E 73031

1-PLACE OF DEATH

City of BALTIMORE: (No.) 521 Old Orchard Rd. 28 Ward 71

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jessie Lambeth Crouch

(a) RESIDENCE NO. 521 Old Orchard Rd St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14th yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: W. Edwin Crouch

6 DATE OF BIRTH (month, day, and year): Sept. 9, 1892

7 AGE: Years 39 Months 1 Days 6

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas K. Shaw

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Sarah Lambeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): W. E. Crouch Baltimore, Md.

15 Filed OCT 17 1931 19 H. MADISON JONES M. D. Registrar

Per

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 15. 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1. 1931 to Oct. 15. 1931.

that I last saw her alive on Oct. 14. 1931.

and that death occurred, on the date stated above, at 7.30 A m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum, X-Ray

(Signed) Eugene L. Pearson M. D.

10/15, 1931 (Address) 614 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster, Md. Date of Burial: Oct 17 1931

20 UNDERTAKER: J. S. Rose ADDRESS: Westminster

Form 547-M—A Co.—200 Blks.

Be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

:-30—M & T—100 B—50L.

78032
~~73031~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73032
E ~~73031~~

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 622 Brant St. (Ward) 9-46

2-FULL NAME Mabel L. Zuickley

(a) RESIDENCE NO. 622 Brant St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17-1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Wallis Zuickley

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Dorsey Conway

12 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mabel Zuickley
(Address) 622 Brant

15 Filed OCT 17 1931 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16th 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

(Premature Birth)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. C. Lush, M. D.
(Coroner)

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Oct 17 19 31

20 UNDERTAKER: Mrs. P. G. Elliott

ADDRESS: 1325 Eutaw

TION is very important. See instructions on back of c

AaCo. 5-31 250M

73033 ✓ 73033

73033
E 73032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 73032

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 N. Bond St. 6-4 Ward)

Length of residence in city or town where death occurred ___ yrs ___ mos ___ ds How long in U.S. If of foreign birth? ___ yrs ___ mos ___ ds

2. FULL NAME Minnie Bowman

(a) Residence: No. 403 Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myron Bowman

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME —
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Myron Bowman
(Address) 403 N Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct 16 1931

19. UNDERTAKER Wm H. Snowden
(Address) 1200 E. Madison St.

20. FILED OCT 17 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1931 to 10-14 1931

I last saw h[illegible] alive on 10-14 1931 death is said to have occurred on the date stated above, at 6? m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Prob 1930

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) [illegible] M. D.

(Address) 807 Arsenal Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73034 / 73034 / 73033

Registered No. 119 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Banks

(a) Residence: No. 810 Harford ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f.	Black	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-7-31

7. AGE: Years | Months 2 | Days | If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME Lewis Banks

14. BIRTHPLACE (city or town) (State or country) Md

FATHER

15. MAIDEN NAME Eliz Benson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Oct 17 1931

19. UNDERTAKER (Address) Wm. H. C. Flack 1722 Eastlind Ave.

20. FILED OCT 17 1931 C. HAMPSON JONES, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931 to Oct 16, 1931 death is said to have occurred on the date stated above, at 2:55 p.m.

I last saw her alive on Oct 16 1931

The principal cause of death and related causes of importance were as follows:

Diarrhea and enteritis — Date of onset Oct 5

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. J. Buckford M. D.

(Address) Johns Hopkins Hosp

AdCo. C-11 2502

73035

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~73034~~ 73035

CERTIFICATE OF DEATH

71-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-27 Ward)

Length of residence in city or town where death occurred yrs 8 mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME William Grammer

(a) Residence: No. 303 N. Gilmor St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	19		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Jesse Grammer
14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Clyde Grammer
16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md. Date October 19 1931

19. UNDERTAKER Joseph L. Lugo
(Address) 1011 Mount Street

20. FILED OCT 17 1931 C. HAMPSON JONES, Jr. Registrar

(OCCUPATION is very important. See instructions on back of certificate.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1931, to October 16, 1931

I last saw him alive on October 16 1931 death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sickle Cell Anaemia	9/31

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Francis Lummis, M. D.
(Address) University Hospital

73036 ✓ 73036

73036 E 73035

HEALTH DEPARTMENT—CITY OF BALTIMORE 46 E 73035

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1813 E 29 St. 9-46 Ward)

2-FULL NAME Elizabeth Jane Wise

(a) RESIDENCE NO 1813 E 29th St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
fem	White	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 26 1851

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	80		21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) St. Marys Co.
(State or country) Maryland

10 NAME OF FATHER Charles Lewis Wise

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St. Marys Co. Md.

12 MAIDEN NAME OF MOTHER Susana Abel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) St Marys Co. Md.

11 Informant Peter A. Wise
(Address) 1813 E 29th St. Balto Md

H. HANSON JONES, M. D.
Registrar

OCT 17 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17 1931.

17 I HEREBY CERTIFY, That I attended deceased from April 2 1931, to Oct. 17, 1931, that I last saw her alive on Oct 16, 1931, and that death occurred, on the date stated above, at 5.45 A.m.

The CAUSE OF DEATH* was as follows:

Cancer of the Pancreas

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (secondary) Cancer of the Liver (duration) yrs. 6 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edw. L. Timmerman M. D.

10/17 1931 (Address) 1358 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns Md Date of Burial 10/17 1931

UNDERTAKER W. C. Mathews ADDRESS Fulton & Fayette

PARENTS

very important. See instructions on back of certificates. FULL STATEMENT OF OCCUPATION IS

I-30—M. & T.—100 B—58L

73037
E ~~73036~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 73037 ~~73036~~

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (St.) 7-9 (WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary Jackson

(a) RESIDENCE (No.) 2309 Aldwood (St.) Phila Pa. WARD
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fml	Colo	Married

5a If married, widowed, or divorced
HUSBAND of Mary Jackson
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housemaid
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS
10 NAME OF FATHER Thos Quarles
11 BIRTHPLACE OF FATHER (city or town) Va
(State or country)
12 MAIDEN NAME OF MOTHER Beverly Robinson
13 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

14 Informant Ray Jackson
2309 Aldwood Ave Phila Pa

15 OCT 18 1931 C. HAMPSON JONES, M. D.
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardiac Failure
half hour
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) H. Gwynn Hurley, M. D.
Coroner
(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lula Park DATE OF BURIAL Oct 16 1931

20 UNDERTAKER Samuel J. Beasley ADDRESS 1128 Bdwy

INSTRUCTION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

73038 HEALTH DEPARTMENT—CITY OF BALTIMORE 73038

CERTIFICATE OF DEATH

137

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument - Rutland St 5-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mr. Nasanuel Rosen (Nasanuel Rosen)

(a) RESIDENCE NO. 125 - N - Central ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ulcer Rosen

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~~Manufacturer~~ Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Nathan Rosen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Interment (Address) Sam Rosen 125 N. Central Ave.

15 8 1931

16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/16/31

17

I HEREBY CERTIFY, That I attended deceased from 9/28, 1931, to 10/16, 1931

that I last saw h/M alive on 10/16, 1931

and that death occurred, on the date stated above, at 6:33 A m.

The CAUSE OF DEATH* was as follows:

Benign Prostatic Hypertrophy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Urinary Retention and Hemorrhage (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9/30/31

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

DATE OF BURIAL 10-18- 1931

20 UNDERTAKER Jack Levin, Inc. 1439 E. Baltimore St.

ADDRESS

Spec.—9-30—A & Co.—250 Blks

73039 HEALTH DEPARTMENT—CITY OF BALTIMORE 73039

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1411 E. Baltimore St. (WARD) 2nd

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mayer Friedel

(a) RESIDENCE NO. 1411 E. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Friedel

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Pol

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Russia.

PARENTS

10 NAME OF FATHER Samuel Friedel

11 BIRTHPLACE OF FATHER (City or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Russia

14 Informant (Address) Samuel F. Friedel 2215 Westwood Ave.

Filed Oct 8 1931 19 C. P. A. [illegible] M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931, to Oct 16, 1931

that I last saw h[illegible] alive on Oct 16, 1931

and that death occurred, on the date stated above, at 3.30 m.

The CAUSE OF DEATH* was as follows:

(a) Coronary Occlusion

~~Arteriosclerosis~~

(b) Cerebral Hemorrhage

Hypertension (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulm. edema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. L. Heiman M. D.

19 (Address) Bon Secours Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arlington Mt Carmel

DATE OF BURIAL: 10-18-1931

UNDERTAKER: Joe Kane, Inc. 1439 E. Balto St.

ADDRESS

AGO. 6-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE 73040

~~73037~~

73040

CERTIFICATE OF DEATH

Registered No. ~~73037~~ 73040

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Holmes Ave, St. 43 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wilner

(a) Residence: No. 3409 Holmes Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Regina Wilner

6. DATE OF BIRTH (month, day, year): 1869

7. AGE — Years: 62 — Months — Days — If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Dry Goods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Conrad Wilner
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Regina Wilner 3409 Holmes Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Levindale Date: 10-19- 1931

19. UNDERTAKER (Address): Jack Penza Inc 1124 E. Baltimore St

20. FILED: 10-19- 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/17/31. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/3/27 to 10/17/31. 19 31

I last saw him alive on 6/17/31, 19 31, death is said to have occurred on the date stated above, at 4:10 A. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 6/3/27

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. L. Zenter, M. D.

(Address) 2320 E. Monument

1-30—M. & T.—100 B—56L

E 73041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 73041

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 914 N. Washington St. 6-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John F. Williams

(a) RESIDENCE No. 914 N. Washington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth

6 DATE OF BIRTH (month, day, and year): July 15 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Newberg's W. Co.

066

9 BIRTHPLACE (City or town) (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town) (State or country)

PARENTS

14 Informant: Elizabeth Williams
(Address) 914 N. Washington

15 Filed OCT 19 1931 Registrar C. THOMPSON JONES, M. D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What tests confirmed diagnosis? Regular

(Signed) H. Leslie Pollitzer Coroner, M. D.

Oct 16 1931 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Oct 19 1931
20 UNDERTAKER: Frank A. Fink	ADDRESS: 918 N. Gay St.

TION is very important See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

E 73042 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73042

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 Reservoir St. (Ward) 13-54

2 FULL NAME Joseph McGovern

(a) RESIDENCE NO. 710 Reservoir St. ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine V. McGovern

7 DATE OF BIRTH (month, day, and year) March 6th. 1859

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	11	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Captain.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Police Dept.

10 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER Thomas McGovern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hurley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Mrs. Catherine V. McGovern 710 Reservoir St.

15 OCT 18 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17.1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to Oct 17, 1931, that I last saw him alive on Oct 16, 1931, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) U.S. Army — M. D.

19 (Address) Ft. McHenry, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetary — DATE OF BURIAL: 10/19/1931

UNDERTAKER: Chas. R. Zimmerman — ADDRESS: 1800 Maryland Ave.

AdCo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

73043

CERTIFICATE OF DEATH

131 E 73043

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Le Cour Hospital St. 19-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Hester A. Bates

(a) Residence: No. 1816 W Mulberry St., Ward. 20
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin C. Bates

6. DATE OF BIRTH (month, day, year) July 25, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East East Lynn Anne Arundel Co Md

MOTHER'S NAME AND BIRTHPLACE

13. NAME Hester Woodfield John A. Brazell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Esther A. Woodfield

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edwin C. Bates
(Address) 1816 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Weber Bluff Cemetery Date 10/19 1931

19. UNDERTAKER Henry H. Entzian
(Address) 4111 Edmondson Ave

19 OCT 1931

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1st 31, 19 ... to Oct 17 31, 19 ...

I last saw her alive on Oct 16/31 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-16-31
Arteriosclerosis	"
Ch. Nephritis	"

Other contributory causes of importance:

Respiratory Failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Geo O McClung M. D.

(Address) 400 N. Dolphin St

AaCo. 5-31 2000

73044 **HEALTH DEPARTMENT CITY OF BALTIMORE** ✓

51 E 73044

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp (Ward) 3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr August H Von Bayer

(a) Residence: No. 3506 Groveland Ave. Baltimore MD
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 21, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Hector Von Bayer

14. BIRTHPLACE (city or town) (State or country) Bayer Baden, Germany

15. MAIDEN NAME Mathilda Von Cornberg

16. BIRTHPLACE (city or town) (State or country) Hanover Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 19 1931

19. UNDERTAKER Wm Cook & Sons
(Address) 1921 Eutaw St

20. FILED 19 By C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1931, to 10-11, 1931

I last saw h[illegible] alive on 10-11 1931 death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the prostate	1 yr
Other contributory causes of importance: Pulmonary Embolism	10/11/31

Name of operation Removal of prostate (tumor) (gland) (cyst) (stone) Date of 10/10/31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Chenowith M. D.

(Address) Md. General Hospital

Spec.—8 30—A. & Co.—250 Blks

73045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 73045

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1410 S Carey ST. 21-29 WARD)

2 FULL NAME Andrew J. Sample

(a) RESIDENCE NO 1410 S. Carey ST. WARD

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 9 1897

7 AGE: Years 39; Months 2; Days 8; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer) Telephone Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER James Sample

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary A McApee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Mrs Viola Johnson 1410 S Carey

Filed OCT 18 1931 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Oct 17th 1931

that I last saw h alive on Oct 17th 1931

and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Tubercular Meningitis.

(Duration) yrs. mos. 3 wks ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Sputum examination

(Signed) Harry Keates, M. D.

19 (Address) 573 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Angel Hill Cem Harve de Grace Md — DATE OF BURIAL: Oct 20 1931

20 UNDERTAKER: Geo Cook — ADDRESS: 1217 St Paul

War

IMPORTANT: See instructions on back of certificate.

AaCo. 4-31 1500

73046

HEALTH DEPARTMENT CITY OF BALTIMORE

73046

CERTIFICATE OF DEATH

122-001

Registered No. _____
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. 2517 Barclay St. 12 Ward)
Length of residence in city or town where death occurred 66 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William T. Mallalieu

(a) Residence: No. 2517 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Wm T. Mallalieu

6. DATE OF BIRTH (month, day, year) Apr. 14, 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Edward Mallalieu
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Sara E. Freed
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address) Hospital records.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date 10/20/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED 0 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-16- 1931 to 10-17- 1931
I last saw him alive on 10-17- 1931 death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	10/12
Cerebral Hemorrage.	10/16

Other contributory causes of importance:

Strangulated Hernia (obturator foramen)	10/12

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) C. K. Mortimer Jr. M. D.
(Address) Union Memorial Hosp

1-30—M. A. T.—100 B—561.

Dr Sterzing. 1305 N Patterson Pk Ave

E 73047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73047

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 26-37 WARD

2-FULL NAME Alexander Horvath

(a) RESIDENCE NO. Edna Ave Lansdowne ST. Md WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Helen Horvath

6 DATE OF BIRTH (month, day, and year): May 15 1875

7 AGE: Years 56 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Foreman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Federal Glass Co

9 BIRTHPLACE (city or town) (State or country): Austria-Hungary

PARENTS

10 NAME OF FATHER: Alexander Horvath

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria Hungary

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria Hungary

14 Informant: Eugene Horvath

(Address): Lansdowne Md

15 Filed Oct 21, 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Hemorrhage of intestines
by being Struck by
Railroad Engine

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Glen Burn, Md

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. F. Sterzing M.D., M. D. Coroner

Oct 21, 1931 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park

DATE OF BURIAL: 10/19 1931

20 UNDERTAKER: J. Mock

ADDRESS: 1219 E. London St

TION IS very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Bks.

E 73048

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73048

CERTIFICATE OF DEATH.

50

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. Mary Carr

(a) RESIDENCE NO. Church Home and Infirmary St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6a If ~~married, widowed, or divorced~~ ~~Husband of~~ or) WIFE of John E. Carr

6 DATE OF BIRTH (month, day, and year) Feb. 16, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
67 Years		8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William J. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary C. Miller

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md. (State or country)

14 Informant Mrs. Edith Bacon

(Address) 21 Chase Road, Roland Park, Baltimore, Md.

15 Filed ---, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 17, 1931

17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to 10-17, 1931, that I last saw h[illegible] alive on 10-17, 1931, and that death occurred, on the date stated above, at 3:35 a.m.

The CAUSE OF DEATH* was as follows:

Recurrent Carcinoma of Breast

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Anemia (duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) Calleja B. Clonts, M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	10/19/1931
20 UNDERTAKER Wm Cook 1217 St. Paul St	ADDRESS

1-30—M. & T.—100 B—60L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73049

CERTIFICATE OF DEATH

108 E 73049

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) St Joseph Hosp ST. 4-20 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Carroll F Egan

(a) RESIDENCE NO. 237 Robert ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes

6 DATE OF BIRTH (month, day, and year) Aug 23-1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odo
(c) Name of employer 2[illegible]

9 BIRTHPLACE (city or town) (State or country) Cork Ireland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Louise Weems

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Agnes Egan (Address) 237 Robert

15 Filed OCT 18 1931, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) Yesterday thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death today on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bacteriological

(Signed) [illegible] M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St John's Calvert Co Md

DATE OF BURIAL Oct 19 1931

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pratt St

THION is very important See instructions on back of certificate.

Spec.—9 30—A & Co.—250 Blks

E 73050 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23E 73050

CERTIFICATE OF DEATH

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 Elsmar Ave (WARD) 15-64

2 FULL NAME Mrs. Flora May Day,

(a) RESIDENCE NO 2506 Elsmar Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Day

6 DATE OF BIRTH (month, day, and year) March 10, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Dr. J. D. Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna M. Wolff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mr. Richard Day (Address) 2506 Elsmar Ave City

15 Filed OCT 3 1931 Registrar

C. THOMPSON JONES, M. C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 17-1931.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1st, 1931. to Oct. 15th, 1931.

That I last saw her alive on Oct. 14th, 1931.

and that death occurred, on the date stated above, at 5:00 a.m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Probable (duration) 30 yrs. mos. ds.

CONTRIBUTORY (Secondary) X

X (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Adamstown, Md.

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & physical signs

(Signed) O. L. Hoffman M. D.

10/17 1931 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Frederick, Md.

DATE OF BURIAL Oct. 19 1931

20 UNDERTAKER M. R. Etchison & Son

ADDRESS Frederick, Md

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73051 E 73051

CERTIFICATE OF DEATH

93-005

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals S. 24-34 Ward)

Length of residence in city or town where death occurred ..... yrs ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs ..... mos ..... ds.

2. FULL NAME Charles E Bebe

(a) Residence: No. 1733 Williams St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M Bebe

6. DATE OF BIRTH (month, day, year) March 27, 1888 3-25-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	43 ~~32~~	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Purity Paper Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME ? Mr. Beebe

14. BIRTHPLACE (city or town) (State or country) ? United States

MOTHER

15. MAIDEN NAME ? Unknown

16. BIRTHPLACE (city or town) (State or country) ? United States

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 19 19 31

19. UNDERTAKER Cook
(Address) 1005 W. Baltimore St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 16 . 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-14-31 . 19 . 19 10/16 . 1931
I last saw him alive on 10/16 . 1931 death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation	
Psychosis - Manic-Depressive	2 weeks

Other contributory causes of importance:

Myocardial insufficiency	Presumed
Coma	Same

Name of operation none Date of

What test confirmed diagnosis? Clinical and autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo E Arnold Jr. M. D.
(Address) City Hospitals

Spec.—1-10-21—MAT—1500 Blks.

E 73052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 73052

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun ST.) (14-27 WARD)

2-FULL NAME Mrs. Anne McGilton

(a) RESIDENCE NO. Hereford, Md ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): widow

5a If married, widowed, or divorced (or) WIFE of: Samuel McGilton

6 DATE OF BIRTH (month, day, and year): Mar. 14, 1861

7 AGE: Years 70 Months 7 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Harford Co Md

PARENTS

10 NAME OF FATHER: Robert Walker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Fernanda E. Dalrich

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mr. W. S. McGilton

(Address) 7014 Belair Rd Govans, Md

15 Filed OCT 8 1931 C. HAMPSON JONES, M. D., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-18 1931

17 I HEREBY CERTIFY, That I attended deceased from 10-13 1931, to 10-18 1931, that I last saw her alive on 10-18 1931, and that death occurred, on the date stated above, at 10:50 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardiac disease. Myocardial failure

(duration) about 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Hypostatic pneumonia (duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jos Schneider, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hereford Baptist Cem

DATE OF BURIAL: Oct 21 1931

20 UNDERTAKER: P. Markland Long

ADDRESS: White Hall Md

FROM IS very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73053

73053

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1b.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 76-37 WARD)

2-FULL NAME Frank Raivel

(a) RESIDENCE NO 532 E. E. st Sparrow Point ST. _____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs _____ mos _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Raivel

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	75			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Frank Raivel

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Charlotte —?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant Mrs J Dennis

(Address) 532 E E st Sparrows Pt

15 Filed _____, 192 _____ C. HAMPSON JONES, M. D. Registrar

10 8 1931

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) _____ yrs _____ mos _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) B. P. Sergeant M. D. Coroner

10/18, 1931 (Address) 305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL 10-19-31

20 UNDERTAKER Wendell & Humphreys — ADDRESS 1501 N. Broadway

AdCo. 5-31 2500

73054 HEALTH DEPARTMENT—CITY OF BALTIMORE 73054

CERTIFICATE OF DEATH

Registered No. 23V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1700 BELT ST. St. 24-3d (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME ANNIE E. MULLINIX.

(a) Residence: No. 1700 BELT ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert Mullinix

6. DATE OF BIRTH (month, day, year) July 14 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Airy. Md.

MOTHER FATHER

13. NAME William E. Cain

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME Mary A. Spurry.

16. BIRTHPLACE (city or town) (State or country) Carrol Co. Md.

17. INFORMANT Mr. Russell Mullinix.
(Address) 1700 Belt St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Cemetery Date Oct 19. 1931
not nice. ma

19. UNDERTAKER John F. Denny
(Address) 732 Light St

20. FILED OCT 19 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1930 to Oct 15 1931

I last saw h alive on Oct 15 1931 death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary tuberculosis about Feb 1931

Diabetes Mellitus Nov 1929

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation — Date of no

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 13.7 Light St

AaCo. 5-31 2-08

E 73055 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73055

CERTIFICATE OF DEATH

97

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Jefferson St. 6-10 Ward)

Length of residence in city or town where death occurred 83 yrs 10 mos 12 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Francis Norris Sr

(a) Residence: No. 2507 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth C Norris

6. DATE OF BIRTH (month, day, year) Dec 5 1847

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	83	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac H. Norris

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Ann Munnerson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth Norris

(Address) 2507 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Pantwood Cem Date Oct 19 1931

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St

FILED 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 31 to Oct 17 31

I last saw h.. alive on Oct 17 1931 death is said to have occurred on the date stated above, at 2.40 P

The principal cause of death and related causes of importance were as follows:

Senility — Date of onset

Other contributory causes of importance:

Uterine Seizures

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J Kirk Steele, M. D.

(Address) 2238 E. Balto

1-20—M. & T.—100 B—50L.

E 73056

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73056

CERTIFICATE OF DEATH

165

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 Cole ST. 19-29 WARD)

2-FULL NAME Nick Balabon (or Bell)

(a) RESIDENCE NO 1312 Kuper Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Balabon

6 DATE OF BIRTH (month, day, and year): ? ? 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	55	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): -------
(c) Name of employer: Worked at Sparrows Point

9 BIRTHPLACE (City or town) (State or country): ------- Rumania

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): ------- Rumania

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): ------- Rumania

14 Informant: Mary Balabon

(Address): 1312 Kuper Place

15 Oct 19 1931 C. Hampson Jones, (Registrar)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Suicide by hanging to upper door hinge by means of piece of clothes line.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) ------- (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ------

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Guy N. Cromwell, M. D. Coroner

10/18, 1931 (Address) 3203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 20th 1931

20 UNDERTAKER: R. Jones

ADDRESS: 111 S. Gilmor St

AACo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

73057

CERTIFICATE OF DEATH

22 V 00 E 73057

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mr. Albert Simmons

(a) Residence: No. 1412 E 31st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): M

5a. If married, widowed, or divorced: HUSBAND of ~~WIFE of~~ Mrs. Albert Simmons

6. DATE OF BIRTH (month, day, year): June 3rd, 1854

7. AGE: Years 77 Months 5 Days 13 If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Silver polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: [illegible] Simmons

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Emma Chaffee

16. BIRTHPLACE (city or town) (State or country): Rhode Island

17. INFORMANT: Mr. Albert Simmons

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: Baltimore Date: 10/20 19 31

19. UNDERTAKER: J. M. Cook & Son

(Address): 1210 W. Fort Ave.

20. FILED: OCT 9 1931 19 J. HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-16-31, 19 31

22. I HEREBY CERTIFY, That I attended deceased from 10-11-31, 19, to 10-16-31, 19

I last saw him alive on 10-16, 1931 death is said to have occurred on the date stated above, at 10:40 A. M.

The principal cause of death and related causes of importance were as follows:

Ulceration of ileum — Date of onset Oct 15th

Intestinal obstruction & peritonitis.

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 10-15-31

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify Undetermined

(Signed) Samuel McClenahan, M. D.

(Address) Union Memorial Hosp.

AaCo. 5-31 2500

73058 HEALTH DEPARTMENT CITY OF BALTIMORE 73058

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1917 Ramsey St. (Ward) 70-28

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M. Hughes

(a) Residence: No. 1917 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of John Hughes Jr

6. DATE OF BIRTH (month, day, year) Aug 15th 1872

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	59	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Linda Haberkorn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Kendall

(Address) 1917 Ramsey St

18. BURIAL, CREMATION, OR REMOVAL Date 10/20/1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

OCT 19 1931 PERCY JONES

19 FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Oct 17 1931

that ~~she~~ he was last seen alive on Oct 17 1931 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exp Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto A Ortel M. D.

(Address) 2145 Eutaw Pl

1-30—M. & T.—100 B—50L.

E 73059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73059

CERTIFICATE OF DEATH

REGISTERED NO. 34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1009 Hamilton (St.) 27-12 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Mary E. Brown

(a) RESIDENCE (No.) 1000 Hamilton (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 (Sex) Female 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 19 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	62	3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Thos Brown

11 BIRTHPLACE OF FATHER (City or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Cooley

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Md

14 Informant (Address) Mrs Augusta E. Gray 1000 Hamilton St

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Pulmonary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. Leland Gordon, M. D. Coroner

19 (Address) 1211 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dashiell

DATE OF BURIAL 10/21 19 31

20 UNDERTAKER P. M. Cook

ADDRESS 1211 E Monument St

THIS is very important. See instructions on back of certificate.

1-30—M & T.—100 B—501.

E 73060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 73060

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) St Joseph Hosp (STREET) 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME Frank Elmore Ford

(a) RESIDENCE NO 2323 W. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb 6 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Jos F. Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Elizabeth Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto

14 Informant: Mrs Edmonia B Ford

(Address): 2323 W. Calvert

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 18 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy) thereon and from the evidence obtained by said (Inquest, autopsy) find that said deceased came to death (by autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D. Coroner

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Hill

DATE OF BURIAL: 10/20 1937

20 UNDERTAKER: [illegible]

ADDRESS: [illegible]

TION is very important. See instructions on back of certificate.

Spat.—9-30—A. & Co.—250 Blks

73061 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 E 73061
REGISTERED NO.

1 PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE (No. 9-46 ST. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John R. Barnes.

(a) RESIDENCE NO. 1745 Abbotston ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68.			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fisherg
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa

PARENTS
10 NAME OF FATHER Thomas R Barnes
11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Interment (Address) Dallas Baltimore Co

15 Filed 10 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17-31

17
I HEREBY CERTIFY, That I attended deceased from 10-10-31, 19, to 10-17-31, 19
that I last saw h[illegible] alive on 10-17-31, 19
and that death occurred, on the date stated above, at 11[illegible] m.
The CAUSE OF DEATH* was as follows:
Generalized metastatic carcinoma Terminal Intestinal obstruction Bowel resection
(Duration) 3 yrs. mos. ds.
CONTRIBUTORY (Secondary) Terminal Intestinal obstruction
(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown Date of 1928
Did an operation precede death? No
Was there an autopsy? No
What test confirmed diagnosis? Exploration
(Signed) Hyman S Cohen M. D.
10 (1) 31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore — DATE OF BURIAL 10/20 1931

20 UNDERTAKER Wm Cole — ADDRESS 1217 E Fed St

73062

HEALTH DEPARTMENT—CITY OF BALTIMORE

73062

CERTIFICATE OF DEATH.

210-081

1-PLACE OF DEATH
CITY OF BALTIMORE (No. West Baltimore General 15th WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry M. Leary.

(Residence in Baltimore) No. 2508 Ellamont Ave

St.) yrs. mos. da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word.) Married

6-DATE OF BIRTH. July 9, 1864
(Month) (Day) (Year)

7-AGE. 67 yrs. 3 mos. 7 da.

If LESS than 1 day hrs. or min.?

8-OCCUPATION. (a) Trade, profession, or particular kind of work. Accountant
(b) General nature of industry, business, or establishment in which employed (or employer).

9-BIRTHPLACE. (State or Country) Baltimore Md

PARENTS

10-NAME OF FATHER. Cornelius L Leary

11-BIRTHPLACE OF FATHER (State or Country) Baltimore Md

12-MAIDEN NAME OF MOTHER. Rebecca Horton

13-BIRTHPLACE OF MOTHER (State or Country). Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs Lucia L Leary

(Address) 2508 Ellamont Ave

15-

Filed ..... 19 .....

Registrar.

19 1931

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH. October 16, 1931
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or enquiry) thereon and from the evidence obtained by said inquest, autopsy or enquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Struck & Knocked down by motor auto at intersection

(Duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Fract. Skull

(Duration) yrs. mos. da.

(Signed) L Travers M. D.

10 17 1931 (Address) Baltimore Coroner

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... da. In the State ..... yrs. ..... mos. ..... da.

Where was disease contracted, if not at place of death? Ewings Falls West Va

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Loudon Memory DATE OF BURIAL. Oct 19. 1931

20-UNDERTAKER John C Mitchell ADDRESS 1910 Eutaw Place

AaCo. 5-31 2500

73063 HEALTH DEPARTMENT—CITY OF BALTIMORE 73063

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 E Hoffman St. 8-16 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Louisa B. Stat

(a) Residence: No. 2716 E Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B Stat

6. DATE OF BIRTH (month, day, year) Apr 29-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	66	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Dold

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Magdalene Arnsen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Lillian F Kramer

(Address) 2722 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Lakeview Date Oct 19 1931

19. UNDERTAKER John Ullrich

(Address) 2100 E Biddle

OCT 19 1931

19 G. MARSHALL JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to Oct 16, 1931

I last saw her alive on Oct 16, 1931, and death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Unknown
Other contributory causes of importance:	
Pulmonary Tuberculosis	1926

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Adam Dold, M. D.

(Address) 4616 Eastern ave

Spec.—9-30—A. A Co.—250 Blks

E 73064

73064 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2v

1 PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE (No. Monument St. 6-9 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jennie Zenger

(a) RESIDENCE NO. 1624 E. Baltimore ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of (child)

6 DATE OF BIRTH (month, day, and year) — 1920

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	11			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Dave Unger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Botha Silverman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant (Address) Dave Unger 1624 E. Balto St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-18-31

17

I HEREBY CERTIFY, That I attended deceased from Sept 14 . 1931 . to Oct. 18 . 1931

that I last saw her alive on Oct 18 . 1931

and that death occurred, on the date stated above, at 12:10 noon m.

The CAUSE OF DEATH* was as follows:

Paratyphoid Fever

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Appendicitis and Peritonitis (duration) yrs. mos. 35 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Sept 14

Was there an autopsy? Yes

What test confirmed diagnosis? Blood Culture and Clinical autopsy

(Signed) [illegible] M. D.

. 19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Arlington Int Carmel — DATE OF BURIAL 10-19 1931

20 UNDERTAKER D. Jack Lewis, Inc. — ADDRESS 1429 E. Balt St

Spec.—1-30—M. & T.—250 Bks.

Alice M Fax

73065

HEALTH DEPARTMENT—CITY OF BALTIMORE

119 E 73065

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 N. Carrollton ave. ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice May Fox

(a) RESIDENCE NO. 509 N. Carrollton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred — yrs. 10 mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/3-1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	—	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Isaac Fox

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Jessie Maynard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Wm F Fox

(Address) 509 N Carrollton ave

15 Filed OCT 19 1931 C. HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/17/31

17 I HEREBY CERTIFY, That I attended deceased from 10/15/31, to 10/17/31,

that I last saw h alive on 10/17/31,

and that death occurred, on the date stated above, at 6.30 p.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Ant. (duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Malaria Infantum

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? none

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

10/19/31 (Address) 508 N Stricker

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct 19 1931

UNDERTAKER [illegible]

ADDRESS 638 W. Fayette

Spec.—1-30—M. & T.—250 Bks.

E 73066

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73066

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary (St.) 15-21 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Julia Von Wyszecki

(a) RESIDENCE NO. 1124 N. Fulton Ave (St.) Baltimore Md (Ward)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	Married

6a If married, widowed, or divorced
HUSBAND of
or) WIFE of Alfonso Von Wyszecki

6 DATE OF BIRTH (month, day, and year) June 24-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Still Pond Maryland

PARENTS

10 NAME OF FATHER James Leary

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent Co Maryland

12 MAIDEN NAME OF MOTHER Mary Dessick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent Co. Maryland

14 Informant Dr. Alfonso Von Wyszecki

(Address) 1124 N. Fulton Ave

15 Filed OCT 10 1931, 19 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17-31

17 I HEREBY CERTIFY, That I attended deceased from 10-14, 1931, to 10-17, 1931, that I last saw her alive on 10-17, 1931, and that death occurred, on the date stated above, at 11:40 a.m.

The CAUSE OF DEATH* was as follows:

Terminal pulmonary edema (12 hrs)
chronic cholecystitis with
cholelithiasis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Partial

What test confirmed diagnosis? Path. exam. from history and surgery

(Signed) O. H. Haley, M. D.

, 19 (Address) Church Home & Inf.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct 19/31

20 UNDERTAKER: J. H. MOWEN COMPANY — ADDRESS: 16 W. Mulberry

21

Spec.—9-30—A. & Co.—250 Blks.

E 73067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73067

CERTIFICATE OF DEATH

50V

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 4807 Edmondson Ave 28-71 WARD)

2. FULL NAME Martha Jane Jackson

(a) RESIDENCE NO. 4807 Edmondson Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 86 yrs. 7 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elisha M. Jackson

6. DATE OF BIRTH (month, day, and year) November 6th

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	86	7	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer: none

9. BIRTHPLACE (city or town) (State or country): Balto Co. Maryland

PARENTS
10. NAME OF FATHER Joseph Allison
11. BIRTHPLACE OF FATHER (city or town) (State or country): York Penna
12. MAIDEN NAME OF MOTHER Anna Hall
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Maryland

14. Informant (Address): Mrs. L. L. Jackson - Son 4807 Edmondson Ave

15. Filed OCT 20 1931 C. H. ANDERSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) 10-18-1931

17. I HEREBY CERTIFY, That I attended deceased from October, 1928, to Oct. 18, 1931
That I last saw her alive on Oct 18, 1931
and that death occurred, on the date stated above, at 7 p m.
The CAUSE OF DEATH* was as follows:
Carcinoma Breast
(duration) 15 yrs. — mos. — ds.
CONTRIBUTORY (Secondary) Senility
(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Dr. Ludwig Thorner, M. D.
Oct 19, 1931 (Address) Med. A. E. Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Crestmont Grove - Balto Co. Md. — DATE OF BURIAL: Oct 20 1931

20. UNDERTAKER: Stewart & Co. — Address: Balto

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—9-30—A. & Co.—250 Blks

E 73068 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73068

CERTIFICATE OF DEATH

82-001

1 PLACE OF DEATH

CITY OF BALTIMORE. (No.) 945 Madison ave (St.) 11-24 (Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Clifton T Hammond

(a) RESIDENCE NO. 940 Madison ave (St.) (Ward)
(If usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Porter
(b) General nature of industry, business, or establishment in which employed (or employer): 67
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12 MAIDEN NAME OF MOTHER Ella Thurman
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Ella Johnson 945 Madison

15 Filed 1931 MAYSON JONES, M. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/15/31

17 I HEREBY CERTIFY, That I attended deceased from 10/14, 19 31, to 10/15, 19 31
that I last saw him alive on 10/15, 19 31
and that death occurred, on the date stated above, at 6:30 A.M.
The CAUSE OF DEATH* was as follows:

Paralysis
(duration) yrs. 2 mos. 2 ds.
CONTRIBUTORY (Secondary) Cerebral Hem
Stroke (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical
(Signed) John A. Templeton M. D.
(Address) 1012 N. Lafayette

*Give the Disease Causing Death, or in deaths from Violent Causes state (1) Means And Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. | DATE OF BURIAL: 10/19/31

20 UNDERTAKER: Samuel L. Hemsley | ADDRESS: 1 W. Biddle

Cor.—10-10-29—A Co.—100 Blks.

E 73069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 ✓ 093 73069

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 663 W. Fayette St. 4 Ward 23)

2-FULL NAME Andrew J. Smith

(a) RESIDENCE NO. 663 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of Margaret K. Smith

6 DATE OF BIRTH (month, day, and year) June 20 - 1896

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	35	3	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) MC.

PARENTS

10 NAME OF FATHER Samson Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. M. K. Smith (Address) Jenkins Memorial Hospital

15 Filed OCT 9 1931 Registrar C. HUDSON JONES

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. d

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Virginia Zeller M. D.

Oct. 9 1931 (Address) 1398 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National

DATE OF BURIAL: 10/20 1931

20 UNDERTAKER: Harry H. Nuttle

ADDRESS: 4101 Edmondson

Important. See instructions on back of certificate.

AaCo. 5-31 1500

HEALTH DEPARTMENT CITY OF BALTIMORE

73070

CERTIFICATE OF DEATH

124 73070

1. PLACE OF DEATH Baltimore City Hospitals St. 22-30 Ward

Registered No.
(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 14 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Louise Richards (Louise Murphy)

(a) Residence: No. 514 S. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Richards

6. DATE OF BIRTH (month, day, year) June 16, 1889

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
✓	42	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill.

MOTHER FATHER

13. NAME George Caron

14. BIRTHPLACE (city or town) (State or country) ? Canada

15. MAIDEN NAME Philmenis Bell

16. BIRTHPLACE (city or town) (State or country) ? Canada

17. INFORMANT Records of
(Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Loudenslot Date Oct 20 1931

19. UNDERTAKER Chas B Buchanan
(Address) 634 Paca st.

20. FILED OCT 19 1931 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1931 to Oct. 16, 1931

I last saw her alive on Oct. 16 1931 death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver → Date of onset 8-1-31

Other contributory causes of importance:

Ulcer

Name of operation Exploratory Date of Oct 16

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) [illegible] M.D.

(Address)

Spec.—9-30—A & Co.—250 Blks

73071 E 73071

HEALTH DEPARTMENT—CITY OF BALTIMORE

73071 CERTIFICATE OF DEATH X 72-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mac Grossman

(a) RESIDENCE NO. 125 W 116th St St. New York N.Y. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Max

6 DATE OF BIRTH (month, day, and year) Aug 18, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	37	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York.

PARENTS

10 NAME OF FATHER Jacob Goldberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Katherine Granitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Interment (Address) Mt Grossman New York N.Y.

15 Filed 1-3 1931 19 G. M. Gibson Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-11-31

17

I HEREBY CERTIFY, That I attended deceased from 9-24, 19 31, to 10-11, 19 31

that I last saw h[illegible] alive on 10-11, 19 31

and that death occurred, on the date stated above, at 1:10 A.m.

The CAUSE OF DEATH* was as follows:

Chronic Lymphoid Leukemia

(duration) yrs. 10 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Yes Date of 10-6-31

Was there an autopsy? No Temperature Blood

What test confirmed diagnosis? Biopsy of Gland

(Signed) M. E. Krohl M. D.

(Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York N. Y.

DATE OF BURIAL 10/19 19 31

20 UNDERTAKER Sol, Levinson & Bro

ADDRESS 1127 E Balto st

Spec.—0-20—A. & Co.—250 Blks.

E 73072 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73072

CERTIFICATE OF DEATH. 71-001

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1627 Lancaster Street (Ward) 12-4

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Stanislaw Kowalski

(a) RESIDENCE NO. 1627 Lancaster Street ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~OF WIFE~~ Eva K. Kowalski

6 DATE OF BIRTH (month, day, and year) April 12, 17-1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet Maker 014

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Kowalski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Katherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant (Address) Mrs. Eva K. Kowalski 1627 Lancaster Street

15 Filed OCT 19 1931 C. HARRISON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/16/31

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1931 to Oct. 16 1931
that I last saw h[illegible] alive on Oct. 16 1931
and that death occurred, on the date stated above, at 7:40 P. m.
The CAUSE OF DEATH* was as follows: Myocarditis Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pernicious Anemia
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) Edward [illegible] M. D.
10/17/31 (Address) 2179 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cemetery Oct 20 1931 DATE OF BURIAL

20 UNDERTAKER George A. Weber ADDRESS 705 S. Ann, st

AACo. 5-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

73073

CERTIFICATE OF DEATH

13K 73073

Registered No. 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 Fort Ave) St. ____ Ward

Length of residence in city or town where death occurred 57 yrs. 8 mos. 0 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robert F. Tilley

(a) Residence: No. 1112 Fort Ave St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married (Ex Kennedy)

3a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Carrie E. Tilley

6. DATE OF BIRTH (month, day, year) May 20 1863.

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	68.	4.	28.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner (Cotton)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self Employed

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Jeremiah Tilley

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Fanny Curtis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Martha Tuttle

(Address) 411 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Oct 20 1931

19. UNDERTAKER Walter Rogers

(Address) 3411 Eastern Ave

20. FILED OCT 19 1931 19__ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, years) Oct 17 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1931 to Oct 17 1931

I last saw he alive on Oct 15 1931 at 3:00 P.M. death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis Date of Onset

Arteriosclerosis

Other contributory causes of importance:

Name of operation None Date of ____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Bill Richardson M. D.

(Address) 850 W 36 St

A&Co. 5-31 2100

73074 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

24 E 73074

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3323 Falls Rd St. 13-52 Ward)

Length of residence in city or town where death occurred 5 yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Edith M. Hiney

(a) Residence: No. 3323 Falls Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Infant

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
		4.	17.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Charles E. Hiney
14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.
15. MAIDEN NAME Ethel M. Shaffer
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ethel M. Hiney mother
(Address) 3323 Falls Rd.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Cem. Date Oct. 19, 1931

19. UNDERTAKER Walter Young
(Address) 1005 Eutaw St.

20. FILED . 19 . H. LEWSON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13th . 1931, to Oct 17th . 1931

I last saw her alive on Oct 16th 1931, death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro spinal Meningitis	
tuberculosis of lungs	

Other contributory causes of importance None

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? at her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Lerch M. D.
(Address) 3615 Falls Rd.

Spec.—8-16-29—L. F. S.—100 Blks.

E 73075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 73075

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 E. Fort. ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dennis M. Wright.

(a) RESIDENCE NO. 401 E. Fort. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male.

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida. M. Wright.

6 DATE OF BIRTH (month, day, and year): Aug 2 - 1849

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: R. R. Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Martinsburg W. Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Wright.

(Address): 401 E. Fort Ave

Filed OCT 19 1931 19 HAMPSON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 18. 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Oct 18, 1931, that I last saw h in alive on Oct 12, 1931 and that death occurred, on the date stated above, at 1.15 A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis with Hypertension

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Sidney H. Caudell, M. D.

10/19, 1931 (Address) 450 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Oct 20 1931
20 UNDERTAKER	ADDRESS
J. Fenwick Cully	130 E. Fort

Spec.—1-10-21—MAT—1500 Blks.

E 73076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73076

V71-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Franklin Square Hospital Fayette & Calhoun St.) 5-21 (WARD)

2-FULL NAME Mrs Selina M. Barber

(a) RESIDENCE NO. 1928 N. Payson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced. (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Holland A. Barber

6 DATE OF BIRTH (month, day, and year) Nov. 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
✓	71	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Coles Co. Ill

(State or country)

PARENTS

10 NAME OF FATHER Daniel Mitchell

11 BIRTHPLACE OF FATHER (city or town) Penn.

(State or country)

12 MAIDEN NAME OF MOTHER Z Welch

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country)

14 Informant Mr. Edgar S. McVey Millstown

(Address) 1324 E. Fremont

Filed OCT 19 1931 C. HAMPSON JONES, M. D.

Registrar

Date

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 23 1931 to Oct 18 1931

that I last saw h alive on Oct 18 1931

and that death occurred, on the date stated above, at 5:40 A m.

The CAUSE OF DEATH* was as follows:

Pernicious Anaemia

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Examination

(Signed) [illegible] M. D.

, 19 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Kansas Ill

DATE OF BURIAL Oct 19 1931

20 UNDERTAKER Wm Fackler Sons

ADDRESS North Ave

FROM BOOK OF CERTIFICATES. SEE INSTRUCTIONS ON REVERSE SIDE.

Spec.—8-16-29—L. F. S.—100 Blks.

E 73077 HEALTH DEPARTMENT—CITY OF BALTIMORE #6 ✓E 73077

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Payson ST. 16-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clarence Foster Tankersley.

(a) RESIDENCE NO. 909 N. Payson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie B. Tankersley.

6 DATE OF BIRTH (month, day, and year) March 1-1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter 0+5

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Davis Garland Maryland.

PARENTS

10 NAME OF FATHER Thomas H. Tankersley.

11 BIRTHPLACE OF FATHER (city or town) Davis Garland (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Charlotte Gladden

13 BIRTHPLACE OF MOTHER (city or town) Chance (State or country) Maryland.

14 Informant Lottie B. Tankersley. (Address) 909 N. Payson St.

15 Filed OCT 19 1931 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-18-31

17 I HEREBY CERTIFY, That I attended deceased from 9-25 . 1931 , to 10-18 , 1931 .

that I last saw h alive on 10-17 , 1931

and that death occurred, on the date stated above, at 2.45 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) — yrs. 11 mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 9-10-31

Was there an autopsy? no

What test confirmed diagnosis? Sur. exploration during operation

(Signed) Carter Roland, M. D.

10-18, 1931 (Address) 2532 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Dulaney Island. Md	10/19/31
20 UNDERTAKER	ADDRESS
H. Hoffheimer & Sons	1300 Eutaw Place

AdCo. 5-31 2500

E 73078 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73078

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Elliny 1st St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Jennie Lee White

(a) Residence: No. 2229 Elliny 1st St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James White

6. DATE OF BIRTH (month, day, year) April 1895

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	36	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Fannie Page

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm Scott

(Address) 1403 N. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL Place Lesly Manner Va Date 10-19 1931

19. UNDERTAKER James Easton

(Address) 716 Pa ave

20. FILED . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1931 to Oct 16 1931

I last saw her alive on Oct 15 1931 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	~~1926~~ (1930)

Other contributory causes of importance:

Name of operation None Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Macon Williams M. D.

(Address) 730 Madison Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 73079 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 73079

CERTIFICATE OF DEATH 46

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Smithson ST. W. N. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella Dudgeon

(a) RESIDENCE NO. 621 Smithson ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Col. | 5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE: Years 56. | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: George Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Josephine Howell

(Address): 631 Lanvale St.

15 Filed [illegible] 1931 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 17 31

17 I HEREBY CERTIFY, That I attended deceased from Sept 26, 1931, to Oct 17, 1931, that I last saw h[illegible] alive on Oct. 17, 1931 and that death occurred, on the date stated above, at 4 20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. E. Magruder M. D.

Oct 19, 1931 (Address) 675 Lexington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ruthenglen Va | DATE OF BURIAL: 10/19 1931

20 UNDERTAKER: Samuel Gantz | ADDRESS: 916 Pa

AaCo. 5-41 2500

73080 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73080

CERTIFICATE OF DEATH

X 115-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 4th Ward)

Length of residence in city or town where death occurred 0 yrs 1 mos 15 ds How long in U.S. if of foreign birth? ... yrs ... mos ... ds

2. FULL NAME Mrs Mac D. Butler

(a) Residence: No. 1425 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Reuben Butler

7. DATE OF BIRTH (month, day, year) Nov. 4, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1, 1929

11. Total time (years) spent in this occupation 30 yrs

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME Washington Smith

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME Lucretia Johnson

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Commodore Reuben Butler

(Address) 1425 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Date Oct 20 1931

Arlington Va

19. UNDERTAKER John C. Mitchell & Bro

(Address) 1420 Eutaw Place

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1931, to Oct 18, 1931

I last saw h[illegible] alive on Oct. 18 1931 death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Stomatitis (Vincent's)	10/10/31

Other contributory causes of importance:

a granulocytosis	10/14/31

Name of operation None Date of ... Was there an autopsy?

What test confirmed diagnosis? Blood Count

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Peter Mennuche M. D.

(Address) Sydenham Hospital

Spec.—9-26—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

73081

CERTIFICATE OF DEATH

73081

82-001

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 23 S. Ellwood ave) (WARD 1-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lillian Smith

(a) RESIDENCE NO. 23 S. Ellwood ave ST. WARD

(If non-resident give city or town and state)

(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Smith

6 DATE OF BIRTH (month, day, and year) Apr 14 1865

7 AGE Years 66 Months 6 Days 17 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt Md

PARENTS

10 NAME OF FATHER Frank Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Mary Pappi

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Mrs. Smith 23 S. Ellwood ave

OCT 19 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16, 31

17 I HEREBY CERTIFY, That I attended deceased from June 1930 to Oct 16 1931

that I last saw her alive on October 16 1931

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) 1 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) M. L. Mayer M. D.

(Address) 2617 E Baltimore St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Oct 20 1931

UNDERTAKER John L. Moran

ADDRESS 3000 E. Baltimore St.

A&Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

73082

CERTIFICATE OF DEATH

51 E 73082

1. PLACE OF DEATH Baltimore City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 16-37 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Frank Boblitz

(a) Residence: No. 6½ W. Philadelphia Road St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma Boblitz

6. DATE OF BIRTH (month, day, year) July 7, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 1931 Emma

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Boblitz

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Bailey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William Boblitz

(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL Louisa Md

Place Providence Cem. Date Oct 20, 31

19. UNDERTAKER John A. Moran

(Address) 208 E. Balto. St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-21-31, 19, to 10-17-31, 19

I last saw him alive on 10-17-31, 19 death is said to have occurred on the date stated above, at 11 55 A m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate

Date of onset Nov 1 Approx

Other contributory causes of importance:

(1) Urinary retention
(2) Cystitis } 10 days
(3) Uremia }

Name of operation Suprapubic cystostomy Date of 9-22-31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leonard E. Lintz M. D.

(Address) Balto City Hospitals

Spec.—9-30—A. A. Co.—250 Blks.

E 73083

HEALTH DEPARTMENT—CITY OF BALTIMORE

X119 E 73083

CERTIFICATE OF DEATH

1 PLACE OF DEATH Sinai Hospital

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No) ST 7-13 (WARD)

2 FULL NAME Ruth Boblitz

(a) RESIDENCE NO. Chesaco Ave, Chesaco Park WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos 3 ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Child

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): July 14 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓		2	31	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Co. Md

PARENTS

10 NAME OF FATHER: Wilson Boblitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co Md

12 MAIDEN NAME OF MOTHER: Bertha Evands

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md

14 Informant (Address): Mr Wilson Boblitz. Chesaco ave Chesaco Park Md

15 Filed 9 1931 (By) C. Hinson Jones (Registrar)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 17 31

17

I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Oct 17, 1931

that I last saw h alive on Oct 17, 1931

and that death occurred, on the date stated above, at 10 30 A m.

The CAUSE OF DEATH* was as follows:

~~Marasmus~~

Infantile diarrhea

(Duration) yrs 3 wks ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(Duration) yrs mos 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) M Kherin M. D.

19 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Providence Cemetery. Towson.

DATE OF BURIAL: 19 31

20 UNDERTAKER: John A. Moran

ADDRESS: 3110 E. Balto St

Spec.—1-12-29—WAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73084½ E 73084½

CERTIFICATE OF DEATH.

REGISTERED NO. 159

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1920 E Baltimore St. (WARD) 2-4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dolly Ann Crowley

(a) RESIDENCE NO. 1920 E Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Baby September 24/31

7 AGE: Years — Months — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Baby

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md

PARENTS

10 NAME OF FATHER: Henry W Crowley

11 BIRTHPLACE OF FATHER (City or town) (State or country): W Virginia

12 MAIDEN NAME OF MOTHER: Shumate

13 BIRTHPLACE OF MOTHER (City or town) (State or country): North Carolina

14 Informant (Address): [illegible]

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 17 1931

17 I HEREBY CERTIFY, That I attended deceased from September 24 1931 to October 17 1931, that I last saw h alive on October 16 1931 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Premature Birth (duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary): Malnutrition (duration) yrs. mos. 23 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? W.T.

(Signed) J M Miller, M. D.

10/17/1931 (Address) 1613 E Baltimore St

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: OCT 19 1931

20 UNDERTAKER: [illegible]

Asst. Wm. B. WOODALL

ADDRESS

Spec.—9-30—A. & Co.—250 Blks.

73085

HEALTH DEPARTMENT—CITY OF BALTIMORE

73085

CERTIFICATE OF DEATH

27-49 46

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Somerset Road, Roland Park (St.) (Ward)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Bernard Leo Talley

(a) RESIDENCE NO. 607 Somerset Road St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred About 42 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose G. Mulhern

6 DATE OF BIRTH (month, day, and year) Dec. 11, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Business

(b) General nature of industry, business, or establishment in which employed (or employer): 071

(c) Name of employer: Home Friendly Life Ins. Co.

9 BIRTHPLACE (city or town) (State or country): Philadelphia Pennsylvania

PARENTS

10 NAME OF FATHER: Bernard L. Talley

11 BIRTHPLACE OF FATHER (city or town) (State or country): ----- Ireland

12 MAIDEN NAME OF MOTHER: Sarah Quinn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Phila. Penn.

14 Informant (Address): Mrs. Rose G. Talley 607 Somerset Road

15 Filed 10/7 1931 C. HILTON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18-31

17
I HEREBY CERTIFY, That I attended deceased from Jan. 1931 to Oct 15 1931

That I last saw him alive on Oct 18 1931

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) ——

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ——

Did an operation precede death? yes Date of Aug 31

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C. Samuels M. D.

19 31 (Address) 4309 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: 10/20 1931

20 UNDERTAKER: Henry W. Meeks & Sons

ADDRESS: 505 N. Calvert

Spec.—1-30—M. & T.—250 Blks

E 73036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73036

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4217 Ridgewood Ave. ST. 28-63 WARD

2-FULL NAME Reuel Marcus Musselman

(a) RESIDENCE NO. 4217 Ridgewood Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia M. Musselman

6 DATE OF BIRTH (month, day, and year) Oct. 17 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fairfield Pa.

PARENTS

10 NAME OF FATHER Jacob Musselman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Fairfield Pa.

12 MAIDEN NAME OF MOTHER Wertz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Harry C Mueller (Address) 4217 Ridgewood Ave.

15 Filed 1931 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/18/31

17 I HEREBY CERTIFY, That I attended deceased from Aug-1 , 1931 , to Oct-18 , 1931 .

that I last saw him alive on Oct-17 , 1931

and that death occurred, on the date stated above, at 9 45 A m

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Emily Jones , M. D.

, 19 (Address) 2802 Roslyn Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lutheran Cem. Fairfield Pa

DATE OF BURIAL: Oct 21, 31

20 UNDERTAKER: Harry N Armacost & Son

ADDRESS: 4204 Ridgewood Ave.

AaCo. 5-31 2MB

73087 HEALTH DEPARTMENT CITY OF BALTIMORE 73087

23685

CERTIFICATE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., [illegible] (Ward)

Length of residence in city or town where death occurred 1 yrs. ___ mos. 2 ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Harry M. Lesser

(a) Residence: No. Arnold Rd St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. contractor

10. Date deceased last worked at this occupation (month and year) [illegible] 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Harry Lesser

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Clara Perry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Wellwood Funeral Date Oct 20, 1931

19. UNDERTAKER C. Howard Evans
(Address) 35 E. Lexington St.

20. FILED 19. Oct 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-16-, 1931, to 10-18-, 1931

I last saw him alive on 10-18-, 1931, death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Pyogenic infection of right arm	
Other contributory causes of importance:	

Name of operation Drainage of arm Date of 10-15-31

What test confirmed diagnosis? Smear Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify ___

(Signed) Caroline C. Riddell, M. D.

(Address) Johns Hopkins Hospital

1-20—M. & T.—100 B—50L.

E 73088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-4-002

E 73088

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1220 S Highland ST. 26-1 WARD)

2-FULL NAME Alexander Ptazynski (Ptaszynski)

(a) RESIDENCE NO 1220 S Highland ST., _____ WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S., if of foreign birth? 30 yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Ptazynski

6 DATE OF BIRTH (month, day, and year) Jan 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53	9		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer C. D. Young

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER John Ptazynski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Mary Monaski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Julia Ptazynski

(Address) 1220 S Highland Ave

15 Filed OCT 19 1931 G. HAMPTON JONES, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cirrhosis of Liver

(duration) yrs mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B. C. Nuzum M.D. Coroner

(Address) 205 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem	Oct 20 1931
20 UNDERTAKER Kibler & Fulkrod	ADDRESS 1111 N Howard St

A&Co. 5-31 2M

HEALTH DEPARTMENT—CITY OF BALTIMORE

73089

CERTIFICATE OF DEATH

50 E 73089

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Edmondson Ave. St. 70-71 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Kettle

(a) Residence: No. 3915 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late George Kettle

6. DATE OF BIRTH (month, day, year) Feb. 18, 1861.

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)... (State or country) Md.

FATHER

13. NAME Christopher Benner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT George J. Kettle
(Address) 3915 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/20/31, 19

19. UNDERTAKER Wm. J. Swiger
(Address) 4101 Edmondson Ave.

20. FILED , 19 Nov 12 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17, 1931

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to 10-17, 1931

I last saw her alive on 10-13, 1931 death is said to have occurred on the date stated above, at 9a. m.

The principal cause of death and related causes of importance were as follows:

Adeno carcinoma of Left breast — Duration of onset 2

Other contributory causes of importance:

Central Embolism — 10-17-31

Name of operation Amputation Left Breast Date of Aug 1931

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify. —

(Signed) H. L. Wise, M. D.

(Address) 4000 Edmondson Ave

AaCo. 5-31 2500

73090

HEALTH DEPARTMENT—CITY OF BALTIMORE

73090

CERTIFICATE OF DEATH

92-061

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2905 Fait Ave St., 1 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Oliver

(a) Residence: No. 2905 Fait Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Chas. A. Oliver

6. DATE OF BIRTH (month, day, year) Feb 6/75

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	12/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Samuel Jones

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Barbara Robb

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. A. Oliver

(Address) 2905 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 21 1931

19. UNDERTAKER Philip Herring

(Address) 2016 Orleans St.

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19th 1931

22. I HEREBY CERTIFY, That I attended deceased from August 1 1931 to Oct 19 1931

I last saw h[illegible] alive on Oct 19 1931 death is said to have occurred on the date stated above, at 9-10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1931

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) C. H. Hamman, M. D.

(Address) 2100 Harford Ave

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73091

131 E 73091

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Hamilton Ave (Ward) 43-43

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H. Reitemeyer

(a) Residence: No. 3610 Hamilton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Katherine

6. DATE OF BIRTH (month, day, year) Feb 16 64

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as cotton mill, saw mill, bank, store, farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Fredrick Md.

13. NAME Chas. Reitemeyer

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Geo. W. Glass

(Address) 3610 Hamilton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 20 1931

19. UNDERTAKER Philip Herwig

(Address) 2616 Wilkens ave

20. FILED Oct 19 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Oct 17, 1931

I last saw h im alive on Oct 17, 1931 death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Oct 3 1931

Other contributory causes of importance:

Arteriosclerosis Chronic Nephritis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bland Cross M. D.

(Address) 5365 Harford Ave

AdCo. 5-31 250B

HEALTH DEPARTMENT CITY OF BALTIMORE

73092

CERTIFICATE OF DEATH

46 E 73092

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St. 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S. if of foreign birth 27 yrs. mos. ds.

2. FULL NAME Mr George Costelle.

(a) Residence: No. 1911 Eutaw Place St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs George Costelle.

6. DATE OF BIRTH (month, day, year) Nov 24-1885

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	11	17	23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canton.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Max Costelle

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca Deutsch

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Bal Hebrew Date Oct. 21 1931

19. UNDERTAKER Saul Sondheim & Son
(Address) 1102 Eutaw Place

[illegible] 1931 C. HARRISON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-4-31, 19, to 10-17-31, 19

I last saw h.. alive on 10-17- 1931 death is said to have occurred on the date stated above, at 6.12 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	10/12/31

Other contributory causes of importance:

Carcinoma of Transverse colon	6 mo ago

Name of operation Resection of tumor Date of 10/5/31

What test confirmed diagnosis? Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Mortimer Jr., M. D.

(Address) Union Memorial Hosp

AACo. 5-31 2MB

HEALTH DEPARTMENT—CITY OF BALTIMORE

73093

CERTIFICATE OF DEATH

23 E 73093

Registered No.

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Matheides

(a) Residence: No. 515 S. Collington Ave. St., W.M.T.B. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of Isabelle Matheides (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-5-91

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Stephen Matheides

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anna Novy

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cemetery Date 10/25/1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED OCT 26 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-31. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-11-31, 19, to 10-18-31, 19

I last saw him alive on 10-18-31, 19, death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence [illegible], M. D.
(Address) BALTIMORE CITY HOSPITALS

1-20—M. & T.—100 B—501.

E 73094

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73094

CERTIFICATE OF DEATH

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. Balto WARD 16-37)

2-FULL NAME Marian Spicer

(a) RESIDENCE NO. Georgia Ave, Belle Highlands Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6 DATE OF BIRTH (month, day, and year) Nov 11 1927.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

PARENTS

10 NAME OF FATHER Russell N Spicer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Christine Dunn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Russell N Spicer

(Address) Georgia ave Belle Highlands

15 Filed 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Lymphatism (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? Yes

What test confirmed diagnosis? ____

(Signed) B. F. Nevitt M.D., M. D.

(Address) 1305 N Patterson Park 10-19-31

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. Laurel Ben.

DATE OF BURIAL Oct 20 1931

20 UNDERTAKER Geo. E. Waller & Son.

ADDRESS 2384 Pitts.

1-30—M. & T.—100 B—50L.

E 73095

HEALTH DEPARTMENT—CITY OF BALTIMORE

163E 73095

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. ST. 2-4 WARD)

2. FULL NAME Ignatius Chodnicki

(a) RESIDENCE NO. 713 S. Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Josephine.

6 DATE OF BIRTH (month, day, and year): Feb 1-1892

7 AGE: Years 39; Months 8; Days 16; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland.

PARENTS

10 NAME OF FATHER: John Chodnicki

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Mary Boyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Josephine Chodnicki

(Address) 713 S. Bethel

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 17 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Suicide Took Rat Poison

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Colton Smith, M. D. Coroner

(Address) Oct 19 Baltimore

*State the Disease Causing Death, or if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary — DATE OF BURIAL: Oct 20 1931

20 UNDERTAKER: John M. Wiley — ADDRESS: 411 S. Carey St

HAMPSON JONES, M. D.

AACo. 4-31 2500

73096
253579

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

11 7 L 73096

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Michael Semeta

(a) Residence: No. 604 S. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Malvina

6. DATE OF BIRTH (month, day, year) June 26 1901

7. AGE	Years	Months	Days	If LESS than 1 day: hrs or min
	30	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pola

FATHER

13. NAME Michael Semeta

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Frances Lastinaka

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 20 1931

19. UNDERTAKER Smith and Fulton
(Address) 400 N. Charles St

20. FILED Oct 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931 to Oct 16, 1931

I last saw him alive on Oct 16, 1931 death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer ruptured	
Peritonitis	
Pneumonia	

Other contributory causes of importance:

Name of operation Laparotomy Date of 10/19/31

What test confirmed diagnosis? Gross Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of decreased? If so, specify

(Signed) J. M. Aldo, M. D.

(Address) Johns Hopkins Hospital

AaCo. 1-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

73097 ✓ 73097

CERTIFICATE OF DEATH

Registered No. 157-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 694 N Fulton ave (Ward) 1-3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A Lejwarte

(a) Residence: No. 694 N Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12 1924

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Steven Lejwarte
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
15. MAIDEN NAME Bertha Matusek
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Steven Lejwarte
(Address) 694 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 20 1931

19. UNDERTAKER John H Adler
(Address) 4444 Liberty Heights Ave

Oct 20 1931 Filed Oct 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/31

22. I HEREBY CERTIFY, That I attended deceased from 10/13 1931 to 10/17 1931

I last saw him alive on 10/17 1931 death is said to have occurred on the date stated above, at 10-00 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital malformation of kidneys

Edward Slemaan

Date of onset Congenital

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arnold Gratz M. D.

(Address) 716 Park Ave

AdCo. 5-31 2MP

HEALTH DEPARTMENT CITY OF BALTIMORE

73098

CERTIFICATE OF DEATH

131 E 73098

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosps St., 76-37 Ward)

Length of residence in city or town where death occurred 30 yrs mos ds How long in U.S. if of foreign birth 57 yrs mos ds

2. FULL NAME James Russell

(a) Residence: No. 8 Eye St N.W. Wash. D.C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 12-15-868

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
62 12	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year) 7-1-31
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Russell
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Kate Ryan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Costello (sister)
(Address) 8 Eye St - N.W. Wash. D.C

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Oct 20 1931

19. UNDERTAKER P. J. Miller
(Address) 1255 E. Monument St.

20. FILED Oct 20 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1927 to 10-17 1931

I last saw h[illegible] alive on 10-17 1931 death is said to have occurred on the date stated above, at 4½ m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular	Unknown
renal disease	"
Chronic Nephritis with	
benign Prostatic Hypertrophy	

(Other contributory causes of importance:

Uremia	10-3-31

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore Hospitals

AaCo. 5-31-2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

73099 X 45 L 73099

CERTIFICATE OF DEATH

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 9 4 6 Ward)

Length of residence in city or town where death occurred — yrs. 1 mos. — da. How long in U.S. if of foreign birth? — yrs. — mos. — da.

2. FULL NAME William J. Nelson

(a) Residence: No. 1506 Abbotston St., Ward. Druid Hill, Md.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie D. Shaaff.

6. DATE OF BIRTH (month, day, year) 9/29/1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	11	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Emma Winters

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Wm. T. L. Nelson
(Address) 1506 Abbotston

18. BURIAL, CREMATION, OR REMOVAL
Stevensville Md. Date 10/21/31

19. UNDERTAKER Geo. F. Bullock Inc.
(Address)

20. FILED — — 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1931, to Oct. 18, 1931
I last saw him alive on Oct 18, 1931 death is said to have occurred on the date stated above, at 2:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of jaw	Oct 1930
Other contributory causes of importance: secondary hemorrhage	Oct 18.

Name of operation — Date of
What test confirmed diagnosis? clinical + path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wylie M. Law, M. D.
(Address) University Hospital

1-30—M & T—100 B—50L

E 73100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73100

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2612 Hanford R ST. 9-46 (WARD)

2-FULL NAME Edward R. Lotz.

(a) RESIDENCE NO 2612 Hanford ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 37 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married.

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Helen M.

6 DATE OF BIRTH (month, day, and year): Sept 10 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Store Keeper
(b) General nature of industry, business, or establishment in which employed (or employer): 834
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Edw Lotz Jr

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Helen M Weinberg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Kingsdale

14 Informant: Helen M Lotz.

(Address): 2612 Hanford

15 Filed 9 1931, 192 . C. THOMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) _____ Coroner, M. D.

, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cem	10/20/31
20 UNDERTAKER	ADDRESS
Geo J Kloth Inc	1133 Hollins

AaCo. 5-31-1928

Levi P Williams

HEALTH DEPARTMENT CITY OF BALTIMORE

73102 CERTIFICATE OF DEATH 73101

1. PLACE OF DEATH Baltimore City Hospitals 131 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 15-58 Ward)

Length of residence in city or town where death occurred 6 yrs mos ds How long in U.S. if of foreign birth? yrs mos ds

2. FULL NAME Levi P Williams

(a) Residence: No. 3606 Oswego Ave St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmira Williams

6. DATE OF BIRTH (month, day, year) 3/15/1858

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
73	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7

11. Total time (years) spent in this occupation 7

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Salisbury Md.

13. NAME Billy Williams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mc Brown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Daughter
(Address) 3606 Oswego Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md Date 10/20/31

19. UNDERTAKER George J Roth Inc
(Address) 1300 Pennsylvania Ave

20. FILED OCT 20 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-31. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-30-31. 19 to 10-18-31. 19

I last saw him alive on 10-18-31 19 death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Benign prostatic hypertrophy with uremia obstruction	Final
(2) Cardio vascular renal disease	
(3)	
(4)	

Other contributory causes of importance: Uremia — 9-18-30

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not so specify

(Signed) Luther E. Smith M. D.

(Address) Balto City Hospitals

AeCo. 5-31 2000

73102 HEALTH DEPARTMENT—CITY OF BALTIMORE E 73102

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH BALTIMORE CITY HOSPITALS

CITY OF BALTIMORE: (No. 9-13 St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Earle

(a) Residence: No. 704 N. Bond St. St., ... Ward. C.M.T.B.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of Emma Earle
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-11-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co., Md.
(State or country)

FATHER

13. NAME Henry Earl
14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Catherine Pinkey
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Emma Earle
(Address) 704 N Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10-20 1931

19. UNDERTAKER Jas. M. Shanny
(Address) 1620 E. Lnad St

20. FILED 1931 19 C. HARRISON JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-31-31, 19, to 10-18-31, 19

I last saw h 1m alive on 10-18-31, 19 death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	unknown
Tuberculous Adenitis (cervical)	10 months

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence L. Sena M. D.
(Address)

Spec.—1-30—M. & T.—250 Blks

E 73103 HEALTH DEPARTMENT—CITY OF BALTIMORE 11-002 E 73103

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5229 Fairlawn Ave ST 28-63 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anton Beranek

(a) RESIDENCE NO. 5229 Fairlawn ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Beranek

6 DATE OF BIRTH (month, day, and year) March 6 1858.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	7	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bohemia

PARENTS

10 NAME OF FATHER Albert Beranek

11 BIRTHPLACE OF FATHER (city or town) Bohemia (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Bohemia (State or country)

14 Informant Mrs Alma Hildebrand

(Address) 5229 Fairlawn ave

15 Filed OCT 26 1931 HARRISON JONES Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19-1931

17 I HEREBY CERTIFY, That I attended deceased from 10-8 ,19 31 , to 10-19 ,19 31 ,

that I last saw him alive on 10-17 ,19 31 ,

and that death occurred, on the date stated above, at 6.00 P. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary) Arterio sclerosis cause renal insufficiency (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Thrall, M. D.

Oct. 19 X (Address) 3902 Groveland Se

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak hill Cemetery

DATE OF BURIAL Oct 21 1931

ADDRESS

20 UNDERTAKER August Rasek 2406 Ashland ave

AACo. 5-11 2500

E 73104 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73104

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Park Height ave St. 15-58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Sarah Ernestein Neuman

(a) Residence: No. 3520 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Neuman

6. DATE OF BIRTH (month, day, year) 5/22-1904

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
27	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md U.S.A.

MOTHER FATHER

13. NAME Louis Ernestein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ennd

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jack Louis Lee
(Address)

18. BURIAL, CREMATION, OR REMOVAL Oct 20-31
Place New York 19

19. UNDERTAKER Jack Louis Lee
(Address) 1439 E. Baltimore St.

C. FARDSON JONES M.D.
(Signed) Registrar

OCT 20 1931 By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20.1931

22. I HEREBY CERTIFY, That I attended deceased from 9/1, 1931, to 10/20, 1931

I last saw her alive on 10/20.1931 death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb-1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Friedberg, M. D.
(Address) 2326 Eutaw Pl

1-30—M & T.—100 B—60L

E 73105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 73105

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, NO. President Hosp ST. 19-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Sarah Bunch

(a) RESIDENCE NO 1511 W. Lanvale ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem 4 COLOR OR RACE Col 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Bunch

6 DATE OF BIRTH (month, day, and year) Feb 25-1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer E. Coutts W. Co

9 BIRTHPLACE (city or town) (State or country) Jordan Bend N. Co

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Maria Burke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Co

14 Informant (Address) Mrs Sarah Bunch 1511 W Lanvale

15 Filed , 192 C. EMPSON JONES, A. M. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death as stated above, on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Clinical

(Signed) Oct 18 1931 Coroner, M. D.

Address

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Oct 21, 1931

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3221 Edmondson Ave

1-30—M & T—100 B—50L

E 73106

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73106

CERTIFICATE OF DEATH

REGISTERED NO. 13002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (St.) 26-37 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Melvin Kreuzig

(a) RESIDENCE NO 3911 Mt Pleasant St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 14 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	8	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country)

PARENTS

10 NAME OF FATHER Melvin Kreuzig

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

12 MAIDEN NAME OF MOTHER Elsie Kreuzig

13 BIRTHPLACE OF MOTHER (city or town) Pa
(State or country)

14 Informant Elsie Kreuzig
(Address) 3911 Mt Pleasant St.

15 Filed OCT 20 1931 G. HAMPSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Dysentery.

(duration) 4 days

CONTRIBUTORY (Secondary) Gastro Enteritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? None

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular Clinical

(Signed) Oct 18 31 Coroner, M. D.

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem

DATE OF BURIAL Oct 22, 31

20 UNDERTAKER John Ullrich

ADDRESS 2108 Eutaw

Spec.—9-30—A. & Co.—250 Blks.

73107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73107

CERTIFICATE OF DEATH

1 PLACE OF DEATH President Hospital

CITY OF BALTIMORE (No 119 St 16-22 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Curry

(a) RESIDENCE NO 1516 Park Place St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 16 31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Celine Curry
(Address) 1516 Park Pl

15 Filed OCT 20 1931 Registrar C. HAMPSON JONES, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-15-31

17
I HEREBY CERTIFY, That I attended deceased from 10-7, 1931, to 10-15, 1931

that I last saw h[illegible] alive on 10-15, 1931

and that death occurred, on the date stated above, at 5:20 P. M.

The CAUSE OF DEATH* was as follows:

Acute Malnutrition of Gastro Intestinal Tract

(duration) yrs. 1 mos 2wks ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George McLeod M. D.

10-19 1931 (Address) President Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Oct 20 1931

20 UNDERTAKER: Samuel H Hemsley ADDRESS: 1718 Bolton St

Spec.—9-30—A. & Co.—250 Blks

73108 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73108

CERTIFICATE OF DEATH

46

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 W. Randall St. 23-32 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eliza Ann Sheckels

(a) RESIDENCE NO. 6 W. Randall St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Sheckels

6 DATE OF BIRTH (month, day, and year) Aug. 12, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	77	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of Industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co., Md.

PARENTS

10 NAME OF FATHER: John B. Lusby

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Rebecca Charlton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Mrs. Margaret O. Krantz, 6 W. Randall St.

15 Filed 19 Registrar

OCT 20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 16, 1931.

17

I HEREBY CERTIFY, That I attended deceased from July 15th, 1931, to Oct. 16th, 1931

that I last saw h[illegible] alive on Oct 16th, 1931

and that death occurred, on the date stated above, at 10.40 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of intestines, rectum

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1838 Light St.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Findings

(Signed) Henry Sheckel M.D.

(Address) 1234-26 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery — DATE OF BURIAL: Oct 20 31

20 UNDERTAKER: John F. Denny — ADDRESS: 715 Light St

AdCo. 5-31 2000

73109

HEALTH DEPARTMENT CITY OF BALTIMORE

73109

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital (56-3) Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel A. Baier

(a) Residence: No. 662 O'Donnell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Franklin Adam Baier

6. DATE OF BIRTH (month, day, year) Sept 7 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spanish Point, Md.

FATHER
13. NAME Harry Schreiver
14. BIRTHPLACE (city or town) (State or country) Spanish Point, Md

MOTHER
15. MAIDEN NAME Dora Gladfelter
16. BIRTHPLACE (city or town) (State or country) Spanish Point, Md

17. INFORMANT Mrs Elsie Gladfelter
(Address) 22 Buckeye Dundalk, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Bur. Date Oct 22 1931

19. UNDERTAKER John F. Denny
(Address) 715 Light St

OCT 20 1931 H. MARION JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Oct 18, 1931

I last saw h.e alive on Oct 19, 1931 death is said to have occurred on the date stated above, at 10:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonic Thrombosis (Thrombosis of veins from calves (Deep and Superficial) ascending iliac)	
Other contributory causes of importance: Pregnancy with Intestinal Hemorrhage	

Name of operation: Cesarean Section Date of 10-18-31
What was confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert J. Chenoweth M. D.
(Address) Md. General Hospital

Spec.—9-30—A. & Co.—250 Blks

E 73110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73110

CERTIFICATE OF DEATH

1088

1 PLACE OF DEATH

CITY OF BALTIMORE (No 1001 E. 22nd. St. ST 9-46 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John P. Durkan

(a) RESIDENCE NO. 1001 E. 22nd. St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Durkan

6 DATE OF BIRTH (month, day, and year) April 11, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	68	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lineman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. Police Dept.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER James P. Durkan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Nancy Gallagher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Miss May Durkan (Address) 1001 E. 22nd. St.

OCT 20 1931 C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18th. 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1931, to Oct 18, 1931

that I last saw h alive on Oct 18, 1931

and that death occurred, on the date stated above, at A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia
(Right upper lobe)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Fatty Heart + Hyp. Coronal Sc. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Henry Boyle M. D.

Oct. 19 1931 (Address) 1001 E. Northern

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery, DATE OF BURIAL: 10/21 1931

UNDERTAKER: Chas. P. Braco & Son ADDRESS 118 W. Biddle

Cor.—10-18-29—A Co.—100 Blks.

E 7311I

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 7311I

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Regal Laundry - Gilmor & Mosher Sts. (Ward) 20

2-FULL NAME Benjamin W. Criddle

(a) RESIDENCE NO. 1504 Halstead St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Widower

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Dora E. Criddle

6 DATE OF BIRTH (month, day, and year) Aug 13 - 1872

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	59	2	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cabinet Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Regal Laundry
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Robert Criddle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Isabella Gillespie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Interment (Address) Mrs J. H. Martin 5209 Bowcroft Ave

15 Died Oct 20 1931 C. HAMPSON JENKINS, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Fritze M. D.

10/20, 1931 (Address) 289 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem

DATE OF BURIAL Oct 22 1931

20 UNDERTAKER Geo W Little

ADDRESS 2706 Edmondson Ave

Important. See instructions on back of certificate.

OCT 20 1931

Cor.—10-18-29—A Co.—100 Bks.

E 73112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73112

CERTIFICATE OF DEATH

93003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1129 Scott St.) 21-29 (Ward)

2-FULL NAME Annie Hetzer

(a) RESIDENCE NO. 1129 Scott St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. L. Hetzer

6 DATE OF BIRTH (month, day, and year) Mar. 16-1857

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	74	7	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Philip Ochs

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Rullin

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Annie Thompson
(Address) Phila, Pa.

OCT 20 1931

[illegible] JONES
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Eugene Feltzt M. D.

10/20 1931 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	10/22 1931
20 UNDERTAKER Richard Burk & Son	ADDRESS [illegible]

Important. See instructions on back of certificate.

E 73113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73113

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md Gen Hospital — 21-24 — 131 — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Frederick Dorguth. (DORGUTH)

(a) Residence: No. 1003 W Cross St. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Malinda C Dorguth

6. DATE OF BIRTH (month, day, year) 3-31-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56 ✓	56	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Trade) (Hands)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repairer

10. Date deceased last worked at this occupation (month, day, year) Sept 1931

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Frederick Dorguth (Jr.)

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eugenia Trefel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 21 1931

19. UNDERTAKER Cahill & Cook
(Address) 1003 N Paca Street

20. FILED OCT 20 1931 WILLIAM H. JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-15-31, 19__, to 10-18, 1931

I last saw him alive on 10-18-1931 death is said to have occurred on the date stated above, at 3.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Myocardial Stenosis)	?
Chronic myocarditis.	?
chronic Nephritis.	

Other contributory causes of importance:

Arteriosclerosis	5 hrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, state how.

(Signed) Robert F. Chenoweth M. D.

(Address) Md General Hospital

1-30-M-45-100 M-60L

E 73114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73114

93-001

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST. S-8 WARD)

2-FULL NAME Chapell Young

(a) RESIDENCE NO 638 Sterling St ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5/e yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 18 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
35	35	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 640
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER George A Young

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Sarah Ruggold

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Laura Douglas

(Address) 1212 Jefferson St

15 Filed OCT 20 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs mos da

CONTRIBUTORY (Secondary)

(duration) yrs mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) S P Steinberg M D Coroner, M. D.

Oct 19 31 (Address) 1205 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — DATE OF BURIAL Oct 20 1931

20 UNDERTAKER Wm R Elliott — ADDRESS 1345 Ashland Ave

AaCo. 5-11 250B

L 73115 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73115

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 8-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary V. Lion

(a) Residence: No. 1729 N. Duncan St. St., ... Ward. W.W.T.B. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter A. Lion

6. DATE OF BIRTH (month, day, year) 6-1-07

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	24	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER FATHER

13. NAME John Braun

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margaret Hettey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT M. Peter A. Lion (Address) 1729 N. Durham

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Oct. 22 1931

19. UNDERTAKER Kelly Koch Funeral Inc (Address) 301

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-25-31 . 19 to 10-18-31 . 19

I last saw her alive on 10-18-31 . 19 death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute Caseous Pneumonia	5 months
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lawrence A. Sears, M. D.

(Address)

OCT 22 1931 C. MAURICE JONES, M.D. BALTIMORE CITY HOSPITALS

Spec.—1-30—M. & T.—250 Bks.

E 73116

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73116

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary ST. WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Ritter

(a) RESIDENCE NO. 315 N. Broadway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married, Widowed,~~ or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE: Yrs. 61 Mos. — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md

PARENTS

10 NAME OF FATHER Peter Ritter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Mrs. Edward P. Ritter

(Address) 334 Maud Ave Baltimore Md.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1931

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to October 18, 1931, that I last saw h— alive on October 18, 1931, and that death occurred, on the date stated above, at 4 50 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Head of Pancreas

(duration) 1 yrs. 1 mos ds.

CONTRIBUTORY (Secondary) Pulmonary Edema, terminal

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J. Truitt Nichols M. D.

, 19 (Address) Church Home & Infirmary

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Oct 22 1931

20 UNDERTAKER: Henry Heath & Sons Inc. — ADDRESS: 1301 E Eager St

AACo. 5-31 2508

E 73117

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73117

CERTIFICATE OF DEATH

Ethmley

8-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3723 Elmley Ave St. 8-46 (Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Mayer

(a) Residence: No. (Usual place of abode) 3423 Elmley Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Philip Mayer
6. DATE OF BIRTH (month, day, year): June 28/68
7. AGE: Years 63 | Months 3 | Days 19 | If LESS than 1 day hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewak
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

MOTHER FATHER
13. NAME: John Conner
14. BIRTHPLACE (city or town) (State or country): Va.
15. MAIDEN NAME: Mildred Parry
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Ernest T. H. Bowen
(Address): 2800 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: 10/20 1931

19. UNDERTAKER: Philip Hennig
(Address): 2516 Eutaw St.

20. FILED 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 17 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to Oct 17 1931

I last saw her alive on Oct 17 1931 death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Cerebral Hemiplegia Rt

Oct 5

Name of operation ..... Date of .....

What test confirmed diagnosis? —— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? —— Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..If so, specify .....

(Signed) Louis Krauze M. D.
(Address) 1 Med. Arts Bldg

1-30—M. & T.—100 B—561.

E 73118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73118

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

1-PLACE OF DEATH

CITY OF BALTIMORE, No. Hopkins ST. 3 WARD 4

2-FULL NAME Angella Porcella Porcella

(a) RESIDENCE NO. 1610 Bank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs mos da. How long in U. S., if of foreign birth? 35 yrs mos da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6 DATE OF BIRTH (month, day, and year) Nov 11 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	57	11	8	

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER John Porcella

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Rosaria Grand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant (Address) Father Deceased 810 Aisquith St

15 Filed OCT 20 1931 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Nephritis Arteriosclerosis

(duration) 5 yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. A. Kluth, M. D. Coroner

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Oct 22 1931

20 UNDERTAKER M. W. E. Dippel Inc ADDRESS 37 S Amity

AACo. 1-31 2500

E 73119

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73119

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-64 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Baby Boy Schoen

(a) Residence: No. 962 Fremont Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 19, 1931

7. AGE	Years	Months	Days	If LESS than 1 day 3 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Schoen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Reilly

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Register of Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/20/1931

19. UNDERTAKER E. J. Feeney & Son
(Address) 1338 E. Lafayette ave

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931, to Oct. 19, 1931

I last saw h[illegible] alive on Oct. 19 1931 death is said to have occurred on the date stated above, at 5 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Mother had a placenta previa, Caesarian Section was done.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Simon Bragen M. D.

(Address) Mercy Hospital

Rper.—9-30—A. A Co.—250 Blks.

73120

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73120

CERTIFICATE OF DEATH

121

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Sinai Hospital St 7:56 WARD)

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Stern

(a) RESIDENCE NO 2910 Oakley Ave ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Richard

6 DATE OF BIRTH (month, day, and year) May 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	29	5	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country) U. S. A.

PARENTS

10 NAME OF FATHER George Nachtel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Agnes Betz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Interment
(Address) Lake View 2910 Oakley ave

15 Filed OCT 20 1931, 19 C. EARNEST JONES, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-18-31

17
I HEREBY CERTIFY, That I attended deceased from
Oct 12, 1931, to Oct 18, 1931
that I last saw h alive on Oct 15, 1931
and that death occurred, on the date stated above, at 1:50 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs mos 5 ds

CONTRIBUTORY (Secondary) C. Bronchotomy Tracheotomy
Emb Laryngotomy (duration) yrs mos ds

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oct 13

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. L. Goodman M. D.

19 (Address) Sinai Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lake View Cemetery	10-21-1931
20 UNDERTAKER Jack Lamb Inc	ADDRESS 1434 E. Balto St

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

73121

CERTIFICATE OF DEATH

23 E 73121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 N Mulberry St. 4-26 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Smith

(a) Residence: No. 773 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. COLOR or RACE Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE — Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER
13. NAME Alfred Smith
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Delia Rivers
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Viola Roscius
(Address) 773 N. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Oct 20 1931

19. UNDERTAKER Samuel F. Hemsley
(Address) 578 Baker St

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1931 to Oct 15, 1931

I last saw her alive on Oct 15, 1931, death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm. E. Hanna M. D.

(Address) 625 Lehndorff

AdCo. 5-31-2500

E 73122 HEALTH DEPARTMENT CITY OF BALTIMORE E 73122

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 120 Division St. 17-24 (Ward)

Length of residence in city or town where death occurred 11 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Sidney Jennings or Jennings

(a) Residence: No. 120 Division St., Ward

(If not in place of abode) (If resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Jennings

6. DATE OF BIRTH (month, day, and year): Nov 1893

7. AGE: Years 38 | Months 11 | Days | If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Penn U.S.

FATHER

13. NAME: Sidney Jennings

14. BIRTHPLACE (city or town) (State or country): Balt Md

MOTHER

15. MAIDEN NAME: Rachel Waters

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Emma Jennings

(Address) 120 Division St

18. BURIAL, CREMATION, or REMOVAL: Penn Oct 22 31

Place Date 19

19. UNDERTAKER: Emma Stevenson

(Address) 908 N Bradle St

20. FILED Oct 24, 1931 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1931 to Oct 18, 1931

I last saw h alive on Oct 18, 1931 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uteri	

Other contributory causes of importance: Cerebral Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edw C Stewart, M. D.

(Address) 704 N Fayette

AdCo. 5-01 2500

E 73123 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73123

CERTIFICATE OF DEATH

1931

1. PLACE OF DEATH Used Women's Home

CITY OF BALTIMORE: (No. 1404½ Lexington St. 14-27 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Susan Amanda Thompson

(a) Residence: No. 1404½ Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	73	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

FATHER

17. INFORMANT Mrs Martha E. Baker
(Address) 1404½ Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Date Oct 21 1931

19. UNDERTAKER George L. Smith
(Address) 1112 Eutaw

20. FILED 1931 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1931 to October 19, 1931

I last saw her alive on October 19 1931 death is said to have occurred on the date stated above, at 4 10 p m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular renal disease — Date of onset: some years ago.
arteriosclerosis

Other contributory causes of importance:

uraemia — 6 days

Name of operation None — Date of
What test confirmed diagnosis? other than laboratory methods. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ___ 19___
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hawk Smith Jr. M. D.
(Address) 927 N Calvert St

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73124

REGISTERED NO. 4 | E 73124

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. John F. Hopkins Hospital ST. (or WARD)

2-FULL NAME Margaret J. Groszkowski

(a) RESIDENCE NO. 317 S. Castle ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernard Groszkowski

6 DATE OF BIRTH (month, day, and year): March 6 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Home Work

9 BIRTHPLACE (city or town) (State or country): Pennsylvania

PARENTS

10 NAME OF FATHER: Thomas Langdon

11 BIRTHPLACE OF FATHER (city or town) (State or country): [illegible] County Poland

12 MAIDEN NAME OF MOTHER: [illegible]

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Bernard Groszkowski (Address) 317 S Castle St

15 Filed OCT 20 1931, 192 C. HAMPSON JONES, M. D., Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 17th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or otherwise) Autopsy

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) Inquest, find that said deceased came to death

on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary) His Carriage

(duration) yrs. mos. 17 da.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Leek, M. D. Coroner

(Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart

DATE OF BURIAL: Oct 21 1931

20 UNDERTAKER: J. W. Bazurski

ADDRESS: 194 Eden

AmCo. 5-31 2MB

73125 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 73125

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Belnord Ave Ward 10)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Katherine Gillespie

(a) Residence: No. 1231 Belnord Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. Color or Race: W. | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

3a. If married, widowed, or divorced (or) WIFE of James F. Gillespie

6. DATE OF BIRTH (month, day, year) Aug. 6 1855

7. AGE: Years 75 | Months 2 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) City

13. NAME John Persano

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Madeline Battelo

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gillespie

(Address) 1231 Belnord ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 21, 1931

19. UNDERTAKER John F. Mayer

(Address) 3224 E. Balto. St.

20. FILED Oct 20 1931 C. F. WILLIAMSON JONES, M. D. Registrar

By H. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18/1931

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Oct. 18 1931

that I saw her alive on Oct. 17, 1931 death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	7/1/31

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Persano M. D.

(Address) 514 Drury Lane

Spec.—9-30—A. & Co.—250 Blks.

E 73126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 73126

CERTIFICATE OF DEATH

1 PLACE OF DEATH Baltimore City Hospitals 3 E

CITY OF BALTIMORE: (No.) Balto Md. 10-44 (St.) (Ward) 1

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Foreman

(a) RESIDENCE NO. 912 N. Eden St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~) of Ida

6 DATE OF BIRTH (month, day, and year) 4-14-76

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	55	6	6 7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 105

(b) General nature of industry, business, or establishment in which employed (or employer) Store Keeper

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Harry Foreman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Record (Address) Balto City Hosp.

15 Filed 10 20 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/20/31

17 I HEREBY CERTIFY, That I attended deceased from 8/7/ , 1931 , to 10/20/ , 1931 that I last saw him alive on 10/19/ , 1931 and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

General Paralysis of Insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Lueti Infection

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Wm F Thom M.D.

10/20 19 31 (Address) Baltimore City Hospitals

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run — DATE OF BURIAL Oct 21 19 31

20 (UNDERTAKER) Sol Levinson & Bro ADDRESS 1127 E Balto St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73127

CERTIFICATE OF DEATH

107-001 E 73127

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Greenmount Ave ST. 10-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Carlo Risso

(a) RESIDENCE NO. 727 Greenmount Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Dora Risso

6 DATE OF BIRTH (month, day, and year) Feb 12-1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Genoa Italy

PARENTS

10 NAME OF FATHER Benedetto Risso

11 BIRTHPLACE OF FATHER (city or town) (State or country) Genoa Italy

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Genoa Italy

14 Informant Mrs Maria Dora Risso

(Address) 727 Greenmount Ave

15 Filed Oct 20 1931, 19 C. WILSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19-1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1931, to Oct 19, 1931, that I last saw h-- alive on Oct 19, 1931 and that death occurred, on the date stated above, at 8-30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cyhanosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi L Di Stefano M. D.

Oct 20, 1931 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BUHIAL
Holy Redeemer Cem	10-23 1931
20 UNDERTAKER	ADDRESS
George & Ruth Inc	1735 Harford Ave

Spec.—7-17-26—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73128

E 73128

CERTIFICATE OF DEATH

REGISTERED NO. 50

1-PLACE OF DEATH

City of BALTIMORE: (No. 1224 Druid Hill Av St. 10-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Josephine Bright

(a) RESIDENCE NO. 1224 Druid Hill Av St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. da. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James

6 DATE OF BIRTH (month, day, and year) Oct 23-1869

7 AGE	Years	Months	Days
	61	11	26

IF LESS than 1 day ___ hrs. or ___ min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md

(State or country)

PARENTS

10 NAME OF FATHER Louis Buscol

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

11 MAIDEN NAME OF MOTHER Georgiana Combs

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant (Address) James Bright 1224 Druid Hill Av

15 Filed ___ 19___ ___ Registrar

C. HERBERT JONES, M. D.

1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/19 1931

17 I HEREBY CERTIFY, That I attended deceased from Aug 24 1931 to Oct 19 1931

that I last saw h[illegible] alive on Oct 18 1931

and that death occurred, on the date stated above, at 12.40 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast 4 yrs.

CONTRIBUTORY (Secondary) Metastases ?

Exhaustion (duration) ? yrs. mos. da.

18 Where was disease contracted -

If not at place of death?

Did an operation precede death? yes Date of 7/21/31

Was there an autopsy? no

What test confirmed diagnosis? Dept of Hopkins Hospital

(Signed) H. H. Slaughter M. D.

10/19 1931 (Address) 825 N. Fremont Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery — Date of Burial 10/23/1931

20 UNDERTAKER Jno. Leo. A. Holland — ADDRESS 163 Druid Hill

very important. See instructions on back of certificates. Specify cause of death. Exact statement of OCCUPATION is

AaCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

73129
25806

CERTIFICATE OF DEATH

117 E 73129

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. [illegible] Ward) 15 43

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Armstead Lacy

(a) Residence: No. 1128 Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hattie

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER

13. NAME Beverly Lacy
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME agnes Isdum
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place: Co. Boston, Va Date: 10/22/1931

19. UNDERTAKER: Mc L. C. Holland
(Address): 162 Druid Hill Ave

20. FILED: OCT 20 1931 19 ROH Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct-19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Oct 19, 1931

I last saw him alive on Oct 19, 1931 death is said to have occurred on the date stated above, at 6.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric ulcer	10/17/31

Other contributory causes of importance:
Peritonitis
Pleurisy. Left
Pneumonia

Name of operation: Laparotomy. Date of: 10/14/31

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Hicks, M. D.
(Address) Johns Hopkins Hospital

AACo. 5-11 2-28

HEALTH DEPARTMENT CITY OF BALTIMORE

73130

CERTIFICATE OF DEATH

Registered No. 73130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Gough St. 3-4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Shane

(a) Residence: No. 1430 Gough St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Joseph Shane

6. DATE OF BIRTH (month, day, year) Sept 20th 1851

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
80	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick Rooney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Josephine Eghelger

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thos. Cunningham

(Address) 4525 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date 10/23/1931

19. UNDERTAKER J. M. Cook

(Address) 1217 St Paul st

20. FILED 19 Oct 24 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931, to Oct 20, 1931

I last saw h[illegible] alive on Oct 20 1931, death is said to have occurred on the date stated above, at 5.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 15/31
Left Side four Lobe	
Exhaustion	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lindsay F. Barbour, M. D.

(Address) 1135 E. Broadway

Spec.—9-30—A. & Co.—250 Blks

73131 HEALTH DEPARTMENT—CITY OF BALTIMORE 73131

CERTIFICATE OF DEATH

REGISTERED No. 107

1 PLACE OF DEATH: CITY OF BALTIMORE (a) Hospital or Institution 6 Hospital & 2nd Ward

2 FULL NAME: Geo K. Emmart

(a) RESIDENCE (Usual place of abode) 4108 Academy St. Wards Woodlawn Md

(If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of Rebecca Emmart

6 DATE OF BIRTH (month, day, and year) Mar 15th 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gardner - Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Trucking

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Wilson S. Emmart

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Levinia Wann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hay Field Md

14 Informant: Rebecca Emmart

(Address): 4108 Academy Ave

15 Date received: 10 20 1931

16 Registrar: C. HAMPSON JONES, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-20-31

17 I HEREBY CERTIFY, That I attended deceased from 9-20-31, 19 , to 10-20-31

that I last saw h— alive on 10-20-31, 19

and that death occurred, on the date stated above, at 9:30 a m

The CAUSE OF DEATH* was as follows:

Hypertrophied Prostate

(duration) yrs. 1 mos. ds.

(Secondary) Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home (own)

Did an operation precede death? No Date of 10/4/31

Was there an autopsy? No

What tests were made? Clinical Course

(Signed) W. H. Hendrix M. D.

10/19/31 (Address) 2 E. Mt. Vernon Pl.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cemetery — DATE OF BURIAL: 10/22/1931

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

AdCo. 5-31 2MB

E 52525 E 73132

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73132

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 20-69 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Guternuth

(a) Residence: No. 11 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Dec-20-1858

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	72	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 087

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER FATHER

13. NAME: Valentine Guternuth

14. BIRTHPLACE (city or town) (State or country): Bavaria

15. MAIDEN NAME: Julia Wild

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Charlestown W Va. Date: 10/22 1931

19. UNDERTAKER: C. Wm. Lemmon
(Address) 2nd Park Ave. Balto

20. FILED: 20 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct-19 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1931, to Oct 19 1931

I last saw h[im] alive on Oct 19 1931, death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia & chronic nephritis and lung disease	
Other contributory causes of importance: Anemia Hypocardia	

Name of operation: Suprapubic cystotomy Date of:

What test confirmed diagnosis: Autopsy? Was there an autopsy? Yes

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Hebert Young, M. D.

(Address) Johns Hopkins Hospital

Spec. 1-10-21—MAT—1500 Blks.

73133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108 73133

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (a) NO. 610 Savage ST. WARD 7-37

2. FULL NAME Margaret Kathleen Hammann

(a) RESIDENCE NO. 610 Savage ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April. 13 - 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Albert Hammann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna A. Wilkinson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mr. Albert Hammann (Address) 610 Savage St

15 [illegible] C. HAMPSON JONES, M. D. (Address) [illegible]

20 1931

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19 1931

17 I HEREBY CERTIFY, That I attended deceased from 6-13-31 to 10-19-31.

that I last saw h[illegible] alive on 10-19-31

and that death occurred on the date stated above, at 9:30 a. m.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia

Rickets.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Bronchial Obstruction

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sputum

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cemetery

DATE OF BURIAL 10-22 1931

20 UNDERTAKER Leo. J. Schuele

ADDRESS 2101 Eastern Ave

TION is very important. See instructions on back of certificate.

1-20—M & T—100 B—50L.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73134

210-001 E 73134

REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp ST. 11-15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Francis J Donohue

(a) RESIDENCE NO. 735 N Calvert ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): Sept 1871

7 AGE — Years: 60 — Months — Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clk
(b) General nature of industry, business, or establishment in which employed (or employer): Saloon
(c) Name of employer: Self

9 BIRTHPLACE (City or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town) (State or country)

14 Informant: Wm. Dilloby

(Address) 626 N. Calvert

15 Filed 10 3 1931 by HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Struck & knocked down by a motor Auto

(Duration) yrs. Instt mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Hillsmere Estates

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) Francis J. Donohue M. D. Coroner

(Address) 2939 W. Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Oct. 21 1931

20 UNDERTAKER: Wm. A. Sawthorp — ADDRESS: 2839 Fayette

Instructions on back of certificate.

1-30—M & T—100 B—SOL

E 73135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73135

REGISTERED NO. 87

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lakeside Hosp. St. 7-22-30 WARD

2-FULL NAME Frank Spinda.

(a) RESIDENCE NO. 216 E. Shank ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Rosie.

6 DATE OF BIRTH (month, day, and year) 1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	36			

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Lathmaker. (b) General nature of industry, business, or establishment in which employed (or employer) Laundry (c) Name of employer Bland.

9 BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Rosie Shanda (Address) 216 E Shank St

15 Filed OCT 19 1931, 192 . G. RAWSON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to (his) death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs Sudden

CONTRIBUTORY (Secondary) (duration) yrs mos ds

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? (Signed) H. Leland Taylor M. D. Coroner

Oct 19 1931 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Russian Ind. Cemetery DATE OF BURIAL Oct 23 1931

20 UNDERTAKER John Gethmann ADDRESS 423 S Paca St.

PARENTS

See instructions on back of certificate

AACo. 5-11 2500

E 73136 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73136

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Retreat St. 28-63 Ward.

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs 1 mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Sister Mary Celestine O'Hara.

(a) Residence: No. Mount Hill. Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): March 5. 1863

7. AGE.	Years	Months	Days	If LESS than 1 day hrs or min.
	68	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Convent
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 63

12. BIRTHPLACE (city or town) (State or country): Unknown England

FATHER

13. NAME: Jones O'Hara.
14. BIRTHPLACE (city or town) (State or country): Unknown England

MOTHER

15. MAIDEN NAME: Caroline Cole
16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): Mt Hope Friends Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Place: Philadelphia Date: Aug. 6 1931

19. UNDERTAKER (Address): Leonard H. Arnold & Sons Baltimore

20. FILED OCT 21 1931 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): OCT 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1930 to Oct 20 1931

I last saw h.. alive on Oct 20 1931, death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	?
Arterio-Sclerosis	-

Other contributory causes of importance:

Dementia	2 yrs
Dropsy.	1 mo

Name of operation: None Date of

What test confirmed diagnosis? By Signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E. Weis M. D.
(Address) Mt Hope Retreat.

E 73137

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73137

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: NO 548 W. Mulberry ST. 17-25 WARD

2-FULL NAME Mary L. Joiner

(a) RESIDENCE NO. 548 W. Mulberry ST., WARD

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred about 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced: HUSBAND of (or) WIFE of: Maud

6 DATE OF BIRTH (month, day, and year): 5-20-1890

7 AGE: Years 41 Months Days 23 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Leary End Va.

PARENTS

10 NAME OF FATHER: Jas Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Dorothy Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Caroline Co Va

14 Informant: Albert Joiner (Address) 548 W. Mulberry

15 Filed: OCT 21 1931

C. HAMPSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-18-1931

17 I HEREBY CERTIFY, That I attended deceased from about one year, 19 , to 10-18, 1931.

that I last saw her alive on 10-17, 1931.

and that death occurred, on the date stated above, at 6:45 p.m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) about one yr. mos. ds.

CONTRIBUTORY (Secondary): Rheumatism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. H. Jones-Poe M. D.

(Address) 117 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Oct 21, 1931
20 UNDERTAKER: Mrs. Katie R. Williams	ADDRESS 322 E. Edmondson

OCT 21 1931

Spec.—9-30—A. & Co.—250 Blks

E 73136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73133

CERTIFICATE OF DEATH

√153

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Hutchins Ave. WARD 48)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helen Carter

(a) RESIDENCE NO. 424 Hutchins Ave. STREET WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: George Carter

6 DATE OF BIRTH (month, day, and year): [illegible], 1861

7 AGE — Years: 70 — Months: — — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Jane Walker 424 Hutchins Ave

15 11-4 1931 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/18/31

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1930, to Oct 18, 1931, that I last saw h[illegible] alive on Oct 14, 1931, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows: Contusion Side Forehead Fracture Left Temporal Bone.

(duration) 1 yrs. 3 mos. 15 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Jos. M. Hocking M. D.

19 (Address) 1880 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Fairview Cemetery Govans

DATE OF BURIAL: Oct 19 19 31

20 UNDERTAKER: Mrs. P. A. Elliott

ADDRESS: 1725 Eastland

1-30—M & T—100 B—68L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73139 108 V E 73139

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ida May Moore

(a) RESIDENCE NO 935 N Chilton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) May 13-1906

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	2	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlestown W Va

PARENTS

10 NAME OF FATHER Reggie Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) W Va

12 MAIDEN NAME OF MOTHER Della Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W Va

14 Informant Viola Stanley

(Address) 1020 N Chilton St

15 Filed , 192 , Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Sanders (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Leslie Pollitt, M. D. Coroner

(Address) Oct 19 Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel, Cem

DATE OF BURIAL Oct 22 1931

20 UNDERTAKER Samuel Stanley

ADDRESS 1113 Druid Hill Ave

1-30—M. R. T.—100 B—50L

E 73140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73140

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 740 George ST. 17-26 WARD)

2-FULL NAME David Boyle

(a) RESIDENCE NO 740 George St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate.

6 DATE OF BIRTH (month, day, and year) 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	45			

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Hod Carrier (b) General nature of industry, business, or establishment in which employed (or employer) 035 (c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Jas Boyle

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Martha Morgan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Richard Boyle

(Address) 740 George

15 Filed _____, 192_ _____ Registrar

21 1931 C. MARSHALL JONES, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Phthisis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Lewis Bonner, M. D. Coroner

(Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional spaces.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem.

DATE OF BURIAL Oct 21 1931

UNDERTAKER Samuel F. Hensley

ADDRESS 1178 N. Bdle

Spec.—9-30—A. & Co.—250 lbs.

73141 HEALTH DEPARTMENT—CITY OF BALTIMORE 73141

CERTIFICATE OF DEATH

1 PLACE OF DEATH St. Agnes Hospital — REGISTERED NO 142 V-002

CITY OF BALTIMORE: (No. Fulton & Catons Ave. ST. 19-28 WARD 0) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mrs Edna Rumley

(a) RESIDENCE NO. 218 S. Fulton Ave ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Rumley

6 DATE OF BIRTH (month, day, and year) April 11 [illegible]

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER John Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER May H. Devine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant [illegible] (Address) [illegible] E. Fulton Ave

15 Filed OCT 21 1931 Registrar C. HAMPSON JONES

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19-31

17
I HEREBY CERTIFY, That I attended deceased from October 15, 1931 to October 19, 1931
that I last saw h er alive on October 19, 1931
and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:
Cerebral Embolism —
Fusing Operation
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Ectopic Pregnancy
(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 10 19 31

Was there an autopsy? No curettings & Pieces

What test confirmed diagnosis? Gross & Path.

(Signed) H. Johns S Anderson M. D.
10-19-31, 19 (Address) St Agnes Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 10-23 1931

20 UNDERTAKER: Bernard C Harle — ADDRESS: 1000 S Paca St

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73142

CERTIFICATE OF DEATH

93 E 73142
93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 617 S. Paca St. 22-30 Ward)

2-FULL NAME Gustav M. Schmidhelm

(a) RESIDENCE NO. 617 S. Paca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Schmidhelm

6 DATE OF BIRTH (month, day, and year) July 4-1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
✓	78	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Grocer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9 BIRTHPLACE (city or town)
(State or country) Germany

PARENTS

10 NAME OF FATHER Nicholas Schmidhelm

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant (Address) Minnie Schmidhelm 617 S. Paca St

15 Filed OCT 21 1931 19 H. Wilson Jones, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to h.. death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Reginald Fuller M. D.

Oct. 19 31 (Address) 2239 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Oct 22 1931

20 UNDERTAKER Mrs Wm John M Theisfeld & Son — ADDRESS 501 N. Fayette

Important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Bks.

Cross

E 73143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73143 ✓

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 Park ave ST. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Cross

(a) RESIDENCE NO. 1819 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 20, 1848

7 AGE ✓	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Warrington Va.

PARENTS

10 NAME OF FATHER Cyrus Cross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Warrington, Va

12 MAIDEN NAME OF MOTHER Columbia Kemp

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Warrington Va

14 Informant Mattie Cross

(Address) 1819 Park Ave

15 Filed OCT 21 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20, 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931 to Oct 20 1931, that I last saw h[illegible] alive on Oct 19 1931, and that death occurred, on the date stated above, at 8 30 A m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D F Jones, M. D.

Oct 20, 1931 (Address) 720 N. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Oct 22, 1931

20 UNDERTAKER George Smith

ADDRESS 1532 Hollins

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73144 — 131 E 73144

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 W. York ST. 22-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha McCoy

(a) RESIDENCE NO. 9 W. York ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	M

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6 DATE OF BIRTH (month, day, and year) 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Edmonton Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address)

Filed 12 1931 19 C. BRANSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19. 31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 12. 1931. to Oct. 19 1931.

that I last saw h[illegible] alive on Oct 19. 1931

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Not

What test confirmed diagnosis?

(Signed) O'Connell, M. D.

Oct 19, 31 (Address) 920 Sharp St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Cem

DATE OF BURIAL Oct 22 1931

20 UNDERTAKER Isaiah L Brown & Son

ADDRESS 109 W Monument St

AaCo. 5-31 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

73145 — Bay View Hospital, IV — 73145

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Baltimore Rd 3-4 St. ..... Ward)

Length of residence in city or town where death occurred ..yrs ..mos ..ds How long in U.S. If of foreign birth? ..yrs ..mos ..ds

2. FULL NAME Minnie Deane Cheek

(a) Residence: No. 218 S Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2 1921

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
✓	10			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kingsville Md.

MOTHER FATHER

13. NAME Jesse Deane
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Ella Hartlein
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto City Hospitals
(Address) Balto

18. BURIAL, CREMATION OR REMOVAL MARYLAND
OCT 21 1931

19. UNDERTAKER ...
(Address) ...

20. FILED OCT 21 1931 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1931 to Oct 17 1931

I last saw h[illegible] alive on 10-17 1931 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	10-6-31

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-17-31 Clara Richter M.D.
(Signed)
Balto City Hospitals
(Address)

Xper—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73146

CERTIFICATE OF DEATH

106-09 73146

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 1008 Walnut-ave St. 38-66 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret Elizabeth Vorhemper

(a) RESIDENCE NO. 1008 Walnut-ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Herman H Vorhemper

6 DATE OF BIRTH (month, day, and year) Aug 26 1837

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Ehrhardt Bode

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Frey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment (Address) Bank M Vorhemper Lot Dutton or Calvert Hill

15 Filed 1931 . 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1931

17

I HEREBY CERTIFY, That I attended deceased from Oct 17 . 1931 . to Oct 20 . 1931

that I last saw h[illegible] alive on Oct 19 . 1931

and that death occurred, on the date stated above, at 3.40 P. m.

The CAUSE OF DEATH* was as follows:

Bronchitis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia & Age

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual.

(Signed) Marshall E Smith M. D.

Oct 20. 1931. (Address) Arnold Md. Co. Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Co.

DATE OF BURIAL. Oct 22 1931.

20 UNDERTAKER Harry A Leitze

ADDRESS 4101 Edmondson Ave.

AACo. 5-31 250M

E 73147 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 73147

CERTIFICATE OF DEATH

51 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3118 W. Virginia Ave 27-56 Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds

2. FULL NAME George H. Thompson

(a) Residence: No. 3118 W. Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret R. Thompson

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apartment House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alexander Thompson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo R Thompson
(Address) 2794 Fairfield Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Md Oct 22 1931

19. UNDERTAKER John Gilbrich
(Address) 2005 Gibson St

20. FILED ... C. BAWSON JONES, M.D. Registrar
Oct 22 1931 Mar Reed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1924 to Oct. 19, 1931

I last saw h[illegible] alive on Oct 18 1931 death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Nov 1928

Other contributory causes of importance:

Chr Nephritis (Interstitial)	Jan 24
Suprapubic Drainage	1927

Name of operation ... Date of 1927

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edwin E. Waugh, M. D.

(Address) The Esplanade

A&Co. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

73148 CERTIFICATE OF DEATH 73148

Registered No. 73148

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Length of residence in city or town where death occurred 72 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME William Wallace

(a) Residence: No. 101 West Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Wallace

6. DATE OF BIRTH (month, day, year) Apr 3 1859

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
72	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nonepd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worcester County Maryland

FATHER

13. NAME William Wallace

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Dysard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date Oct. 22 1931

19. UNDERTAKER John Schmidt
(Address) 201 E Lanvale St

Filed 21 1931, 19.. Registered No. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-14-31, 19.., to 10-20-31, 19.. I last saw h[illegible] alive on 10-20-31, 19.. death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene right foot	10-10-31
(Other contributory causes of importance) Arteriosclerotic Cardio vascular renal disease Bronchopneumonia	10-23-31

Name of operation None Date of [illegible]

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur E. Finch, M. D.

(Address) Baltimore City Hospitals

AdCo. 5-31 2500

253618 E 73149

HEALTH DEPARTMENT—CITY OF BALTIMORE

73149

CERTIFICATE OF DEATH

134

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Adams

(a) Residence: No. 1805 E Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry F.

6. DATE OF BIRTH (month, day, year) July 23 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
✓	27	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NW 67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Arthur Wells

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Mattigen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Southern Date 10/23/1931

19. UNDERTAKER Thos. F. Duffy

(Address) 4101 Edmondson Ave.

20. FILED OCT 24 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Oct 19, 1931

I last saw her alive on Oct 19 1931 death is said to have occurred on the date stated above, at 11.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	1929
Nephrolithiasis	1930
Pyelonephritis	1930
Uremia	1931

Other contributory causes of importance:

Uremia

Name of operation O Date of

What test confirmed diagnosis? ? Was there an autopsy? ?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles McLane, M. D.

(Address) Johns Hopkins Hospital

1-30—M. & T.—100 B—58L

Frank Wm. Butler

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73150

CERTIFICATE OF DEATH

E 73150

REGISTERED NO. 100

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Wm L Butler

(a) RESIDENCE NO 805 E. Potomac ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Sophie Butler

6 DATE OF BIRTH (month, day, and year) Apr 5-1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	42	1	13/14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

mekanic
087
Nottingham Eng.

9 BIRTHPLACE (City or town) (State or country)

10 NAME OF FATHER Frank Butler

11 BIRTHPLACE OF FATHER (City or town) (State or country) Eng.

12 MAIDEN NAME OF MOTHER Instance

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Eng

PARENTS

14 Informant Hosp. Record.

(Address)

15 Date 2 1 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 1 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, autopsy or inquiry) thereon and from the evidence obtained by said (inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 14 da.

CONTRIBUTORY (Secondary) Pneumococcic Meningitis

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy. Bacteriological

(Signed) H. Schulte, M. D. Coroner

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 2/22 1931

20 UNDERTAKER Harry A Wilhelm, 1101 Edmondson

ADDRESS

FROM BACK of certificate. See instructions on back of certificate.

AaCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 3 73151 — 119 — E 73151

CERTIFICATE OF DEATH

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 3-5 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph Buccolo

(a) Residence: No. 121 Gough St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Aug 10-1931

7. AGE	Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
		2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____
10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Alfonso Buccolo
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Philomena Bonadel
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Parents
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/22/1931

19. UNDERTAKER Arnold J. Fischer
(Address) 2211 E. Baltimore St.

20. FILED NOV 21 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1931, to Oct 20, 1931
I last saw him alive on Oct 20, 1931, death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	Oct 13

Other contributory causes of importance:

Name of operation None Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) H. C. Harrison Jones, M. D.
(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Blks.

73152 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 73152

CERTIFICATE OF DEATH. 149-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No St Josephs Hosp. St 27-47 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Mabel C. Fitzpatrick

(a) RESIDENCE NO. 4215 Ivanhoe Ave. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Michael Fitzpatrick

6 DATE OF BIRTH (month, day, and year) 12/8/1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	~~35~~	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry W. Doss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Marlena Vorsteg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Thomas M. Fitzpatrick 4215 Ivanhoe Ave

15 FILED OCT 1931, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-20-31

17

I HEREBY CERTIFY, That I attended deceased from 10-18-31, 19 , to 10-20-31 19

That I last saw h alive on 10-20-31 19

and that death occurred, on the date stated above, at 8:30 m.

The CAUSE OF DEATH* was as follows:

Ruptured aortic Aneurism incident to Traumatic Pneumonia (duration) two days ds.

CONTRIBUTORY (Secondary) Respiratory Paralysis (duration) 2 days ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? NO Date of NO

Was there an autopsy? NO

What test confirmed diagnosis? Laboratory

(Signed) B B Hendricks M. D.

, 19 (Address) St Josephs Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 10/22/31

20 UNDERTAKER Geo. J. Roth Inc — ADDRESS 130 Fraser

Spec—1-30—M. & T.—250 Blks E-73153 ✓ E 93153

E 73163 HEALTH DEPARTMENT—CITY OF BALTIMORE 82-00 E 73153

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2728 E. Madison St. St. 13-59 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marie Klima.

(a) RESIDENCE NO. 2728 E. Madison St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced (~~Husband of~~ or) WIFE of Vincent Klima.

6 DATE OF BIRTH (month, day, and year) August 21 1848

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83		2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife.

(b) General nature of industry, business, or establishment in which employed (or employer) none.

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Bohemia.

PARENTS

10 NAME OF FATHER Not Known.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Bohemia.

12 MAIDEN NAME OF MOTHER Not Known.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Bohemia

14 Informant (Address) Mr. John Klima. 2728 E. Madison St

15 Filed Oct 24 1931 C. HAMPSON JONES Registrar BY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21. 31

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Oct 21 1931

that I last saw h[illegible] alive on Oct 21 1931

and that death occurred, on the date stated above, at 12.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

CONTRIBUTORY (Secondary) Cardiac Paralysis (duration) yrs. 21 mos. da.

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rowan M.D.

Oct 21 1931 (Address) 80 W. Lenwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct 24 1931

20 UNDERTAKER August Pasek — ADDRESS 2706 E. Ashland Ave.

AACo. 5-31 250M

E 73154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 73154

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 W. Washington St. 7-9 (Ward)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Louisa Baumbergen

(a) Residence: No. 625 W. Washington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Baumbergen

6. DATE OF BIRTH (month, day, year) Mar 15 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Daniel
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Mehrens
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Myers
(Address) 625 W. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cat Lane Date Oct 24, 1931

19. UNDERTAKER Philip Lentz
(Address) 2016 Eutaw St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1931, to Oct 21, 1931

I last saw h[illegible] alive on Oct 20, 1931 death is said to have occurred on the date stated above, at 5 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a. Uremia	Abt
Nephritis	Abt
Other contributory causes of importance:	
Bronchial Pneumonia	

Name of operation None Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard C. Silver, M. D.
(Address) 1706 Linwood Heights

1-30—M. & T.—100 B—50L

E 73155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73155

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 (St.) Glenoldun Ave (Ward) 64

REGISTERED NO. 68

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Gertrude D Wieder

(a) RESIDENCE No. 605 Glenoldun Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred.

6 DATE OF BIRTH (month, day, and year): 1891-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Emil Schelley.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Emily Schultz.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Fred Wieder

(Address): 605 Glenoldun Ave

15 Oct 19 1931 C. HAMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): Oct 19th 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to h[illegible] death on the day stated above.

The CAUSE OF DEATH was as follows:* Suicide (Butcher knife) Hemorrhage due to cut on arm.

(duration) yrs. Sudden

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. F. Blank M. D. Coroner

(Address) Oct 19th Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park.	Oct. 22 1931.
20 UNDERTAKER	ADDRESS
Charles J. Schwab	505 N. Monroe St

(See instructions on back of certificate.)

1-30—M. & T.—100 B—50L

E 73156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73156

REGISTERED NO. 164-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Evesham Ave. ST. 27-48 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1B.)

2-FULL NAME John A. Person

(a) RESIDENCE NO. 401 Evesham Ave. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced (HUSBAND) of (or) WIFE of Katherine Person

6 DATE OF BIRTH (month, day, and year) March 11, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	59	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Internal Revenue Inspector
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer U. S. Government

9 BIRTHPLACE (city or town) (State or country) Jersey City New Jersey

PARENTS

10 NAME OF FATHER John Augustus Person

11 BIRTHPLACE OF FATHER (city or town) (State or country) Belveder Ner Jersey

12 MAIDEN NAME OF MOTHER ? Grooley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mrs. Katherine Person

(Address) 401 Evesham Ave.

Filed 21 1931 C. EMPSON JONES, M. D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 20 19 31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH was as follows: Jas. Poisen Suicide

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

10/21/31 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New York Bay Cemetary, Jersey City, N. J.

DATE OF BURIAL Oct. 23 19 31

20 UNDERTAKER [illegible]

ADDRESS 1006 West Baltimore, St.

Spec.—2-29-28—L. F. S.—500 Blks.

E 73157

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 93-003 ✓ E 73157

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. Belvedere Hotel ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James G. Rowe Jr.

(a) RESIDENCE NO. Red Bank, N. J. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorena Brooks

6 DATE OF BIRTH (month, day, and year) June 16, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Trainer of horses
(b) General nature of industry, business, or establishment in which employed (or employer) Whitney Estate
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn, N. Y.

PARENTS

10 NAME OF FATHER James Rowe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Ann Pennion

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mrs. Lorena Brooks Rowe
(Address) Red Bank, N. J.

15 Filed 2 1 1931 .19 C. EMERSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21/31

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19 .1931. to Oct. 21 .1931.
that I last saw him alive on Oct 20, .1931
and that death occurred, on the date stated above, at 5 45 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, chronic & acute
Aortic & mitral insufficiencies

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary occlusion
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None except physical exm.

(Signed) Julius Friedenwald, M. D.
Oct 24, 1931 (Address) 1213 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Red Bank, N. J.	Oct. 22, 1931
UNDERTAKER	ADDRESS
Wm. O. Mitchell & Son	1310 Eutaw St

Spec.—2-29-28—L. F. S.—500 Blks.

E 73158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 73158

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1937 Vine ST. 20-27 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine P. Cannes

(a) RESIDENCE NO. 1937 Vine ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. M. Cannes

7 DATE OF BIRTH (month, day, and year) July 16-1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER Geo. Meile

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Maryland

12 MAIDEN NAME OF MOTHER Margaret Lutz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co. Md.

14 Informant Geo. M. Cannes

(Address) 1937 Vine St.

15 Date C. PEARSON JONES, JR. 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 20 - 1931

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20 , 19 31 to Oct. 20 , 19 31

that I last saw her alive on Oct. 20 , 19 31

and that death occurred, on the date stated above, at 10.15 ? m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetis Mellitus

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown, M. D.

10/21, 1931 (Address) 1663 W York Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Marys Hamden Cemetery

DATE OF BURIAL: Oct 23 1931

20 UNDERTAKER: Jos Sverdsen & Son

ADDRESS 2178 Pacific St

AaCo. 5-31 2508

73159 **HEALTH DEPARTMENT CITY OF BALTIMORE** ✓

E 73159

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3818 Foster Ave Ward 26-37)

Length of residence in city or town where death occurred 24 yrs mos ds How long in U.S. if of foreign birth? 24 yrs mos ds

2. FULL NAME Lena Bruce

(a) Residence: No. 3818 Foster Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Bruce

6. DATE OF BIRTH (month, day, year): July 6 1887

7. AGE — Years: 44 — Months: 3 — Days: 4 — If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Otto Hedges

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Margaret Beck

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John Bruce
(Address) 3818 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Oakdown Date: 10/22/1931

19. UNDERTAKER: J. B. Hedges
(Address) 1111 Eutaw Place

21 1931 19 ANB Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/19/1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1931, to Oct 19 1931

I last saw her alive on Oct 19 1931, death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2 mos
Other contributory causes of importance:	
Arteria Sclerosis	1 yr

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas A Schaefer, M. D.

(Address) 408 N Mulberry St

Spec.—9-30—A. & Co.—250 Blks.

73160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 73160

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) 1818-N-Calvert ST. 12-19 WARD

2. FULL NAME George Feild Littlejohn

(a) RESIDENCE NO. 1818-N-Calvert ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 76 yrs. 0 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sadie F. Littlejohn

6. DATE OF BIRTH (month, day, and year): Oct-6-1855

7. AGE — Years: 76 — Months: 0 — Days: 14 — If LESS than 1 day, hrs. or min.:

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Diamond Setter

(b) General nature of industry, business, or establishment in which employed (or employer): Jeweler

(c) Name of employer: Mays Mutual

9. BIRTHPLACE (city or town) (State or country): Salisbury N. C.

PARENTS

10. NAME OF FATHER: Geo. B. Littlejohn

11. BIRTHPLACE OF FATHER (city or town) (State or country): N. C.

12. MAIDEN NAME OF MOTHER: Sallie Feild

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14. Informant (Address): Mrs Sadie F Littlejohn (wife) 1818 Calvert St

15. Filed 1931 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): 10-21-1931

17. I HEREBY CERTIFY, That I attended deceased from 9-24, 1931, to 10-21, 1931

that I last saw h'm alive on 10-20, 1931

and that death occurred, on the date stated above, at 11:00 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Hypertension
Myocardial Insufficiency

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) — yrs. — mos. 5 ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John L. Bayley M. D.

19 (Address) 1129 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

20. PLACE OF BURIAL, CREMATION OR REMOVAL: Salisbury N.C.

DATE OF BURIAL: Oct 22 1931

21. UNDERTAKER: Stewart Memorial

ADDRESS: Balto

AdCo. 5-31 250

HEALTH DEPARTMENT CITY OF BALTIMORE

73161 73161

CERTIFICATE OF DEATH

13-062

Registered No.

1. PLACE OF DEATH Union Memorial Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 9.46 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Maroon Whitley

(a) Residence: No. 3608 Montebello Ave. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/9/31

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	4 mos.	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Mr. Gerard Whitley (c)

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mrs. Edna Elizabeth Wehn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Oct 23 1931

19. UNDERTAKER Wm. C. Miller & Son
(Address) 2334 Eastern Ave.

20. DATE RECEIVED OCT 24 1931 C. HUDSON JONES, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/1931

22. I HEREBY CERTIFY, That I attended deceased from 10/18/1931 to 10/20/1931

I last saw him alive on 10/20/1931 death is said to have occurred on the date stated above, at 10:45 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	

Other contributory causes of importance:

Terminal Pneumonia(?)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jesse S. Foster M.D.

(Address) Union Memorial Hosp.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73162

E 73162

CERTIFICATE OF DEATH

REGISTERED NO. 2031

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: INO. Mercy Hospital ST. 13-53 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

2. FULL NAME John H. W. Talbott

(a) RESIDENCE NO. 3726 Hickory ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Talbott

6 DATE OF BIRTH (month, day, and year) May 26 1908

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	23	4	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Common

9 BIRTHPLACE (city or town) (State or country) Balto Co.

PARENTS

10 NAME OF FATHER John W Talbot

11 BIRTHPLACE OF FATHER (City or town) (State or country) Balto Co

12 MAIDEN NAME OF MOTHER Mary Wright

12 BIRTHPLACE OF MOTHER (City or town) (State or country) Balto Co

14 Informant Mrs H. Talbott (Address) 3726 Hickory ave

15 Filed OCT 22 1931 C. HAMPTON JONES, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Crushed Skull Elevator Accident

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Under Hat Factory

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

1922, 1931 (Address) 102 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Poplar Lawn. DATE OF BURIAL Oct 24 1931

20 UNDERTAKER H. G. Brooks & Son ADDRESS Dpl

THIS SPACE FOR USE OF REGISTRAR. See instructions on back of certificate.

AAC-S-H 2500

E 73163

HEALTH DEPARTMENT CITY OF BALTIMORE

E 73163

255602

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1300 Ward)

Length of residence in city or town where death occurred yrs mos da. How long in U.S. If of foreign birth? yrs mos da.

2. FULL NAME Frank Case

(a) Residence: No. Florence Crittenden Home

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 3 1931

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min
		5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Md. unknown

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Read

16. BIRTHPLACE (city or town) (State or country) unknown unknown

17. INFORMANT U.S. Records. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Park Date Oct. 23 1931

19. UNDERTAKER (Address) Jos. L. Hess 1516 Linden Ave

Registrar

OCT 27 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-13- 1931, to 10-21- 1931

I last saw he alive on 10-21- 1931, death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Malaise.	10-13-31
Otitis Media.	10-13-31
Diarrhea and Enteritis. (Intestinal.)	10-13-31

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) I. C. Gordon M. D.

(Address) 1300 Hunt St.

Spec.—9-30—A & Co.—250 Blks

Fannie Denaburg

E 73164

E 731.A

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No.) 6019 Pennoe ave WARD 27-56

2 FULL NAME Fannie Denaburg

(a) RESIDENCE NO. 6019 Pennoe ave ST. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2wk yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 Single, Married, Widowed, or Divorced, (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Isiral Denaburg

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 031

(c) Name of employer

9 BIRTHPLACE (city or town) (state or country) Russia

PARENTS

10 NAME OF FATHER Louis Zinterstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Piaid

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant (Address) Jack Lewis 1432 E. Balto st

15 Filed 1931 C. HAMPSON JONES, Registrar No. 220

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-21-31

17 I HEREBY CERTIFY, That I attended deceased from 10-17 1931 to 10-21 1931

That I last saw her alive on 10-21 1931

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

cerebral hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chr. myo 3 cardits

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. B. Kirst M. D.

1931 (Address) Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Mt. Carmel

DATE OF BURIAL 10-22-1931

20 UNDERTAKER Jack Lewis Inc

ADDRESS 1439 E. Balto st

1-30—M. & T.—100 B—50L

73165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 4 √ E 73165

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals ST. 76-1 WARD)

2-FULL NAME Stephen Orlick

(a) RESIDENCE NO. 703 S Baulding ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Orlick

6 DATE OF BIRTH (month, day, and year) June 7 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Broom Factory

9 BIRTHPLACE (city or town) (State or country) Austria

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Austria

14 Informant Josephine Orlick

(Address) 703 S Baulding St

15 Filed ..... 192 ..... Registrar

22 1931 C. HUBERT JOHNSON, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 20 1931

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis 1 day

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) B O Knight Coroner M. D.

Oct 21, 1931 (Address) 1305 E Pattison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Oct 23 1931

20 UNDERTAKER Kelly & Gilmore Inc.

ADDRESS 403 S. Wolfe St

AACo. 5-31 2500

E 73166

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73166

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 E 25 St., 12-51 Ward)

Length of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Roland E. Klutz.

(a) Residence: No. 402 E 25. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13 1911

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	20	8.	8.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Klutz
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Emily Hinkler
16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Emily Klutzpatrick
(Address) 402 E 25 St

18. BURIAL, CREMATION, OR REMOVAL
Place Mass Date Oct 24 1931

19. UNDERTAKER
(Address)

20. FILED OCT 29 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1931, to Oct 21st 1931

I last saw he alive on Oct 21st 1931 death is said to have occurred on the date stated above, at 12.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Intermittent Temporal Fever.	2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. E. Cross, M. D.

(Address) 18 W 25th St.

Spec—1-30—M. & T.—250 Blks

Catherine Simms

E 73167

E 73167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

106-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 1108 Barclay ST. 10-15 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Simms

(a) RESIDENCE NO. 1108 Barclay St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House maid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Thos Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Anna Brune

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Ray

(Address) 1148 Barclay St

15 Filed 2 2 1931, 19 C. HAMPSON JONES, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-21-31

17 I HEREBY CERTIFY, That I attended deceased from 10-13, 1931, to 10-20, 1931, that I last saw h[illegible] alive on 10-20, 1931, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart & Acidosis-2 months

(duration) yrs. mos 8 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual ones,

(Signed) Mary F. Ingalls, M. D.

10-24 1931 (Address) 1029 Valley St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Patricks

DATE OF BURIAL Oct 23 1931

20 UNDERTAKER Rita Mudd

ADDRESS 1[illegible] Ave

1-30—M. & T.—100 B—60L

E 73168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 73168
164-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Aisquith St ST. 9-46 WARD)

2-FULL NAME Frederick W. Ay

1a) RESIDENCE NO 2638 Aisquith St ST., _____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 13/1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Oil
(c) Name of employer Bartlett, Hayward Co

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Otto W. Ay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Julia von Uvensheviz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. J. Warnick (sister)
(Address) 2804 Hamilton Ave

15 Filed OCT 22 1931, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21/31

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Illuminating Gas Poisoning (Suicide)

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) _____ M. D.
Coroner

Oct. 19 (Address) 500 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct. 24 1931

20 UNDERTAKER Henry Heck Sons, Inc. — ADDRESS 1301 E Eager St

IMPORTANT—See instructions on back of certificate.

AdCo. 5-31-2500

E 73169 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 73169

CERTIFICATE OF DEATH

23 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Ilchester Ave St. 42-50 Ward)

Length of residence in city or town where death occurred 36 yrs 7 mos 9 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Jessie A. Stein

(a) Residence: No. 404 Ilchester Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, ~~Husband of~~ (or) WIFE of Harry M. Stein

6. DATE OF BIRTH (month, day, year) March 10 1895

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	36	7	9/10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Jesse E. Myers

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna Kraus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Harry M. Stein
(Address) 404 Ilchester Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Oct. 23 1931

19. UNDERTAKER Penny Storck Bros. Inc.
(Address) 1301 E. Eager St

20. FILED 19 C. EDGAR JONES Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/31. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/3 . 19 . to 10/20 . 1931

I last saw h alive on 10/20 1931 death is said to have occurred on the date stated above, at 1.00 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Pulmonary Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Sutton, M. D.

(Address) 605 Harford Rd

Spec.—9-30—A. & Co.—250 Blks

E 73170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 73170

CERTIFICATE OF DEATH

1 PLACE OF DEATH (Baltimore City) Hospital — 82-007

CITY OF BALTIMORE: (No. Balto Md ST. 816 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph McKenzie

(a) RESIDENCE NO. 1707 N. Montford Ave. WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mackenzie

6 DATE OF BIRTH (month, day, and year) May 11, 1850

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 56

(b) General nature of industry, business, or establishment in which employed (or employer) Gardener.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Interment (Address) Records Balto City Hosp.

15 Filed 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/21/31

17 I HEREBY CERTIFY, That I attended deceased from 3-4 1923 to 10/21 1931

that I last saw h living on 10/20 1931

and that death occurred, on the date stated above, at 5.40A m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchial Pneumonia
& Cerebral Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Psychosis
Paranoid Type (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Observations

(Signed) Wm F Thrush M. D.

10/22 1931 (Address) Baltimore City Hospts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 10/23 1931

20 UNDERTAKER J M Ford

ADDRESS 219 N Eutaw St

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 27th DAY July

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #E 69731- June 18, 1931 AND

ENDING WITH #E 73170- October 22, 1931 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

BUREAU OF Municipal Securities AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

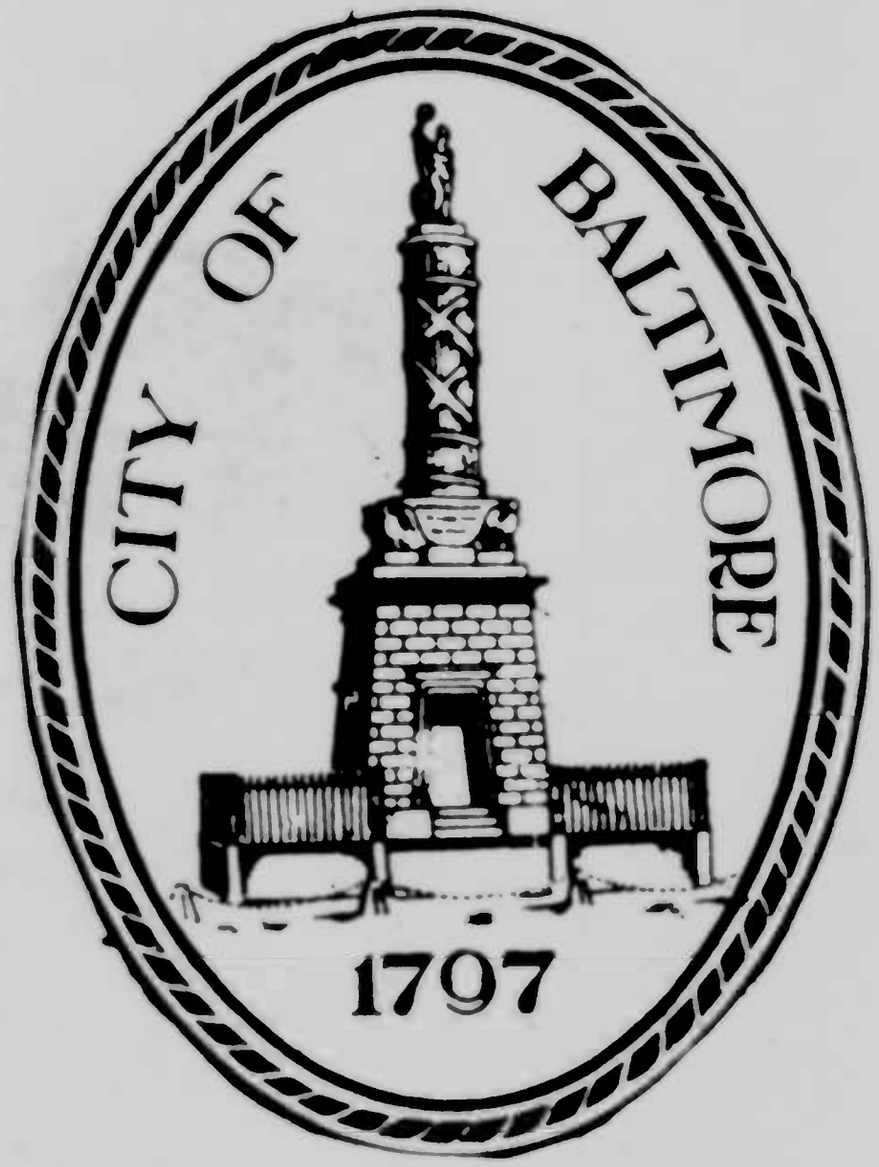
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: J. McFaul



END OF REEL